

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: 14-0189	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/18/2021 3:17 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 11/18/2021	Time: 3:17 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SARAH BUSH LINCOLN HEALTH CENTER (14-0189) for the cost reporting period beginning 07/01/2020 and ending 06/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

VP FINANCE

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	80,198	-41,593	0	0	1.00
2.00	Subprovider - IPF	0	82,723	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
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	-10		0	9.00
200.00	Total	0	162,921	-41,603	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: 14-0189		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/18/2021 3:17 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1000 HEALTH CENTER DRIVE			PO Box: 372		Zip Code: 61920-		County: COLES		
2.00	City: MATTOON			State: IL						
				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			SARAH BUSH LINCOLN HEALTH CENTER	140189	99914	1	05/01/1977	N	P
4.00	Subprovider - IPF			SARAH BUSH LINCOLN HEALTH CENTER	14S189	99914	4	01/01/1990	N	P
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA			LINCOLN LAND HOME CARE OF SBLHS	147594	99914		06/18/1996	N	P
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice			LINCOLN LAND HOSPICE OF SBLHS	141599	99914		08/10/1999		
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
								From:	To:	
								1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)							07/01/2020	06/30/2021	
21.00	Type of Control (see instructions)							2		
								1.00	2.00	3.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	N		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N	N	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1	N		

Worksheet S-2
Part I
Date/Time Prepared:
11/18/2021 3:17 pm

MCRIF32 - 16.12.172.4

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
Date/Time Prepared:
11/18/2021 3:17 pm

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).					61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 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)					64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
Date/Time Prepared:
11/18/2021 3:17 pm

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00
			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.				Y	70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N N 0	71.00
	Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0189	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/18/2021 3:17 pm
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0189	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/18/2021 3:17 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	7,295,931	0	0 118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0189		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/18/2021 3:17 pm		
1.00		2.00		3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name:		Contractor's Name:		Contractor's Number:		141.00			
142.00	Street:		PO Box:				142.00			
143.00	City:		State:		Zip Code:		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			155.00
156.00	Subprovider - IPF			N	N	N	N			156.00
157.00	Subprovider - IRF			N	N	N	N			157.00
158.00	SUBPROVIDER									158.00
159.00	SNF			N	N	N	N			159.00
160.00	HOME HEALTH AGENCY			N	N	N	N			160.00
161.00	CMHC				N	N	N			161.00
							1.00			
Multicampus										
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N		165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00			166.00
							1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y		167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99		169.00
						Beginning	Ending			
						1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00		
						1.00		2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N		0		171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0189	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/18/2021 3:17 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	
			1.00	2.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N			14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N			15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
			4.00		
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	09/12/2021	Y	09/12/2021
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: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
11/18/2021 3:17 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		Y		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		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.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BARB	IPPOLITO		41.00
42.00	Enter the employer/company name of the cost report preparer.	SARAH BUSH LINCOLN HEALTH CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	217-258-2509	BIPPOLITO@SBLHS.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet 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.	REIMB. ACCOUNTANT		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: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/18/2021 3:17 pm

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	70	25,550	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)		70	25,550	0.00	0	7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT	32.00	9	3,285	0.00	0	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)		79	28,835	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,300		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			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)		99				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/18/2021 3:17 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,000	2,506	19,873			1.00
2.00	HMO and other (see instructions)	3,131	875				2.00
3.00	HMO IPF Subprovider	0	766				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	11,000	2,506	19,873			7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT	1,124	109	2,218			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		512	1,095			13.00
14.00	Total (see instructions)	12,124	3,127	23,186	0.00	2,144.84	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,100	1,540	4,460	0.00	34.39	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	20,902	2,991	33,191	0.00	62.45	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	27.19	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	2,268.87	27.00
28.00	Observation Bed Days		2,991	7,681			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	167	402			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: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/18/2021 3:17 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,187	924	6,442	1.00
2.00 HMO and other (see instructions)			705	207		2.00
3.00 HMO IPF Subprovider				149		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	3,187	924	6,442	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	154	337	855	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					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: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/18/2021 3:17 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	182,128,021	0	182,128,021	4,719,226.00	38.59
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		40,000	0	40,000	193.00	207.25
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		30,750,681	0	30,750,681	120,272.00	255.68
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	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		46,543,623	-116,906	46,426,717	1,236,204.00	37.56
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00
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		0	0	0	0.00	0.00
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		0	0	0	0.00	0.00
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)		33,580,890	0	33,580,890		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		13,169,016	0	13,169,016		
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		3,954	0	3,954		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		2,732,892	0	2,732,892		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/18/2021 3:17 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,026,900	0	1,026,900	28,371.00	36.20	26.00
27.00	Administrative & General	5.00	19,527,603	80,187	19,607,790	595,134.00	32.95	27.00
28.00	Administrative & General under contract (see inst.)		829,384	0	829,384	3,802.35	218.12	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,503,333	0	1,503,333	57,195.00	26.28	30.00
31.00	Laundry & Linen Service	8.00	37,275	0	37,275	2,297.00	16.23	31.00
32.00	Housekeeping	9.00	2,245,096	0	2,245,096	129,900.00	17.28	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,766,947	-1,181,557	585,390	32,431.00	18.05	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,181,557	1,181,557	65,460.00	18.05	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,225,819	0	3,225,819	96,191.00	33.54	38.00
39.00	Central Services and Supply	14.00	895,524	0	895,524	48,009.00	18.65	39.00
40.00	Pharmacy	15.00	2,104,128	0	2,104,128	49,851.00	42.21	40.00
41.00	Medical Records & Medical Records Library	16.00	1,778,915	0	1,778,915	77,773.00	22.87	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
11/18/2021 3:17 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	152,206,724	0	152,206,724	4,602,756.35	33.07	1.00
2.00	Excluded area salaries (see instructions)	46,543,623	-116,906	46,426,717	1,236,204.00	37.56	2.00
3.00	Subtotal salaries (line 1 minus line 2)	105,663,101	116,906	105,780,007	3,366,552.35	31.42	3.00
4.00	Subtotal other wages & related costs (see inst.)	0	0	0	0.00	0.00	4.00
5.00	Subtotal wage-related costs (see inst.)	33,584,844	0	33,584,844	0.00	31.75	5.00
6.00	Total (sum of lines 3 thru 5)	139,247,945	116,906	139,364,851	3,366,552.35	41.40	6.00
7.00	Total overhead cost (see instructions)	34,940,924	80,187	35,021,111	1,186,414.35	29.52	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0189	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 11/18/2021 3:17 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		7,491,864	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		159,850	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)		28,452,037	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		807,526	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		456,317	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		41,795	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		298,364	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,201,042	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		10,203,770	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		-1,272	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		375,459	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		49,486,752	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: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part V
Date/Time Prepared:
11/18/2021 3:17 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	49,486,752	1.00
2.00	Hospital	0	46,615,458	2.00
3.00	Subprovider - IPF	0	1,073,553	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	1,301,746	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	495,995	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0189 Component CCN: 14-7594		Period: From 07/01/2020 To 06/30/2021		Worksheet S-4 Date/Time Prepared: 11/18/2021 3:17 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,272.00	16.00	875.00	0.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		1.00	0.00	1.00	3.00
4.00	Director(s) and Assistant Director(s)			1.00	0.00	1.00	4.00
5.00	Other Administrative Personnel			13.48	0.00	13.48	5.00
6.00	Direct Nursing Service			30.77	0.00	30.77	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			8.07	0.00	8.07	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			3.82	0.00	3.82	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.25	0.00	0.25	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.00	0.00	1.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			3.05	0.00	3.05	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99914			20.00
20.01				16580			20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	9,326	1,893	268	43	11,530	21.00
22.00	Skilled Nursing Visit Charges	1,572,389	323,204	47,771	7,104	1,950,468	22.00
23.00	Physical Therapy Visits	4,107	669	81	13	4,870	23.00
24.00	Physical Therapy Visit Charges	731,407	118,837	14,886	2,333	867,463	24.00
25.00	Occupational Therapy Visits	1,592	438	21	2	2,053	25.00
26.00	Occupational Therapy Visit Charges	281,218	78,022	3,662	364	363,266	26.00
27.00	Speech Pathology Visits	126	45	4	0	175	27.00
28.00	Speech Pathology Visit Charges	23,255	8,212	791	0	32,258	28.00
29.00	Medical Social Service Visits	141	26	3	1	171	29.00
30.00	Medical Social Service Visit Charges	32,864	6,039	669	223	39,795	30.00
31.00	Home Health Aide Visits	1,576	516	6	5	2,103	31.00
32.00	Home Health Aide Visit Charges	148,856	50,396	460	555	200,267	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	16,868	3,587	383	64	20,902	33.00
34.00	Other Charges	444,507	125,663	14,765	383	585,318	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,234,496	710,373	83,004	10,962	4,038,835	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,739		205	33	1,977	36.00
37.00	Total Number of Outlier Episodes		172		2	174	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0189

Period:

Worksheet S-9

Hospice CCN: 14-1599

From 07/01/2020
To 06/30/2021PARTS I THROUGH IV
Date/Time Prepared:
11/18/2021 3:17 pm

		Hospice I					
		Unduplicated Days					
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)
		1.00	2.00	3.00	4.00	5.00	6.00
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
1.00	Hospice Continuous Home Care						1.00
2.00	Hospice Routine Home Care						2.00
3.00	Hospice Inpatient Respite Care						3.00
4.00	Hospice General Inpatient Care						4.00
5.00	Total Hospice Days						5.00
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
6.00	Number of patients receiving hospice care						6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00
8.00	Average Length of Stay (line 5 / line 6)						8.00
9.00	Unduplicated census count						9.00

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	14,485	258	2,238	16,981	11.00
12.00	Hospice Inpatient Respite Care	21	0	0	21	12.00
13.00	Hospice General Inpatient Care	27	2	19	48	13.00
14.00	Total Hospice Days	14,533	260	2,257	17,050	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0189	Period: From 07/01/2020 To 06/30/2021	Worksheet S-10 Date/Time Prepared: 11/18/2021 3:17 pm	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.232744	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			24,814,784	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			7,007,954	5.00
6.00	Medicaid charges			190,744,399	6.00
7.00	Medicaid cost (line 1 times line 6)			44,394,614	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)			12,571,876	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			12,571,876	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	6,709,997	11,657,172	18,367,169	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,561,712	11,657,172	13,218,884	21.00
22.00	Payments received from patients for amounts previously written off as charity care	398,074	1,549,020	1,947,094	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,163,638	10,108,152	11,271,790	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			13,785,818	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,294,936	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,992,208	27.01
28.00	Non-Medicare bad debt expense (see instructions)			11,793,610	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,442,164	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			14,713,954	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			27,285,830	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0189

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

Worksheet A

Date/Time Prepared:
11/18/2021 3:17 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	9,653,865	9,653,865	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	16,745,403	16,745,403	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,026,900	39,340,737	40,367,637	268,423	40,636,060	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	19,527,603	64,617,653	84,145,256	-28,222,276	55,922,980	5.00
7.00	00700	OPERATION OF PLANT	1,503,333	4,325,924	5,829,257	-25,122	5,804,135	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	37,275	750,624	787,899	0	787,899	8.00
9.00	00900	HOUSEKEEPING	2,245,096	727,293	2,972,389	0	2,972,389	9.00
10.00	01000	DIETARY	1,766,947	1,284,317	3,051,264	-2,040,380	1,010,884	10.00
11.00	01100	CAFETERIA	0	0	0	2,040,380	2,040,380	11.00
13.00	01300	NURSING ADMINISTRATION	3,225,819	599,047	3,824,866	-168,317	3,656,549	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	895,524	1,350,130	2,245,654	-1,609	2,244,045	14.00
15.00	01500	PHARMACY	2,104,128	23,993,230	26,097,358	-22,664,654	3,432,704	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,778,915	403,177	2,182,092	-8,066	2,174,026	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,326,883	3,247,032	26,573,915	-999,249	25,574,666	30.00
32.00	03200	CORONARY CARE UNIT	2,198,472	1,164,481	3,362,953	-1,879	3,361,074	32.00
40.00	04000	SUBPROVIDER - IPF	1,912,514	241,151	2,153,665	-2,456	2,151,209	40.00
43.00	04300	NURSERY	0	17,669	17,669	577,890	595,559	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,049,587	6,066,035	15,115,622	-406,894	14,708,728	50.00
51.00	05100	RECOVERY ROOM	1,785,508	413,323	2,198,831	-14,337	2,184,494	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	80,167	80,167	876,983	957,150	52.00
53.00	05300	ANESTHESIOLOGY	1,193,750	5,193,775	6,387,525	24,028	6,411,553	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,667,948	2,435,136	10,103,084	-541,691	9,561,393	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,016,864	948,759	3,965,623	55,234	4,020,857	55.00
56.00	05600	RADIOISOTOPE	1,401,148	1,261,810	2,662,958	344,257	3,007,215	56.00
57.00	05700	CT SCAN	618,371	800,568	1,418,939	163,716	1,582,655	57.00
58.00	05800	MRI	417,717	368,330	786,047	101,836	887,883	58.00
59.00	05900	CARDIAC CATHETERIZATION	664,686	491,690	1,156,376	-2,735	1,153,641	59.00
60.00	06000	LABORATORY	6,054,803	6,916,721	12,971,524	86,268	13,057,792	60.00
65.00	06500	RESPIRATORY THERAPY	2,243,049	840,966	3,084,015	-320	3,083,695	65.00
66.00	06600	PHYSICAL THERAPY	3,302,689	572,633	3,875,322	-10,355	3,864,967	66.00
67.00	06700	OCCUPATIONAL THERAPY	686,782	70,016	756,798	0	756,798	67.00
68.00	06800	SPEECH PATHOLOGY	746,762	680,915	1,427,677	-740	1,426,937	68.00
69.00	06900	ELECTROCARDIOLOGY	4,683,281	548,502	5,231,783	79,192	5,310,975	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,532,543	1,565,107	3,097,650	73,702	3,171,352	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,409,399	5,409,399	0	5,409,399	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,778,671	14,778,671	0	14,778,671	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	22,443,684	22,443,684	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,737,412	329,381	3,066,793	86,549	3,153,342	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	268,916	992,712	1,261,628	0	1,261,628	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,241,617	493,871	6,735,488	20,830	6,756,318	90.00
90.01	09001	CLINIC-UROLOGY	2,113,232	385,008	2,498,240	8,496	2,506,736	90.01
90.02	09002	CLINIC-SURGEONS	2,618,974	141,532	2,760,506	5,344	2,765,850	90.02
90.03	09003	CLINIC-PODIATRY	192,365	49,892	242,257	-676	241,581	90.03
90.04	09004	CLINIC-ENT PRAC	2,365,840	248,444	2,614,284	4,655	2,618,939	90.04
90.05	09005	CLINIC-OB/GYN PRAC	2,829,848	724,152	3,554,000	12,534	3,566,534	90.05
91.00	09100	EMERGENCY	11,513,811	2,864,266	14,378,077	317,988	14,696,065	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,521,437	943,505	5,464,942	-9,469	5,455,473	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	1,720,548	750,491	2,471,039	-2,521	2,468,518	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	143,738,897	199,428,242	343,167,139	-1,132,489	342,034,650	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	33,877,079	8,391,553	42,268,632	1,400,056	43,668,688	192.00
194.00	07950	WELLNESS	430,379	81,172	511,551	-650	510,901	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	1,014,206	1,463,196	2,477,402	0	2,477,402	194.01
194.02	07951	OCCUPATIONAL HEALTH	676,121	177,290	853,411	-263,680	589,731	194.02
194.03	07952	MISC. NONREIMBURSABLE	2,391,339	8,831,540	11,222,879	-3,237	11,219,642	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	182,128,021	218,372,993	400,501,014	0	400,501,014	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0189

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

Worksheet A

Date/Time Prepared:
11/18/2021 3:17 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,232,830	8,421,035	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	16,745,403	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,366,053	37,270,007	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-11,919,288	44,003,692	5.00
7.00	00700	OPERATION OF PLANT	-210,998	5,593,137	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	787,899	8.00
9.00	00900	HOUSEKEEPING	-554	2,971,835	9.00
10.00	01000	DIETARY	0	1,010,884	10.00
11.00	01100	CAFETERIA	-771,327	1,269,053	11.00
13.00	01300	NURSING ADMINISTRATION	-19,999	3,636,550	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,244,045	14.00
15.00	01500	PHARMACY	-1,366,964	2,065,740	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-46,490	2,127,536	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-7,250,996	18,323,670	30.00
32.00	03200	CORONARY CARE UNIT	0	3,361,074	32.00
40.00	04000	SUBPROVIDER - IPF	0	2,151,209	40.00
43.00	04300	NURSERY	0	595,559	43.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	14,708,728	50.00
51.00	05100	RECOVERY ROOM	0	2,184,494	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	957,150	52.00
53.00	05300	ANESTHESIOLOGY	-5,894,932	516,621	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-4,430,317	5,131,076	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-1,346,841	2,674,016	55.00
56.00	05600	RADIOISOTOPE	0	3,007,215	56.00
57.00	05700	CT SCAN	0	1,582,655	57.00
58.00	05800	MRI	0	887,883	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,153,641	59.00
60.00	06000	LABORATORY	-1,135,270	11,922,522	60.00
65.00	06500	RESPIRATORY THERAPY	-928,218	2,155,477	65.00
66.00	06600	PHYSICAL THERAPY	-22	3,864,945	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	756,798	67.00
68.00	06800	SPEECH PATHOLOGY	-1,051,771	375,166	68.00
69.00	06900	ELECTROCARDIOLOGY	-2,672,085	2,638,890	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-681,068	2,490,284	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,409,399	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,778,671	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,443,684	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-1,751,399	1,401,943	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,261,628	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-4,935,959	1,820,359	90.00
90.01	09001	CLINIC-UROLOGY	-1,425,717	1,081,019	90.01
90.02	09002	CLINIC-SURGEONS	-2,100,154	665,696	90.02
90.03	09003	CLINIC-PODIATRY	-113,036	128,545	90.03
90.04	09004	CLINIC-ENT PRAC	-2,038,878	580,061	90.04
90.05	09005	CLINIC-OB/GYN PRAC	-2,040,980	1,525,554	90.05
91.00	09100	EMERGENCY	-6,654,306	8,041,759	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	5,455,473	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	2,468,518	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-65,386,452	276,648,198	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	43,668,688	192.00
194.00	07950	WELLNESS	0	510,901	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	2,477,402	194.01
194.02	07951	OCCUPATIONAL HEALTH	0	589,731	194.02
194.03	07952	MISC. NONREIMBURSABLE	0	11,219,642	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-65,386,452	335,114,562	200.00

RECLASSIFICATIONS

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
11/18/2021 3:17 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	22,443,684		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	0		0	22,443,684		
	B - RADIOLOGY ADMIN EXPENSE ALLOCATION					
1.00	RADIOISOTOPE	56.00	216,278	127,979		1.00
2.00	CT SCAN	57.00	95,450	81,198		2.00
3.00	MRI	58.00	64,478	37,358		3.00
	0		376,206	246,535		
	C - CAP REL COSTS-MOVABLE EQUIP					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,084,260		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
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
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	1,084,260		
	D - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,206,341		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	15,661,143		2.00
	0		0	23,867,484		
	E - CAFETERIA EXPENSE					
1.00	CAFETERIA	11.00	1,181,557	858,823		1.00
	0		1,181,557	858,823		
	F - EMPLOYEE PHYSICALS/BENF EXP					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	259,853		1.00
	0		0	259,853		
	G - EAP BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	17,734		1.00
	0		0	17,734		
	H - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,447,524		1.00
	0		0	1,447,524		
	I - NURSRY/L&D EXP					
1.00	NURSERY	43.00	577,890	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	876,983	0		2.00
	0		1,454,873	0		
	J - PHYSEN PROF LIAB EXP					
1.00	ADULTS & PEDIATRICS	30.00	0	479,007		1.00
2.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	107,396		2.00
3.00	ANESTHESIOLOGY	53.00	0	31,125		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	84,823		4.00

RECLASSIFICATIONS

Provider CCN: 14-0189

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

Worksheet A-6

Date/Time Prepared:
11/18/2021 3:17 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
5.00	LABORATORY	60.00	0	53,698	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	57,974	6.00
7.00	EMERGENCY	91.00	0	322,188	7.00
8.00	CLINIC	90.00	0	22,773	8.00
9.00	CLINIC-UROLOGY	90.01	0	11,310	9.00
10.00	ELECTROCARDIOLOGY	69.00	0	84,823	10.00
11.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,569,866	11.00
12.00	ELECTROENCEPHALOGRAPHY	70.00	0	84,823	12.00
13.00	OPERATING ROOM	50.00	0	4,893	13.00
14.00	CLINIC-SURGEONS	90.02	0	6,072	14.00
15.00	CLINIC-PODIATRY	90.03	0	1,141	15.00
16.00	CLINIC-ENT PRAC	90.04	0	6,610	16.00
17.00	CLINIC-OB/GYN PRAC	90.05	0	14,137	17.00
18.00	RESPIRATORY THERAPY	65.00	0	822	18.00
	0		0	2,943,481	
K - PHYSN PRAC-LAB STAFF EXPENSE					
1.00	LABORATORY	60.00	36,719	2,820	1.00
	0		36,719	2,820	
L - ADMIN PORTION-PM-FAYETTE A&G					
1.00	ADMINISTRATIVE & GENERAL	5.00	80,187	0	1.00
	0		80,187	0	
500.00	Grand Total: Increases		3,129,542	53,172,198	500.00

RECLASSIFICATIONS

Provider CCN: 14-0189

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

Worksheet A-6

Date/Time Prepared:
11/18/2021 3:17 pm

	Decreases						11/18/2021 3:17 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	22,411,808	0		1.00
2.00	RECOVERY ROOM	51.00	0	11,847	0		2.00
3.00	ANESTHESIOLOGY	53.00	0	7,097	0		3.00
4.00	CT_SCAN	57.00	0	12,932	0		4.00
	0		0	22,443,684			
	B - RADIOLOGY ADMIN EXPENSE ALLOCATION						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	376,206	246,535	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		376,206	246,535			
	C - CAP REL COSTS-MOVABLE EQUIP						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,164	14		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	43,974	14		2.00
3.00	OPERATION OF PLANT	7.00	0	25,122	14		3.00
4.00	NURSING ADMINISTRATION	13.00	0	168,317	14		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,609	14		5.00
6.00	PHARMACY	15.00	0	252,846	14		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	8,066	14		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	23,383	14		8.00
9.00	CORONARY CARE UNIT	32.00	0	1,879	14		9.00
10.00	SUBPROVIDER - IPF	40.00	0	2,456	14		10.00
12.00	OPERATING ROOM	50.00	0	411,787	14		12.00
13.00	RECOVERY ROOM	51.00	0	2,490	14		13.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,773	14		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,740	14		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	2,735	14		17.00
18.00	LABORATORY	60.00	0	6,969	14		18.00
19.00	RESPIRATORY THERAPY	65.00	0	1,142	14		19.00
20.00	PHYSICAL THERAPY	66.00	0	10,355	14		20.00
21.00	SPEECH PATHOLOGY	68.00	0	740	14		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	5,631	14		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	11,121	14		23.00
24.00	CLINIC	90.00	0	1,943	14		24.00
25.00	CLINIC-UROLOGY	90.01	0	2,814	14		25.00
26.00	HOSPICE	116.00	0	2,521	14		26.00
27.00	EMERGENCY	91.00	0	4,200	14		27.00
28.00	HOME HEALTH AGENCY	101.00	0	9,469	14		28.00
29.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	3,113	14		29.00
30.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	50,084	14		30.00
31.00	WELLNESS	194.00	0	650	14		31.00
32.00	MISC. NONREIMBURSABLE	194.03	0	3,237	14		32.00
33.00	OCCUPATIONAL HEALTH	194.02	0	3,827	14		33.00
34.00	CLINIC-SURGEONS	90.02	0	728	14		34.00
35.00	CLINIC-PODIATRY	90.03	0	1,817	14		35.00
36.00	CLINIC-ENT PRAC	90.04	0	1,955	14		36.00
37.00	CLINIC-OB/GYN PRAC	90.05	0	1,603	14		37.00
	0		0	1,084,260			
	D - DEPRECIATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	23,867,484	9		1.00
2.00		0.00	0	0	9		2.00
	0		0	23,867,484			
	E - CAFETERIA EXPENSE						
1.00	DIETARY	10.00	1,181,557	858,823	0		1.00
	0		1,181,557	858,823			
	F - EMPLOYEE PHYSICALS/BENF EXP						
1.00	OCCUPATIONAL HEALTH	194.02	0	259,853	0		1.00
	0		0	259,853			
	G - EAP BENEFITS						
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	17,734	0		1.00
	0		0	17,734			
	H - INTEREST EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,447,524	11		1.00
	0		0	1,447,524			
	I - NURSRY/L&D EXP						
1.00	ADULTS & PEDIATRICS	30.00	1,454,873	0	0		1.00
2.00		0.00	0	0	0		2.00
	0		1,454,873	0			
	J - PHYSN PROF LIAB EXP						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,943,481	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00

RECLASSIFICATIONS

Provider CCN: 14-0189

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

Worksheet A-6

Date/Time Prepared:
11/18/2021 3:17 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
0			0	2,943,481		
K - PHYSN PRAC-LAB STAFF EXPENSE						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	36,719	2,820	0	1.00
0			36,719	2,820		
L - ADMIN PORTION-PM-FAYETTE A&G						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	80,187	0	0	1.00
0			80,187	0		
500.00	Grand Total: Decreases		3,129,542	53,172,198		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
11/18/2021 3:17 pm

		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	6,850,247	0	0	0	13,185	1.00	
2.00	Land Improvements	15,775,290	350,431	0	350,431	1,622,387	2.00	
3.00	Buildings and Fixtures	212,094,251	7,131,384	0	7,131,384	1,119,841	3.00	
4.00	Building Improvements	364,206	0	0	0	40,898	4.00	
5.00	Fixed Equipment	22,903,223	145,657	0	145,657	1,458,286	5.00	
6.00	Movable Equipment	140,232,639	11,459,935	0	11,459,935	10,334,430	6.00	
7.00	HIT designated Assets	684,552	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	398,904,408	19,087,407	0	19,087,407	14,589,027	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	398,904,408	19,087,407	0	19,087,407	14,589,027	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,837,062	0				1.00	
2.00	Land Improvements	14,503,334	0				2.00	
3.00	Buildings and Fixtures	218,105,794	0				3.00	
4.00	Building Improvements	323,308	0				4.00	
5.00	Fixed Equipment	21,590,594	0				5.00	
6.00	Movable Equipment	141,358,144	0				6.00	
7.00	HIT designated Assets	684,552	0				7.00	
8.00	Subtotal (sum of lines 1-7)	403,402,788	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	403,402,788	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
11/18/2021 3:17 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
11/18/2021 3:17 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	7,307,192	0	7,307,192	0.312197	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	16,098,528	0	16,098,528	0.687803	0	2.00
3.00	Total (sum of lines 1-2)	23,405,720	0	23,405,720	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	8,206,341	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	15,661,143	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	23,867,484	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	214,694	0	0	0	8,421,035	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,084,260	16,745,403	2.00
3.00	Total (sum of lines 1-2)	214,694	0	0	1,084,260	25,166,438	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0189

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

Worksheet A-8

Date/Time Prepared:
11/18/2021 3:17 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-45,149,473			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	-5,555,439			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-747,711	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others	B	-115,491	OPERATION OF PLANT	7.00	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	B	-1,366,964	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-46,490	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-554	HOUSEKEEPING	9.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	INVESTMENT INCOME	B	-1,232,830	CAP REL COSTS-BLDG & FIXT	1.00	11	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0189

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

Worksheet A-8

Date/Time Prepared:
11/18/2021 3:17 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
35.00 A&G OTHER INCOME	B	-789,886	ADMINISTRATIVE & GENERAL	5.00	0	35.00
36.00 OTHER REV-NSG ADMIN/EDUC	B	-19,999	NURSING ADMINISTRATION	13.00	0	36.00
37.00 FACILITIES SVC OTHER REV	B	-26,771	OPERATION OF PLANT	7.00	0	37.00
38.00 W&C (BABY CLASSES), 4W MISC	B	-1,451	ADULTS & PEDIATRICS	30.00	0	38.00
38.01 XRAY OTHER REVENUE	B	-60,475	RADIOLOGY-DIAGNOSTIC	54.00	0	38.01
39.00 PHYSICAL THERAPY OTHER REV	B	-22	PHYSICAL THERAPY	66.00	0	39.00
39.01 MEDICAID ASSESSMENT TAX	A	-8,971,000	ADMINISTRATIVE & GENERAL	5.00	0	39.01
41.00 SPEECH/AUDIO OTHER REV	B	-1,051,771	SPEECH PATHOLOGY	68.00	0	41.00
42.00 METS/REHAB MISC REV	B	-3,262	ELECTROCARDIOLOGY	69.00	0	42.00
43.00 EMERGENCY (EMS)OTHER REV	B	-172,218	EMERGENCY	91.00	0	43.00
44.00 AHA/IIHA LOBBYING FEES	A	-36,237	ADMINISTRATIVE & GENERAL	5.00	0	44.00
45.00 CRNA S&W (EMPLOYEEES)	A	-13,277	ANESTHESIOLOGY	53.00	0	45.00
45.01 CRNA (BENEFIT EXP)	A	-1,515	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.01
45.02 CAFETERIA REV/OTHER	B	-23,616	CAFETERIA	11.00	0	45.02
45.03 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.03
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-65,386,452				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0189

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

Worksheet A-8-1

Date/Time Prepared:
11/18/2021 3:17 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	0	3,364,538	1.00
2.00		5.00	ADMINISTRATIVE & GENERAL	0	2,122,165	2.00
3.00		7.00	OPERATION OF PLANT	0	68,736	3.00
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.			0	5,555,439	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	G	SARAH BUSH LINC	100.00	FAYETTE CO.	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	FINANCIAL				100.00

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

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

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

Provider CCN: 14-0189

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

Worksheet A-8-1

Date/Time Prepared:
11/18/2021 3:17 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-3,364,538	0		1.00
2.00	-2,122,165	0		2.00
3.00	-68,736	0		3.00
4.00	0	0		4.00
5.00	-5,555,439			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	HOSPITAL		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0189

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

Worksheet A-8-2

Date/Time Prepared:
11/18/2021 3:17 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	7,249,545	7,249,545	0	179,000	0	1.00
2.00	76.00	AGGREGATE-PSYCHIATRIC/PSYCHOLOGICAL	1,751,399	1,751,399	0	181,300	0	2.00
3.00	53.00	AGGREGATE-ANESTHESIOLOGY	5,881,655	5,881,655	0	239,400	0	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	4,369,842	4,369,842	0	271,900	0	4.00
5.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	1,346,841	1,346,841	0	271,900	0	5.00
6.00	60.00	AGGREGATE-LABORATORY	1,135,270	1,135,270	0	260,300	0	6.00
7.00	65.00	AGGREGATE-RESPIRATORY THERAPY	928,218	928,218	0	211,500	0	7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	2,668,823	2,668,823	0	211,500	0	8.00
9.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	681,068	681,068	0	211,500	0	9.00
10.00	90.00	AGGREGATE-CLINIC	4,935,959	4,935,959	0	211,500	0	10.00
11.00	90.01	AGGREGATE-CLINIC-UROLOGY	1,425,717	1,425,717	0	211,500	0	11.00
12.00	90.02	AGGREGATE-CLINIC-SURGEONS	2,100,154	2,100,154	0	246,400	0	12.00
13.00	90.03	AGGREGATE-CLINIC-PODIATRY	113,036	113,036	0	211,500	0	13.00
14.00	90.04	AGGREGATE-CLINIC-ENT PRAC	2,038,878	2,038,878	0	211,500	0	14.00
15.00	90.05	AGGREGATE-CLINIC-OB/GYN PRAC	2,040,980	2,040,980	0	237,100	0	15.00
16.00	91.00	DR. B	510,716	470,716	40,000	211,500	193	16.00
17.00	91.00	AGGREGATE-EMERGENCY	5,993,286	5,993,286	0	211,500	0	17.00
200.00			45,171,387	45,131,387	40,000		193	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	43,067	0	479,007	1.00
2.00	76.00	AGGREGATE-PSYCHIATRIC/PSYCHOLOGICAL	0	0	6,935	0	107,396	2.00
3.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	5,769	0	31,125	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	11,018	0	84,823	4.00
5.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	558	0	57,974	5.00
6.00	60.00	AGGREGATE-LABORATORY	0	0	1,230	0	53,698	6.00
7.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	4,500	0	820	7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	8,921	0	84,823	8.00
9.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	6,156	0	55,836	9.00
10.00	90.00	AGGREGATE-CLINIC	0	0	21,202	0	22,773	10.00
11.00	90.01	AGGREGATE-CLINIC-UROLOGY	0	0	9,604	0	11,310	11.00
12.00	90.02	AGGREGATE-CLINIC-SURGEONS	0	0	8,785	0	6,072	12.00
13.00	90.03	AGGREGATE-CLINIC-PODIATRY	0	0	3,455	0	1,141	13.00
14.00	90.04	AGGREGATE-CLINIC-ENT PRAC	0	0	9,666	0	6,610	14.00
15.00	90.05	AGGREGATE-CLINIC-OB/GYN PRAC	0	0	9,196	0	14,137	15.00
16.00	91.00	DR. B	19,625	981	2,378	186	26,849	16.00
17.00	91.00	AGGREGATE-EMERGENCY	0	0	59,111	0	295,339	17.00
200.00			19,625	981	211,551	186	1,339,733	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	7,249,545		1.00
2.00	76.00	AGGREGATE-PSYCHIATRIC/PSYCHOLOGICAL	0	0	0	1,751,399		2.00
3.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	5,881,655		3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	4,369,842		4.00
5.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	1,346,841		5.00
6.00	60.00	AGGREGATE-LABORATORY	0	0	0	1,135,270		6.00
7.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	928,218		7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	2,668,823		8.00
9.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	681,068		9.00
10.00	90.00	AGGREGATE-CLINIC	0	0	0	4,935,959		10.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0189

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

Worksheet A-8-2

Date/Time Prepared:
11/18/2021 3:17 pm

	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		
11.00	90.01	AGGREGATE-CLINIC-UROLOGY	0	0	0	1,425,717		11.00
12.00	90.02	AGGREGATE-CLINIC-SURGEONS	0	0	0	2,100,154		12.00
13.00	90.03	AGGREGATE-CLINIC-PODIATRY	0	0	0	113,036		13.00
14.00	90.04	AGGREGATE-CLINIC-ENT PRAC	0	0	0	2,038,878		14.00
15.00	90.05	AGGREGATE-CLINIC-OB/GYN PRAC	0	0	0	2,040,980		15.00
16.00	91.00	DR. B	2,103	21,914	18,086	488,802		16.00
17.00	91.00	AGGREGATE-EMERGENCY	0	0	0	5,993,286		17.00
200.00			2,103	21,914	18,086	45,149,473		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/18/2021 3:17 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	8,421,035	8,421,035			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	16,745,403	16,745,403			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	37,270,007	49,074	3,796	37,322,877	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	44,003,692	610,444	6,028,503	4,040,950	5.00
7.00	00700	OPERATION OF PLANT	5,593,137	505,226	115,586	309,820	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	787,899	14,247	0	7,682	8.00
9.00	00900	HOUSEKEEPING	2,971,835	43,184	18,934	462,690	9.00
10.00	01000	DIETARY	1,010,884	88,059	18,260	120,642	10.00
11.00	01100	CAFETERIA	1,269,053	53,300	36,857	243,506	11.00
13.00	01300	NURSING ADMINISTRATION	3,636,550	27,059	55,656	664,806	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,244,045	89,508	421,079	184,558	14.00
15.00	01500	PHARMACY	2,065,740	39,374	49,819	433,638	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,127,536	51,703	7,226	366,615	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	18,323,670	944,824	1,044,687	4,507,581	30.00
32.00	03200	CORONARY CARE UNIT	3,361,074	65,843	73,373	453,081	32.00
40.00	04000	SUBPROVIDER - IPF	2,151,209	116,943	33,378	394,148	40.00
43.00	04300	NURSERY	595,559	8,277	79,310	119,097	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14,708,728	751,105	2,683,299	1,865,020	50.00
51.00	05100	RECOVERY ROOM	2,184,494	114,058	91,743	367,974	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	957,150	18,876	35,375	180,737	52.00
53.00	05300	ANESTHESIOLOGY	516,621	8,666	154,658	246,019	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,131,076	219,584	1,126,785	1,502,748	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,674,016	288,432	697,727	621,742	55.00
56.00	05600	RADIOISOTOPE	3,007,215	35,229	247,330	333,334	56.00
57.00	05700	CT SCAN	1,582,655	20,472	672,137	147,111	57.00
58.00	05800	MRI	887,883	27,408	619,522	99,375	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,153,641	131,928	517,890	136,984	59.00
60.00	06000	LABORATORY	11,922,522	179,177	402,016	1,255,396	60.00
65.00	06500	RESPIRATORY THERAPY	2,155,477	20,727	61,706	462,268	65.00
66.00	06600	PHYSICAL THERAPY	3,864,945	192,888	48,656	680,648	66.00
67.00	06700	OCCUPATIONAL THERAPY	756,798	5,661	931	141,538	67.00
68.00	06800	SPEECH PATHOLOGY	375,166	41,507	27,835	153,899	68.00
69.00	06900	ELECTROCARDIOLOGY	2,638,890	262,111	135,372	965,173	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,490,284	61,590	55,636	315,840	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,409,399	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,778,671	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,443,684	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,401,943	36,477	4,124	564,151	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,261,628	52,320	5,812	55,421	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,820,359	239,560	21,725	1,286,329	90.00
90.01	09001	CLINIC-UROLOGY	1,081,019	65,736	91,511	435,514	90.01
90.02	09002	CLINIC-SURGEONS	665,696	46,954	17,180	539,742	90.02
90.03	09003	CLINIC-PODIATRY	128,545	21,129	0	39,644	90.03
90.04	09004	CLINIC-ENT PRAC	580,061	53,662	50,652	487,574	90.04
90.05	09005	CLINIC-OB/GYN PRAC	1,525,554	145,370	22,727	583,201	90.05
91.00	09100	EMERGENCY	8,041,759	239,359	130,972	2,372,870	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	5,455,473	53,528	4,481	931,818	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	2,468,518	20,123	623	354,586	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	276,648,198	6,060,702	15,914,889	29,435,470	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	43,668,688	1,700,440	443,523	6,957,524	192.00
194.00	07950	WELLNESS	510,901	312,580	63,024	88,696	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	2,477,402	0	53,643	209,017	194.01
194.02	07951	OCCUPATIONAL HEALTH	589,731	39,052	12,190	139,341	194.02
194.03	07952	MISC. NONREIMBURSABLE	11,219,642	308,261	258,134	492,829	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		TOTAL (sum lines 118 through 201)	335,114,562	8,421,035	16,745,403	37,322,877	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	54,683,589					5.00
7.00	00700	OPERATION OF PLANT	1,272,122	7,795,891				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	157,915	15,307	983,050			8.00
9.00	00900	HOUSEKEEPING	681,838	46,396	45,824	4,270,701		9.00
10.00	01000	DIETARY	241,377	94,607	16,206	0	1,590,035	10.00
11.00	01100	CAFETERIA	312,526	57,263	0	104,815	0	11.00
13.00	01300	NURSING ADMINISTRATION	854,885	29,071	0	30,542	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	573,136	96,164	19,203	41,648	0	14.00
15.00	01500	PHARMACY	504,766	42,302	0	20,130	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	497,845	55,548	0	13,883	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,839,999	1,015,084	238,070	56,920	1,293,154	30.00
32.00	03200	CORONARY CARE UNIT	770,899	70,739	19,963	81,909	43,637	32.00
40.00	04000	SUBPROVIDER - IPF	525,652	125,639	60,300	107,592	189,249	40.00
43.00	04300	NURSERY	156,436	8,893	6,039	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,901,550	806,960	160,684	1,416,046	15,083	50.00
51.00	05100	RECOVERY ROOM	537,857	122,540	67,148	44,425	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	232,465	20,279	17,085	0	0	52.00
53.00	05300	ANESTHESIOLOGY	180,561	9,311	0	6,941	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,556,122	235,913	99,112	170,759	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	834,965	309,881	15	260,997	0	55.00
56.00	05600	RADIOISOTOPE	706,499	37,849	0	20,824	0	56.00
57.00	05700	CT SCAN	472,358	21,994	0	15,618	0	57.00
58.00	05800	MRI	318,663	29,446	0	48,590	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	378,383	141,738	12,778	124,945	0	59.00
60.00	06000	LABORATORY	2,682,999	192,501	344	100,303	0	60.00
65.00	06500	RESPIRATORY THERAPY	526,529	22,268	0	17,701	0	65.00
66.00	06600	PHYSICAL THERAPY	933,482	207,231	0	76,355	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	176,459	6,082	0	6,941	0	67.00
68.00	06800	SPEECH PATHOLOGY	116,688	44,594	158	27,766	0	68.00
69.00	06900	ELECTROCARDIOLOGY	780,293	281,603	19,689	212,407	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	570,047	66,170	44	47,202	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,054,822	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,881,811	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,376,473	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	391,302	39,189	0	34,707	0	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	268,158	56,211	7,148	23,601	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	656,748	257,374	0	90,238	0	90.00
90.01	09001	CLINIC-UROLOGY	326,384	70,624	0	37,484	0	90.01
90.02	09002	CLINIC-SURGEONS	247,564	50,446	0	29,848	0	90.02
90.03	09003	CLINIC-PODIATRY	36,917	22,701	0	0	0	90.03
90.04	09004	CLINIC-ENT PRAC	228,528	57,652	0	55,531	0	90.04
90.05	09005	CLINIC-OB/GYN PRAC	443,982	156,180	0	111,063	0	90.05
91.00	09100	EMERGENCY	2,103,046	257,158	193,240	397,743	48,912	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,256,821	57,508	0	19,436	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	554,545	21,620	0	16,659	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	41,122,417	5,260,036	983,050	3,871,569	1,590,035	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,290,189	1,826,890	0	236,008	0	192.00
194.00	07950	WELLNESS	190,162	335,825	0	107,592	0	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	534,307	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL HEALTH	152,160	41,956	0	27,766	0	194.02
194.03	07952	MISC. NONREIMBURSABLE	2,394,354	331,184	0	27,766	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	54,683,589	7,795,891	983,050	4,270,701	1,590,035	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/18/2021 3:17 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,077,320					11.00
13.00	01300	NURSING ADMINISTRATION	72,667	5,371,236				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	36,333	0	3,705,674			14.00
15.00	01500	PHARMACY	37,913	0	0	3,193,682		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	52,130	0	0	0	3,172,486	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	466,015	2,434,604	0	0	124,762	30.00
32.00	03200	CORONARY CARE UNIT	47,391	278,790	0	0	14,748	32.00
40.00	04000	SUBPROVIDER - IPF	42,652	250,593	0	0	18,756	40.00
43.00	04300	NURSERY	11,058	88,032	0	0	5,318	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	206,942	1,178,669	0	0	380,490	50.00
51.00	05100	RECOVERY ROOM	41,072	233,622	0	0	51,670	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,377	127,483	0	0	21,470	52.00
53.00	05300	ANESTHESIOLOGY	4,739	9,189	0	0	61,714	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	67,928	0	0	0	163,339	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	47,391	0	0	0	67,226	55.00
56.00	05600	RADIOISOTOPE	28,435	0	0	0	155,256	56.00
57.00	05700	CT SCAN	15,797	0	0	0	298,218	57.00
58.00	05800	MRI	9,478	0	0	0	103,703	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,638	0	0	0	52,295	59.00
60.00	06000	LABORATORY	157,971	0	0	0	260,590	60.00
65.00	06500	RESPIRATORY THERAPY	37,913	0	0	0	41,549	65.00
66.00	06600	PHYSICAL THERAPY	50,551	0	0	0	83,243	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,638	0	0	0	11,470	67.00
68.00	06800	SPEECH PATHOLOGY	15,797	0	0	0	9,208	68.00
69.00	06900	ELECTROCARDIOLOGY	47,391	0	0	0	38,676	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,638	0	0	0	17,332	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,000,532	0	138,344	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,705,142	0	209,376	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,193,682	561,339	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	34,754	0	0	0	4,202	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,319	0	0	0	19,276	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	52,130	0	0	0	7,129	90.00
90.01	09001	CLINIC-UROLOGY	20,536	0	0	0	3,536	90.01
90.02	09002	CLINIC-SURGEONS	18,957	0	0	0	897	90.02
90.03	09003	CLINIC-PODIATRY	3,159	0	0	0	375	90.03
90.04	09004	CLINIC-ENT PRAC	22,116	0	0	0	1,848	90.04
90.05	09005	CLINIC-OB/GYN PRAC	37,913	0	0	0	3,903	90.05
91.00	09100	EMERGENCY	154,812	770,254	0	0	207,946	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	18,957	0	0	0	19,057	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	7,899	0	0	0	14,225	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,930,407	5,371,236	3,705,674	3,193,682	3,172,486	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	102,681	0	0	0	0	192.00
194.00	07950	WELLNESS	15,797	0	0	0	0	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL HEALTH	17,377	0	0	0	0	194.02
194.03	07952	MISC. NONREIMBURSABLE	11,058	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,077,320	5,371,236	3,705,674	3,193,682	3,172,486	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	35,289,370	0	35,289,370	30.00
32.00	03200	CORONARY CARE UNIT	5,281,447	0	5,281,447	32.00
40.00	04000	SUBPROVIDER - IPF	4,016,111	0	4,016,111	40.00
43.00	04300	NURSERY	1,078,019	0	1,078,019	43.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	28,074,576	0	28,074,576	50.00
51.00	05100	RECOVERY ROOM	3,856,603	0	3,856,603	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,628,297	0	1,628,297	52.00
53.00	05300	ANESTHESIOLOGY	1,198,419	0	1,198,419	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,273,366	0	10,273,366	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,802,392	0	5,802,392	55.00
56.00	05600	RADIOISOTOPE	4,571,971	0	4,571,971	56.00
57.00	05700	CT SCAN	3,246,360	0	3,246,360	57.00
58.00	05800	MRI	2,144,068	0	2,144,068	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,663,220	0	2,663,220	59.00
60.00	06000	LABORATORY	17,153,819	0	17,153,819	60.00
65.00	06500	RESPIRATORY THERAPY	3,346,138	0	3,346,138	65.00
66.00	06600	PHYSICAL THERAPY	6,137,999	0	6,137,999	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,118,518	0	1,118,518	67.00
68.00	06800	SPEECH PATHOLOGY	812,618	0	812,618	68.00
69.00	06900	ELECTROCARDIOLOGY	5,381,605	0	5,381,605	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,636,783	0	3,636,783	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,603,097	0	7,603,097	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,575,000	0	20,575,000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,575,178	0	30,575,178	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,510,849	0	2,510,849	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,755,894	0	1,755,894	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,431,592	0	4,431,592	90.00
90.01	09001	CLINIC-UROLOGY	2,132,344	0	2,132,344	90.01
90.02	09002	CLINIC-SURGEONS	1,617,284	0	1,617,284	90.02
90.03	09003	CLINIC-PODIATRY	252,470	0	252,470	90.03
90.04	09004	CLINIC-ENT PRAC	1,537,624	0	1,537,624	90.04
90.05	09005	CLINIC-OB/GYN PRAC	3,029,893	0	3,029,893	90.05
91.00	09100	EMERGENCY	14,918,071	0	14,918,071	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	7,817,079	0	7,817,079	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	3,458,798	0	3,458,798	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	248,926,872	0	248,926,872	118.00
NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	65,225,943	0	65,225,943	192.00
194.00	07950	WELLNESS	1,624,577	0	1,624,577	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	3,274,369	0	3,274,369	194.01
194.02	07951	OCCUPATIONAL HEALTH	1,019,573	0	1,019,573	194.02
194.03	07952	MISC. NONREIMBURSABLE	15,043,228	0	15,043,228	194.03
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	335,114,562	0	335,114,562	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	49,074	3,796	52,870	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	610,444	6,028,503	6,638,947	5.00
7.00	00700	OPERATION OF PLANT	0	505,226	115,586	620,812	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	14,247	0	14,247	8.00
9.00	00900	HOUSEKEEPING	0	43,184	18,934	62,118	9.00
10.00	01000	DIETARY	0	88,059	18,260	106,319	10.00
11.00	01100	CAFETERIA	0	53,300	36,857	90,157	11.00
13.00	01300	NURSING ADMINISTRATION	0	27,059	55,656	82,715	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	89,508	421,079	510,587	14.00
15.00	01500	PHARMACY	0	39,374	49,819	89,193	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	51,703	7,226	58,929	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	944,824	1,044,687	1,989,511	30.00
32.00	03200	CORONARY CARE UNIT	0	65,843	73,373	139,216	32.00
40.00	04000	SUBPROVIDER - IPF	0	116,943	33,378	150,321	40.00
43.00	04300	NURSERY	0	8,277	79,310	87,587	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	751,105	2,683,299	3,434,404	50.00
51.00	05100	RECOVERY ROOM	0	114,058	91,743	205,801	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,876	35,375	54,251	52.00
53.00	05300	ANESTHESIOLOGY	0	8,666	154,658	163,324	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	219,584	1,126,785	1,346,369	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	288,432	697,727	986,159	55.00
56.00	05600	RADIOISOTOPE	0	35,229	247,330	282,559	56.00
57.00	05700	CT SCAN	0	20,472	672,137	692,609	57.00
58.00	05800	MRI	0	27,408	619,522	646,930	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	131,928	517,890	649,818	59.00
60.00	06000	LABORATORY	0	179,177	402,016	581,193	60.00
65.00	06500	RESPIRATORY THERAPY	0	20,727	61,706	82,433	65.00
66.00	06600	PHYSICAL THERAPY	0	192,888	48,656	241,544	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,661	931	6,592	67.00
68.00	06800	SPEECH PATHOLOGY	0	41,507	27,835	69,342	68.00
69.00	06900	ELECTROCARDIOLOGY	0	262,111	135,372	397,483	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	61,590	55,636	117,226	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	36,477	4,124	40,601	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	52,320	5,812	58,132	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	239,560	21,725	261,285	90.00
90.01	09001	CLINIC-UROLOGY	0	65,736	91,511	157,247	90.01
90.02	09002	CLINIC-SURGEONS	0	46,954	17,180	64,134	90.02
90.03	09003	CLINIC-PODIATRY	0	21,129	0	21,129	90.03
90.04	09004	CLINIC-ENT PRAC	0	53,662	50,652	104,314	90.04
90.05	09005	CLINIC-OB/GYN PRAC	0	145,370	22,727	168,097	90.05
91.00	09100	EMERGENCY	0	239,359	130,972	370,331	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	53,528	4,481	58,009	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	20,123	623	20,746	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	6,060,702	15,914,889	21,975,591	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,700,440	443,523	2,143,963	192.00
194.00	07950	WELLNESS	0	312,580	63,024	375,604	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	0	53,643	53,643	194.01
194.02	07951	OCCUPATIONAL HEALTH	0	39,052	12,190	51,242	194.02
194.03	07952	MISC. NONREIMBURSABLE	0	308,261	258,134	566,395	194.03
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	8,421,035	16,745,403	25,166,438	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/18/2021 3:17 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,644,672					5.00
7.00	00700	OPERATION OF PLANT	154,581	775,832				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	19,189	1,523	34,970			8.00
9.00	00900	HOUSEKEEPING	82,853	4,617	1,630	151,874		9.00
10.00	01000	DIETARY	29,331	9,415	576	0	145,812	10.00
11.00	01100	CAFETERIA	37,976	5,699	0	3,727	0	11.00
13.00	01300	NURSING ADMINISTRATION	103,881	2,893	0	1,086	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	69,644	9,570	683	1,481	0	14.00
15.00	01500	PHARMACY	61,336	4,210	0	716	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	60,495	5,528	0	494	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	588,128	101,019	8,468	2,024	118,587	30.00
32.00	03200	CORONARY CARE UNIT	93,675	7,040	710	2,913	4,002	32.00
40.00	04000	SUBPROVIDER - IPF	63,874	12,503	2,145	3,826	17,355	40.00
43.00	04300	NURSERY	19,009	885	215	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	474,093	80,307	5,716	50,360	1,383	50.00
51.00	05100	RECOVERY ROOM	65,357	12,195	2,389	1,580	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,248	2,018	608	0	0	52.00
53.00	05300	ANESTHESIOLOGY	21,941	927	0	247	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	189,091	23,478	3,526	6,072	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	101,460	30,839	1	9,282	0	55.00
56.00	05600	RADIOISOTOPE	85,850	3,767	0	741	0	56.00
57.00	05700	CT SCAN	57,398	2,189	0	555	0	57.00
58.00	05800	MRI	38,722	2,930	0	1,728	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	45,979	14,106	455	4,443	0	59.00
60.00	06000	LABORATORY	326,022	19,157	12	3,567	0	60.00
65.00	06500	RESPIRATORY THERAPY	63,981	2,216	0	629	0	65.00
66.00	06600	PHYSICAL THERAPY	113,431	20,623	0	2,715	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,442	605	0	247	0	67.00
68.00	06800	SPEECH PATHOLOGY	14,179	4,438	6	987	0	68.00
69.00	06900	ELECTROCARDIOLOGY	94,817	28,025	700	7,554	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	69,269	6,585	2	1,679	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	128,176	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	350,181	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	531,803	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	47,549	3,900	0	1,234	0	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	32,585	5,594	254	839	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	79,804	25,613	0	3,209	0	90.00
90.01	09001	CLINIC-UROLOGY	39,660	7,028	0	1,333	0	90.01
90.02	09002	CLINIC-SURGEONS	30,083	5,020	0	1,061	0	90.02
90.03	09003	CLINIC-PODIATRY	4,486	2,259	0	0	0	90.03
90.04	09004	CLINIC-ENT PRAC	27,769	5,737	0	1,975	0	90.04
90.05	09005	CLINIC-OB/GYN PRAC	53,950	15,543	0	3,950	0	90.05
91.00	09100	EMERGENCY	255,550	25,592	6,874	14,144	4,485	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	152,721	5,723	0	691	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	67,385	2,152	0	592	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,996,954	523,468	34,970	137,681	145,812	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,250,247	181,809	0	8,393	0	192.00
194.00	07950	WELLNESS	23,107	33,421	0	3,826	0	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	64,926	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL HEALTH	18,490	4,175	0	987	0	194.02
194.03	07952	MISC. NONREIMBURSABLE	290,948	32,959	0	987	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,644,672	775,832	34,970	151,874	145,812	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	137,904					11.00
13.00	01300	NURSING ADMINISTRATION	4,824	196,341				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,412	0	594,638			14.00
15.00	01500	PHARMACY	2,517	0	0	158,586		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,461	0	0	0	129,426	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,936	88,995	0	0	5,090	30.00
32.00	03200	CORONARY CARE UNIT	3,146	10,191	0	0	602	32.00
40.00	04000	SUBPROVIDER - IPF	2,831	9,160	0	0	765	40.00
43.00	04300	NURSERY	734	3,218	0	0	217	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,738	43,085	0	0	15,522	50.00
51.00	05100	RECOVERY ROOM	2,727	8,540	0	0	2,108	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,154	4,660	0	0	876	52.00
53.00	05300	ANESTHESIOLOGY	315	336	0	0	2,518	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,509	0	0	0	6,664	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,146	0	0	0	2,743	55.00
56.00	05600	RADIOISOTOPE	1,888	0	0	0	6,334	56.00
57.00	05700	CT SCAN	1,049	0	0	0	12,166	57.00
58.00	05800	MRI	629	0	0	0	4,231	58.00
59.00	05900	CARDIAC CATHETERIZATION	839	0	0	0	2,133	59.00
60.00	06000	LABORATORY	10,487	0	0	0	10,631	60.00
65.00	06500	RESPIRATORY THERAPY	2,517	0	0	0	1,695	65.00
66.00	06600	PHYSICAL THERAPY	3,356	0	0	0	3,396	66.00
67.00	06700	OCCUPATIONAL THERAPY	839	0	0	0	468	67.00
68.00	06800	SPEECH PATHOLOGY	1,049	0	0	0	376	68.00
69.00	06900	ELECTROCARDIOLOGY	3,146	0	0	0	1,578	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	839	0	0	0	707	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	160,552	0	5,644	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	434,086	0	8,542	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	158,586	22,902	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,307	0	0	0	171	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	419	0	0	0	786	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,461	0	0	0	291	90.00
90.01	09001	CLINIC-UROLOGY	1,363	0	0	0	144	90.01
90.02	09002	CLINIC-SURGEONS	1,258	0	0	0	37	90.02
90.03	09003	CLINIC-PODIATRY	210	0	0	0	15	90.03
90.04	09004	CLINIC-ENT PRAC	1,468	0	0	0	75	90.04
90.05	09005	CLINIC-OB/GYN PRAC	2,517	0	0	0	159	90.05
91.00	09100	EMERGENCY	10,277	28,156	0	0	8,483	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,258	0	0	0	777	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	524	0	0	0	580	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	128,150	196,341	594,638	158,586	129,426	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,817	0	0	0	0	192.00
194.00	07950	WELLNESS	1,049	0	0	0	0	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL HEALTH	1,154	0	0	0	0	194.02
194.03	07952	MISC. NONREIMBURSABLE	734	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	137,904	196,341	594,638	158,586	129,426	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/18/2021 3:17 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,939,145	0	2,939,145	30.00
32.00	03200	CORONARY CARE UNIT	262,137	0	262,137	32.00
40.00	04000	SUBPROVIDER - IPF	263,338	0	263,338	40.00
43.00	04300	NURSERY	112,034	0	112,034	43.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,121,250	0	4,121,250	50.00
51.00	05100	RECOVERY ROOM	301,218	0	301,218	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	92,071	0	92,071	52.00
53.00	05300	ANESTHESIOLOGY	189,957	0	189,957	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,581,838	0	1,581,838	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,134,511	0	1,134,511	55.00
56.00	05600	RADIOISOTOPE	381,611	0	381,611	56.00
57.00	05700	CT SCAN	766,174	0	766,174	57.00
58.00	05800	MRI	695,311	0	695,311	58.00
59.00	05900	CARDIAC CATHETERIZATION	717,967	0	717,967	59.00
60.00	06000	LABORATORY	952,848	0	952,848	60.00
65.00	06500	RESPIRATORY THERAPY	154,126	0	154,126	65.00
66.00	06600	PHYSICAL THERAPY	386,029	0	386,029	66.00
67.00	06700	OCCUPATIONAL THERAPY	30,394	0	30,394	67.00
68.00	06800	SPEECH PATHOLOGY	90,595	0	90,595	68.00
69.00	06900	ELECTROCARDIOLOGY	534,671	0	534,671	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	196,755	0	196,755	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	294,372	0	294,372	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	792,809	0	792,809	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	713,291	0	713,291	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	96,561	0	96,561	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	98,688	0	98,688	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	375,486	0	375,486	90.00
90.01	09001	CLINIC-UROLOGY	207,392	0	207,392	90.01
90.02	09002	CLINIC-SURGEONS	102,358	0	102,358	90.02
90.03	09003	CLINIC-PODIATRY	28,155	0	28,155	90.03
90.04	09004	CLINIC-ENT PRAC	142,029	0	142,029	90.04
90.05	09005	CLINIC-OB/GYN PRAC	245,042	0	245,042	90.05
91.00	09100	EMERGENCY	727,254	0	727,254	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	220,499	0	220,499	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	92,481	0	92,481	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	20,040,397	0	20,040,397	118.00
NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,601,077	0	3,601,077	192.00
194.00	07950	WELLNESS	437,133	0	437,133	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	118,865	0	118,865	194.01
194.02	07951	OCCUPATIONAL HEALTH	76,245	0	76,245	194.02
194.03	07952	MISC. NONREIMBURSABLE	892,721	0	892,721	194.03
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	25,166,438	0	25,166,438	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0189

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

Worksheet B-1

Date/Time Prepared:
11/18/2021 3:17 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	627,711				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		14,040,882			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,658	3,183	181,101,121		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	45,503	5,054,856	19,607,790	-54,683,589	5.00
7.00	00700	OPERATION OF PLANT	37,660	96,918	1,503,333	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,062	0	37,275	0	8.00
9.00	00900	HOUSEKEEPING	3,219	15,876	2,245,096	0	9.00
10.00	01000	DIETARY	6,564	15,311	585,390	0	10.00
11.00	01100	CAFETERIA	3,973	30,904	1,181,557	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,017	46,667	3,225,819	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,672	353,071	895,524	0	14.00
15.00	01500	PHARMACY	2,935	41,773	2,104,128	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,854	6,059	1,778,915	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	70,428	875,961	21,872,010	0	30.00
32.00	03200	CORONARY CARE UNIT	4,908	61,523	2,198,472	0	32.00
40.00	04000	SUBPROVIDER - IPF	8,717	27,987	1,912,514	0	40.00
43.00	04300	NURSERY	617	66,501	577,890	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	55,988	2,249,923	9,049,587	0	50.00
51.00	05100	RECOVERY ROOM	8,502	76,926	1,785,508	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,407	29,662	876,983	0	52.00
53.00	05300	ANESTHESIOLOGY	646	129,679	1,193,750	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,368	944,800	7,291,742	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,500	585,038	3,016,864	0	55.00
56.00	05600	RADIOISOTOPE	2,626	207,384	1,617,426	0	56.00
57.00	05700	CT SCAN	1,526	563,581	713,821	0	57.00
58.00	05800	MRI	2,043	519,464	482,195	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,834	434,246	664,686	0	59.00
60.00	06000	LABORATORY	13,356	337,087	6,091,522	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,545	51,740	2,243,049	0	65.00
66.00	06600	PHYSICAL THERAPY	14,378	40,798	3,302,689	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	422	781	686,782	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,094	23,339	746,762	0	68.00
69.00	06900	ELECTROCARDIOLOGY	19,538	113,508	4,683,281	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,591	46,650	1,532,543	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,719	3,458	2,737,412	0	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,900	4,873	268,916	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	17,857	18,216	6,241,617	0	90.00
90.01	09001	CLINIC-UROLOGY	4,900	76,731	2,113,232	0	90.01
90.02	09002	CLINIC-SURGEONS	3,500	14,405	2,618,974	0	90.02
90.03	09003	CLINIC-PODIATRY	1,575	0	192,365	0	90.03
90.04	09004	CLINIC-ENT PRAC	4,000	42,471	2,365,840	0	90.04
90.05	09005	CLINIC-OB/GYN PRAC	10,836	19,056	2,829,848	0	90.05
91.00	09100	EMERGENCY	17,842	109,819	11,513,811	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	3,990	3,757	4,521,437	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	1,500	522	1,720,548	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	451,770	13,344,504	142,828,903	-54,683,589	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	126,752	371,890	33,760,173	0	192.00
194.00	07950	WELLNESS	23,300	52,845	430,379	0	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	44,979	1,014,206	0	194.01
194.02	07951	OCCUPATIONAL HEALTH	2,911	10,221	676,121	0	194.02
194.03	07952	MISC. NONREIMBURSABLE	22,978	216,443	2,391,339	0	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,421,035	16,745,403	37,322,877		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.415465	1.192618	0.206089		203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0189

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

Worksheet B-1

Date/Time Prepared:
11/18/2021 3:17 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
204.00		Cost to be allocated (per Wkst. B, Part II)			52,870		6,644,672	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000292		0.023695	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: 14-0189

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

Worksheet B-1

Date/Time Prepared:
11/18/2021 3:17 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	540,890				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,062	1,081,943			8.00
9.00	00900	HOUSEKEEPING	3,219	50,434	12,305		9.00
10.00	01000	DIETARY	6,564	17,836	0	182,370	10.00
11.00	01100	CAFETERIA	3,973	0	302	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,017	0	88	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,672	21,135	120	0	14.00
15.00	01500	PHARMACY	2,935	0	58	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,854	0	40	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	70,428	262,018	164	148,319	30.00
32.00	03200	CORONARY CARE UNIT	4,908	21,971	236	5,005	32.00
40.00	04000	SUBPROVIDER - IPF	8,717	66,366	310	21,706	40.00
43.00	04300	NURSERY	617	6,647	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	55,988	176,849	4,080	1,730	50.00
51.00	05100	RECOVERY ROOM	8,502	73,903	128	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,407	18,804	0	0	52.00
53.00	05300	ANESTHESIOLOGY	646	0	20	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,368	109,083	492	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,500	17	752	0	55.00
56.00	05600	RADIOISOTOPE	2,626	0	60	0	56.00
57.00	05700	CT SCAN	1,526	0	45	0	57.00
58.00	05800	MRI	2,043	0	140	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,834	14,063	360	0	59.00
60.00	06000	LABORATORY	13,356	379	289	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,545	0	51	0	65.00
66.00	06600	PHYSICAL THERAPY	14,378	0	220	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	422	0	20	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,094	174	80	0	68.00
69.00	06900	ELECTROCARDIOLOGY	19,538	21,670	612	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,591	48	136	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,719	0	100	0	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,900	7,867	68	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	17,857	0	260	0	90.00
90.01	09001	CLINIC-UROLOGY	4,900	0	108	0	90.01
90.02	09002	CLINIC-SURGEONS	3,500	0	86	0	90.02
90.03	09003	CLINIC-PODIATRY	1,575	0	0	0	90.03
90.04	09004	CLINIC-ENT PRAC	4,000	0	160	0	90.04
90.05	09005	CLINIC-OB/GYN PRAC	10,836	0	320	0	90.05
91.00	09100	EMERGENCY	17,842	212,679	1,146	5,610	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	3,990	0	56	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	1,500	0	48	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	364,949	1,081,943	11,155	182,370	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	126,752	0	680	0	192.00
194.00	07950	WELLNESS	23,300	0	310	0	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL HEALTH	2,911	0	80	0	194.02
194.03	07952	MISC. NONREIMBURSABLE	22,978	0	80	0	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,795,891	983,050	4,270,701	1,590,035	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.413080	0.908597	347.070378	8.718731	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	775,832	34,970	151,874	145,812	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0189

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

Worksheet B-1

Date/Time Prepared:
11/18/2021 3:17 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF SERVIC)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
			7.00	8.00	9.00	10.00	11.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	1.434362	0.032321	12.342462	0.799539	104.869962	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: 14-0189

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

Worksheet B-1

Date/Time Prepared:
11/18/2021 3:17 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSING HR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		
		13.00	14.00	15.00	16.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION	1,068,488				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	100			14.00
15.00	01500	PHARMACY	0	0	100		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,069,532,949	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	484,310	0	0	42,063,932	30.00
32.00	03200	CORONARY CARE UNIT	55,459	0	0	4,972,479	32.00
40.00	04000	SUBPROVIDER - IPF	49,850	0	0	6,323,512	40.00
43.00	04300	NURSERY	17,512	0	0	1,793,080	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	234,470	0	0	128,283,805	50.00
51.00	05100	RECOVERY ROOM	46,474	0	0	17,420,666	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,360	0	0	7,238,666	52.00
53.00	05300	ANESTHESIOLOGY	1,828	0	0	20,807,171	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	55,070,417	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	22,665,645	55.00
56.00	05600	RADIOISOTOPE	0	0	0	52,345,326	56.00
57.00	05700	CT SCAN	0	0	0	100,545,401	57.00
58.00	05800	MRI	0	0	0	34,963,917	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	17,631,360	59.00
60.00	06000	LABORATORY	0	0	0	87,859,092	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,008,428	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	28,065,690	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,867,107	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,104,577	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	13,039,904	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,843,493	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	27	0	46,643,320	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	73	0	70,592,053	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	189,173,293	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,416,605	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	6,498,912	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	2,403,586	90.00
90.01	09001	CLINIC-UROLOGY	0	0	0	1,192,301	90.01
90.02	09002	CLINIC-SURGEONS	0	0	0	302,574	90.02
90.03	09003	CLINIC-PODIATRY	0	0	0	126,430	90.03
90.04	09004	CLINIC-ENT PRAC	0	0	0	623,102	90.04
90.05	09005	CLINIC-OB/GYN PRAC	0	0	0	1,316,037	90.05
91.00	09100	EMERGENCY	153,225	0	0	70,109,981	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	6,425,028	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	4,796,059	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,068,488	100	100	1,069,532,949	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	WELLNESS	0	0	0	0	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL HEALTH	0	0	0	0	194.02
194.03	07952	MISC. NONREIMBURSABLE	0	0	0	0	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,371,236	3,705,674	3,193,682	3,172,486	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.026950	37,056.740000	31,936.820000	0.002966	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	196,341	594,638	158,586	129,426	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0189

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

Worksheet B-1

Date/Time Prepared:
11/18/2021 3:17 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSING HR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		
		13.00	14.00	15.00	16.00		
205.00	Unit cost multiplier (Wkst. B, Part II)	0.183756	5,946.380000	1,585.860000	0.000121		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: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/18/2021 3:17 pm

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	35,289,370		35,289,370	0	35,289,370	30.00	
32.00	03200	CORONARY CARE UNIT	5,281,447		5,281,447	0	5,281,447	32.00	
40.00	04000	SUBPROVIDER - IPF	4,016,111		4,016,111	0	4,016,111	40.00	
43.00	04300	NURSERY	1,078,019		1,078,019	0	1,078,019	43.00	
45.00	04500	NURSING FACILITY	0		0	0	0	45.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	28,074,576		28,074,576	0	28,074,576	50.00	
51.00	05100	RECOVERY ROOM	3,856,603		3,856,603	0	3,856,603	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,628,297		1,628,297	0	1,628,297	52.00	
53.00	05300	ANESTHESIOLOGY	1,198,419		1,198,419	0	1,198,419	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,273,366		10,273,366	0	10,273,366	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	5,802,392		5,802,392	0	5,802,392	55.00	
56.00	05600	RADIOISOTOPE	4,571,971		4,571,971	0	4,571,971	56.00	
57.00	05700	CT SCAN	3,246,360		3,246,360	0	3,246,360	57.00	
58.00	05800	MRI	2,144,068		2,144,068	0	2,144,068	58.00	
59.00	05900	CARDIAC CATHETERIZATION	2,663,220		2,663,220	0	2,663,220	59.00	
60.00	06000	LABORATORY	17,153,819		17,153,819	0	17,153,819	60.00	
65.00	06500	RESPIRATORY THERAPY	3,346,138	0	3,346,138	0	3,346,138	65.00	
66.00	06600	PHYSICAL THERAPY	6,137,999	0	6,137,999	0	6,137,999	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,118,518	0	1,118,518	0	1,118,518	67.00	
68.00	06800	SPEECH PATHOLOGY	812,618	0	812,618	0	812,618	68.00	
69.00	06900	ELECTROCARDIOLOGY	5,381,605		5,381,605	0	5,381,605	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	3,636,783		3,636,783	0	3,636,783	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,603,097		7,603,097	0	7,603,097	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,575,000		20,575,000	0	20,575,000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	30,575,178		30,575,178	0	30,575,178	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,510,849		2,510,849	0	2,510,849	76.00	
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,755,894		1,755,894	0	1,755,894	76.98	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	4,431,592		4,431,592	0	4,431,592	90.00	
90.01	09001	CLINIC-UROLOGY	2,132,344		2,132,344	0	2,132,344	90.01	
90.02	09002	CLINIC-SURGEONS	1,617,284		1,617,284	0	1,617,284	90.02	
90.03	09003	CLINIC-PODIATRY	252,470		252,470	0	252,470	90.03	
90.04	09004	CLINIC-ENT PRAC	1,537,624		1,537,624	0	1,537,624	90.04	
90.05	09005	CLINIC-OB/GYN PRAC	3,029,893		3,029,893	0	3,029,893	90.05	
91.00	09100	EMERGENCY	14,918,071		14,918,071	18,086	14,936,157	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,837,287		9,837,287		9,837,287	92.00	
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	7,817,079		7,817,079		7,817,079	101.00	
SPECIAL PURPOSE COST CENTERS									
116.00	11600	HOSPICE	3,458,798		3,458,798		3,458,798	116.00	
200.00		Subtotal (see instructions)	258,764,159	0	258,764,159	18,086	258,782,245	200.00	
201.00		Less Observation Beds	9,837,287		9,837,287		9,837,287	201.00	
202.00		Total (see instructions)	248,926,872	0	248,926,872	18,086	248,944,958	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/18/2021 3:17 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	31,897,729		31,897,729		30.00
32.00	03200	CORONARY CARE UNIT	4,972,479		4,972,479		32.00
40.00	04000	SUBPROVIDER - IPF	6,323,512		6,323,512		40.00
43.00	04300	NURSERY	1,793,080		1,793,080		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,400,388	100,883,417	128,283,805	0.218847	0.000000
51.00	05100	RECOVERY ROOM	4,285,324	13,135,342	17,420,666	0.221381	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,001,614	237,052	7,238,666	0.224944	0.000000
53.00	05300	ANESTHESIOLOGY	6,098,972	14,708,199	20,807,171	0.057596	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,199,498	48,870,919	55,070,417	0.186550	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	92,129	22,573,516	22,665,645	0.255999	0.000000
56.00	05600	RADIOISOTOPE	9,403,279	42,942,047	52,345,326	0.087342	0.000000
57.00	05700	CT SCAN	23,398,212	77,147,189	100,545,401	0.032288	0.000000
58.00	05800	MRI	4,678,414	30,285,503	34,963,917	0.061322	0.000000
59.00	05900	CARDIAC CATHETERIZATION	4,926,819	12,704,541	17,631,360	0.151050	0.000000
60.00	06000	LABORATORY	15,552,288	72,306,804	87,859,092	0.195242	0.000000
65.00	06500	RESPIRATORY THERAPY	11,522,486	2,485,942	14,008,428	0.238866	0.000000
66.00	06600	PHYSICAL THERAPY	2,650,515	25,415,175	28,065,690	0.218701	0.000000
67.00	06700	OCCUPATIONAL THERAPY	1,052,691	2,814,416	3,867,107	0.289239	0.000000
68.00	06800	SPEECH PATHOLOGY	381,055	2,723,522	3,104,577	0.261748	0.000000
69.00	06900	ELECTROCARDIOLOGY	2,106,451	10,933,453	13,039,904	0.412703	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	136,848	5,706,645	5,843,493	0.622365	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,806,635	31,836,685	46,643,320	0.163005	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,398,859	38,193,194	70,592,053	0.291463	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	38,078,575	151,094,718	189,173,293	0.161625	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,240	1,415,365	1,416,605	1.772441	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	24,327	6,474,585	6,498,912	0.270183	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,802	2,400,784	2,403,586	1.843742	0.000000
90.01	09001	CLINIC-UROLOGY	2,244	1,190,057	1,192,301	1.788428	0.000000
90.02	09002	CLINIC-SURGEONS	900	301,674	302,574	5.345086	0.000000
90.03	09003	CLINIC-PODIATRY	0	126,430	126,430	1.996915	0.000000
90.04	09004	CLINIC-ENT PRAC	29	623,073	623,102	2.467692	0.000000
90.05	09005	CLINIC-OB/GYN PRAC	445	1,315,592	1,316,037	2.302286	0.000000
91.00	09100	EMERGENCY	15,108,697	55,001,284	70,109,981	0.212781	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,166,203	10,166,203	0.967646	0.000000
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	6,425,028	6,425,028		101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	4,796,059	4,796,059		116.00
200.00		Subtotal (see instructions)	272,298,536	797,234,413	1,069,532,949		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	272,298,536	797,234,413	1,069,532,949		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/18/2021 3:17 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
32.00	03200	CORONARY CARE UNIT				32.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
45.00	04500	NURSING FACILITY				45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.218847			50.00
51.00	05100	RECOVERY ROOM	0.221381			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.224944			52.00
53.00	05300	ANESTHESIOLOGY	0.057596			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.186550			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.255999			55.00
56.00	05600	RADIOISOTOPE	0.087342			56.00
57.00	05700	CT SCAN	0.032288			57.00
58.00	05800	MRI	0.061322			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.151050			59.00
60.00	06000	LABORATORY	0.195242			60.00
65.00	06500	RESPIRATORY THERAPY	0.238866			65.00
66.00	06600	PHYSICAL THERAPY	0.218701			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.289239			67.00
68.00	06800	SPEECH PATHOLOGY	0.261748			68.00
69.00	06900	ELECTROCARDIOLOGY	0.412703			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.622365			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.163005			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.291463			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.161625			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.772441			76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.270183			76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.843742			90.00
90.01	09001	CLINIC-UROLOGY	1.788428			90.01
90.02	09002	CLINIC-SURGEONS	5.345086			90.02
90.03	09003	CLINIC-PODIATRY	1.996915			90.03
90.04	09004	CLINIC-ENT PRAC	2.467692			90.04
90.05	09005	CLINIC-OB/GYN PRAC	2.302286			90.05
91.00	09100	EMERGENCY	0.213039			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.967646			92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE				116.00
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: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/18/2021 3:17 pm

				Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	35,289,370		35,289,370	0	35,289,370	30.00	
32.00	03200	CORONARY CARE UNIT	5,281,447		5,281,447	0	5,281,447	32.00	
40.00	04000	SUBPROVIDER - IPF	4,016,111		4,016,111	0	4,016,111	40.00	
43.00	04300	NURSERY	1,078,019		1,078,019	0	1,078,019	43.00	
45.00	04500	NURSING FACILITY	0		0	0	0	45.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	28,074,576		28,074,576	0	28,074,576	50.00	
51.00	05100	RECOVERY ROOM	3,856,603		3,856,603	0	3,856,603	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,628,297		1,628,297	0	1,628,297	52.00	
53.00	05300	ANESTHESIOLOGY	1,198,419		1,198,419	0	1,198,419	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,273,366		10,273,366	0	10,273,366	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	5,802,392		5,802,392	0	5,802,392	55.00	
56.00	05600	RADIOISOTOPE	4,571,971		4,571,971	0	4,571,971	56.00	
57.00	05700	CT SCAN	3,246,360		3,246,360	0	3,246,360	57.00	
58.00	05800	MRI	2,144,068		2,144,068	0	2,144,068	58.00	
59.00	05900	CARDIAC CATHETERIZATION	2,663,220		2,663,220	0	2,663,220	59.00	
60.00	06000	LABORATORY	17,153,819		17,153,819	0	17,153,819	60.00	
65.00	06500	RESPIRATORY THERAPY	3,346,138	0	3,346,138	0	3,346,138	65.00	
66.00	06600	PHYSICAL THERAPY	6,137,999	0	6,137,999	0	6,137,999	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,118,518	0	1,118,518	0	1,118,518	67.00	
68.00	06800	SPEECH PATHOLOGY	812,618	0	812,618	0	812,618	68.00	
69.00	06900	ELECTROCARDIOLOGY	5,381,605		5,381,605	0	5,381,605	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	3,636,783		3,636,783	0	3,636,783	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,603,097		7,603,097	0	7,603,097	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,575,000		20,575,000	0	20,575,000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	30,575,178		30,575,178	0	30,575,178	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,510,849		2,510,849	0	2,510,849	76.00	
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,755,894		1,755,894	0	1,755,894	76.98	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	4,431,592		4,431,592	0	4,431,592	90.00	
90.01	09001	CLINIC-UROLOGY	2,132,344		2,132,344	0	2,132,344	90.01	
90.02	09002	CLINIC-SURGEONS	1,617,284		1,617,284	0	1,617,284	90.02	
90.03	09003	CLINIC-PODIATRY	252,470		252,470	0	252,470	90.03	
90.04	09004	CLINIC-ENT PRAC	1,537,624		1,537,624	0	1,537,624	90.04	
90.05	09005	CLINIC-OB/GYN PRAC	3,029,893		3,029,893	0	3,029,893	90.05	
91.00	09100	EMERGENCY	14,918,071		14,918,071	18,086	14,936,157	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,837,287		9,837,287		9,837,287	92.00	
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	7,817,079		7,817,079		7,817,079	101.00	
SPECIAL PURPOSE COST CENTERS									
116.00	11600	HOSPICE	3,458,798		3,458,798		3,458,798	116.00	
200.00		Subtotal (see instructions)	258,764,159	0	258,764,159	18,086	258,782,245	200.00	
201.00		Less Observation Beds	9,837,287		9,837,287		9,837,287	201.00	
202.00		Total (see instructions)	248,926,872	0	248,926,872	18,086	248,944,958	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/18/2021 3:17 pm

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	31,897,729		31,897,729			30.00
32.00	03200	CORONARY CARE UNIT	4,972,479		4,972,479			32.00
40.00	04000	SUBPROVIDER - IPF	6,323,512		6,323,512			40.00
43.00	04300	NURSERY	1,793,080		1,793,080			43.00
45.00	04500	NURSING FACILITY	0		0			45.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,400,388	100,883,417	128,283,805	0.218847	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,285,324	13,135,342	17,420,666	0.221381	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,001,614	237,052	7,238,666	0.224944	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	6,098,972	14,708,199	20,807,171	0.057596	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,199,498	48,870,919	55,070,417	0.186550	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	92,129	22,573,516	22,665,645	0.255999	0.000000	55.00
56.00	05600	RADIOISOTOPE	9,403,279	42,942,047	52,345,326	0.087342	0.000000	56.00
57.00	05700	CT SCAN	23,398,212	77,147,189	100,545,401	0.032288	0.000000	57.00
58.00	05800	MRI	4,678,414	30,285,503	34,963,917	0.061322	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,926,819	12,704,541	17,631,360	0.151050	0.000000	59.00
60.00	06000	LABORATORY	15,552,288	72,306,804	87,859,092	0.195242	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	11,522,486	2,485,942	14,008,428	0.238866	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,650,515	25,415,175	28,065,690	0.218701	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,052,691	2,814,416	3,867,107	0.289239	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	381,055	2,723,522	3,104,577	0.261748	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	2,106,451	10,933,453	13,039,904	0.412703	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	136,848	5,706,645	5,843,493	0.622365	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,806,635	31,836,685	46,643,320	0.163005	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,398,859	38,193,194	70,592,053	0.291463	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,078,575	151,094,718	189,173,293	0.161625	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,240	1,415,365	1,416,605	1.772441	0.000000	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	24,327	6,474,585	6,498,912	0.270183	0.000000	76.98
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,802	2,400,784	2,403,586	1.843742	0.000000	90.00
90.01	09001	CLINIC-UROLOGY	2,244	1,190,057	1,192,301	1.788428	0.000000	90.01
90.02	09002	CLINIC-SURGEONS	900	301,674	302,574	5.345086	0.000000	90.02
90.03	09003	CLINIC-PODIATRY	0	126,430	126,430	1.996915	0.000000	90.03
90.04	09004	CLINIC-ENT PRAC	29	623,073	623,102	2.467692	0.000000	90.04
90.05	09005	CLINIC-OB/GYN PRAC	445	1,315,592	1,316,037	2.302286	0.000000	90.05
91.00	09100	EMERGENCY	15,108,697	55,001,284	70,109,981	0.212781	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	10,166,203	10,166,203	0.967646	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	6,425,028	6,425,028			101.00
	SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	4,796,059	4,796,059			116.00
200.00		Subtotal (see instructions)	272,298,536	797,234,413	1,069,532,949			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	272,298,536	797,234,413	1,069,532,949			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/18/2021 3:17 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
32.00	03200	CORONARY CARE UNIT				32.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
45.00	04500	NURSING FACILITY				45.00
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	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
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 PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	CLINIC-UROLOGY	0.000000			90.01
90.02	09002	CLINIC-SURGEONS	0.000000			90.02
90.03	09003	CLINIC-PODIATRY	0.000000			90.03
90.04	09004	CLINIC-ENT PRAC	0.000000			90.04
90.05	09005	CLINIC-OB/GYN PRAC	0.000000			90.05
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE				116.00
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: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/18/2021 3:17 pm

			Title XVIII		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,939,145	0	2,939,145	27,554	106.67	30.00	
32.00	CORONARY CARE UNIT	262,137		262,137	2,218	118.19	32.00	
40.00	SUBPROVIDER - IPF	263,338	0	263,338	4,460	59.04	40.00	
43.00	NURSERY	112,034		112,034	1,095	102.31	43.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (lines 30 through 199)	3,576,654		3,576,654	35,327		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,000	1,173,370					30.00
32.00	CORONARY CARE UNIT	1,124	132,846					32.00
40.00	SUBPROVIDER - IPF	1,100	64,944					40.00
43.00	NURSERY	0	0					43.00
45.00	NURSING FACILITY	0	0					45.00
200.00	Total (lines 30 through 199)	13,224	1,371,160					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part II
Date/Time Prepared:
11/18/2021 3:17 pm

				Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,121,250	128,283,805	0.032126	13,576,099	436,146	50.00	
51.00	05100	RECOVERY ROOM	301,218	17,420,666	0.017291	2,039,275	35,261	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	92,071	7,238,666	0.012719	26,117	332	52.00	
53.00	05300	ANESTHESIOLOGY	189,957	20,807,171	0.009129	2,859,649	26,106	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,581,838	55,070,417	0.028724	3,998,874	114,864	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	1,134,511	22,665,645	0.050054	80,076	4,008	55.00	
56.00	05600	RADIOISOTOPE	381,611	52,345,326	0.007290	4,852,553	35,375	56.00	
57.00	05700	CT SCAN	766,174	100,545,401	0.007620	12,888,168	98,208	57.00	
58.00	05800	MRI	695,311	34,963,917	0.019887	2,477,607	49,272	58.00	
59.00	05900	CARDIAC CATHETERIZATION	717,967	17,631,360	0.040721	2,412,125	98,224	59.00	
60.00	06000	LABORATORY	952,848	87,859,092	0.010845	8,183,127	88,746	60.00	
65.00	06500	RESPIRATORY THERAPY	154,126	14,008,428	0.011002	5,886,804	64,767	65.00	
66.00	06600	PHYSICAL THERAPY	386,029	28,065,690	0.013754	1,618,526	22,261	66.00	
67.00	06700	OCCUPATIONAL THERAPY	30,394	3,867,107	0.007860	658,786	5,178	67.00	
68.00	06800	SPEECH PATHOLOGY	90,595	3,104,577	0.029181	178,562	5,211	68.00	
69.00	06900	ELECTROCARDIOLOGY	534,671	13,039,904	0.041003	1,191,547	48,857	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	196,755	5,843,493	0.033671	119,778	4,033	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	294,372	46,643,320	0.006311	7,048,704	44,484	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	792,809	70,592,053	0.011231	15,909,850	178,684	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	713,291	189,173,293	0.003771	19,860,558	74,894	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	96,561	1,416,605	0.068164	501	34	76.00	
76.98	07698	HYPERBARIC OXYGEN THERAPY	98,688	6,498,912	0.015185	10,025	152	76.98	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	375,486	2,403,586	0.156219	1,960	306	90.00	
90.01	09001	CLINIC-UROLOGY	207,392	1,192,301	0.173943	1,961	341	90.01	
90.02	09002	CLINIC-SURGEONS	102,358	302,574	0.338291	900	304	90.02	
90.03	09003	CLINIC-PODIATRY	28,155	126,430	0.222692	0	0	90.03	
90.04	09004	CLINIC-ENT PRAC	142,029	623,102	0.227939	0	0	90.04	
90.05	09005	CLINIC-OB/GYN PRAC	245,042	1,316,037	0.186197	445	83	90.05	
91.00	09100	EMERGENCY	727,254	70,109,981	0.010373	10,180,929	105,607	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	819,318	10,166,203	0.080592	0	0	92.00	
200.00		Total (lines 50 through 199)	16,970,081	1,013,325,062		116,063,506	1,541,738	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0189		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/18/2021 3:17 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00	
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	27,554	0.00	11,000	30.00			
32.00	03200	CORONARY CARE UNIT	0	0	2,218	0.00	1,124	32.00			
40.00	04000	SUBPROVIDER - IPF	0	0	4,460	0.00	1,100	40.00			
43.00	04300	NURSERY	0	0	1,095	0.00	0	43.00			
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	45.00			
200.00		Total (lines 30 through 199)	0	0	35,327		13,224	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	
32.00	03200	CORONARY CARE UNIT	0							32.00	
40.00	04000	SUBPROVIDER - IPF	0							40.00	
43.00	04300	NURSERY	0							43.00	
45.00	04500	NURSING FACILITY	0							45.00	
200.00		Total (lines 30 through 199)	0							200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/18/2021 3:17 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	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	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
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 PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CLINIC-UROLOGY	0	0	0	0	0	90.01
90.02	09002	CLINIC-SURGEONS	0	0	0	0	0	90.02
90.03	09003	CLINIC-PODIATRY	0	0	0	0	0	90.03
90.04	09004	CLINIC-ENT PRAC	0	0	0	0	0	90.04
90.05	09005	CLINIC-OB/GYN PRAC	0	0	0	0	0	90.05
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: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/18/2021 3:17 pm

			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	128,283,805	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	17,420,666	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	7,238,666	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	20,807,171	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	55,070,417	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	22,665,645	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	52,345,326	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	100,545,401	0.000000	57.00
58.00	05800	MRI	0	0	0	34,963,917	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	17,631,360	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	87,859,092	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,008,428	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	28,065,690	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,867,107	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,104,577	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	13,039,904	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,843,493	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	46,643,320	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	70,592,053	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	189,173,293	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,416,605	0.000000	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	6,498,912	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	2,403,586	0.000000	90.00
90.01	09001	CLINIC-UROLOGY	0	0	0	1,192,301	0.000000	90.01
90.02	09002	CLINIC-SURGEONS	0	0	0	302,574	0.000000	90.02
90.03	09003	CLINIC-PODIATRY	0	0	0	126,430	0.000000	90.03
90.04	09004	CLINIC-ENT PRAC	0	0	0	623,102	0.000000	90.04
90.05	09005	CLINIC-OB/GYN PRAC	0	0	0	1,316,037	0.000000	90.05
91.00	09100	EMERGENCY	0	0	0	70,109,981	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,166,203	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,013,325,062		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/18/2021 3:17 pm

			Title XVIII		Hospital		PPS	
	Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	13,576,099	0	32,693,672	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	2,039,275	0	5,914,644	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	26,117	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	2,859,649	0	5,336,326	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	3,998,874	0	11,006,918	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	80,076	0	9,731,250	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	4,852,553	0	10,087,262	0	56.00
57.00	05700	CT SCAN	0.000000	12,888,168	0	21,720,065	0	57.00
58.00	05800	MRI	0.000000	2,477,607	0	8,395,014	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	2,412,125	0	4,939,469	0	59.00
60.00	06000	LABORATORY	0.000000	8,183,127	0	6,885,709	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	5,886,804	0	783,747	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,618,526	0	202,679	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	658,786	0	19,263	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	178,562	0	292,766	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,191,547	0	3,423,993	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	119,778	0	644,257	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	7,048,704	0	7,164,189	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	15,909,850	0	14,557,093	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	19,860,558	0	71,229,394	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	501	0	245,662	0	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	10,025	0	3,246,297	0	76.98
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	1,960	0	677,810	0	90.00
90.01	09001	CLINIC-UROLOGY	0.000000	1,961	0	537,573	0	90.01
90.02	09002	CLINIC-SURGEONS	0.000000	900	0	148,193	0	90.02
90.03	09003	CLINIC-PODIATRY	0.000000	0	0	126,430	0	90.03
90.04	09004	CLINIC-ENT PRAC	0.000000	0	0	182,009	0	90.04
90.05	09005	CLINIC-OB/GYN PRAC	0.000000	445	0	60,670	0	90.05
91.00	09100	EMERGENCY	0.000000	10,180,929	0	11,926,707	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	2,811,121	0	92.00
200.00		Total (lines 50 through 199)		116,063,506	0	234,990,182	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/18/2021 3:17 pm

			Title XVIII		Hospital		PPS		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.218847	32,693,672	0	0	7,154,912	50.00	
51.00	05100	RECOVERY ROOM	0.221381	5,914,644	0	0	1,309,390	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.224944	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.057596	5,336,326	0	0	307,351	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.186550	11,006,918	0	0	2,053,341	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.255999	9,731,250	0	0	2,491,190	55.00	
56.00	05600	RADIOISOTOPE	0.087342	10,087,262	0	0	881,042	56.00	
57.00	05700	CT SCAN	0.032288	21,720,065	0	0	701,297	57.00	
58.00	05800	MRI	0.061322	8,395,014	0	0	514,799	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.151050	4,939,469	0	0	746,107	59.00	
60.00	06000	LABORATORY	0.195242	6,885,709	25,820	0	1,344,380	60.00	
65.00	06500	RESPIRATORY THERAPY	0.238866	783,747	0	0	187,211	65.00	
66.00	06600	PHYSICAL THERAPY	0.218701	202,679	0	0	44,326	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.289239	19,263	0	0	5,572	67.00	
68.00	06800	SPEECH PATHOLOGY	0.261748	292,766	0	0	76,631	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.412703	3,423,993	0	0	1,413,092	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.622365	644,257	0	0	400,963	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.163005	7,164,189	0	0	1,167,799	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.291463	14,557,093	0	0	4,242,854	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.161625	71,229,394	0	53,912	11,512,451	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.772441	245,662	0	0	435,421	76.00	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.270183	3,246,297	0	0	877,094	76.98	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1.843742	677,810	0	0	1,249,707	90.00	
90.01	09001	CLINIC-UROLOGY	1.788428	537,573	0	0	961,411	90.01	
90.02	09002	CLINIC-SURGEONS	5.345086	148,193	0	0	792,104	90.02	
90.03	09003	CLINIC-PODIATRY	1.996915	126,430	0	0	252,470	90.03	
90.04	09004	CLINIC-ENT PRAC	2.467692	182,009	0	0	449,142	90.04	
90.05	09005	CLINIC-OB/GYN PRAC	2.302286	60,670	0	0	139,680	90.05	
91.00	09100	EMERGENCY	0.212781	11,926,707	0	0	2,537,777	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.967646	2,811,121	0	0	2,720,170	92.00	
200.00		Subtotal (see instructions)		234,990,182	25,820	53,912	46,969,684	200.00	
201.00		Less PBP Clinic Lab. Services-Program			0	0		201.00	
		Only Charges							
202.00		Net Charges (line 200 - line 201)		234,990,182	25,820	53,912	46,969,684	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/18/2021 3:17 pm

			Title XVIII		Hospital	PPS
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
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	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	5,041	0		60.00
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 PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,714		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	CLINIC-UROLOGY	0	0		90.01
90.02	09002	CLINIC-SURGEONS	0	0		90.02
90.03	09003	CLINIC-PODIATRY	0	0		90.03
90.04	09004	CLINIC-ENT PRAC	0	0		90.04
90.05	09005	CLINIC-OB/GYN PRAC	0	0		90.05
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)	5,041	8,714		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	5,041	8,714		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0189

Period:

Worksheet D

Component CCN: 14-S189

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/18/2021 3:17 pm

				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,121,250	128,283,805	0.032126	0	0
51.00	05100	RECOVERY ROOM	301,218	17,420,666	0.017291	6,716	116
52.00	05200	DELIVERY ROOM & LABOR ROOM	92,071	7,238,666	0.012719	0	0
53.00	05300	ANESTHESIOLOGY	189,957	20,807,171	0.009129	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,581,838	55,070,417	0.028724	25,085	721
55.00	05500	RADIOLOGY-THERAPEUTIC	1,134,511	22,665,645	0.050054	0	0
56.00	05600	RADIOISOTOPE	381,611	52,345,326	0.007290	12,915	94
57.00	05700	CT SCAN	766,174	100,545,401	0.007620	115,580	881
58.00	05800	MRI	695,311	34,963,917	0.019887	36,927	734
59.00	05900	CARDIAC CATHETERIZATION	717,967	17,631,360	0.040721	0	0
60.00	06000	LABORATORY	952,848	87,859,092	0.010845	275,987	2,993
65.00	06500	RESPIRATORY THERAPY	154,126	14,008,428	0.011002	100,104	1,101
66.00	06600	PHYSICAL THERAPY	386,029	28,065,690	0.013754	8,807	121
67.00	06700	OCCUPATIONAL THERAPY	30,394	3,867,107	0.007860	2,165	17
68.00	06800	SPEECH PATHOLOGY	90,595	3,104,577	0.029181	829	24
69.00	06900	ELECTROCARDIOLOGY	534,671	13,039,904	0.041003	24,873	1,020
70.00	07000	ELECTROENCEPHALOGRAPHY	196,755	5,843,493	0.033671	3,827	129
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	294,372	46,643,320	0.006311	4,694	30
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	792,809	70,592,053	0.011231	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	713,291	189,173,293	0.003771	166,596	628
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	96,561	1,416,605	0.068164	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	98,688	6,498,912	0.015185	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	375,486	2,403,586	0.156219	0	0
90.01	09001	CLINIC-UROLOGY	207,392	1,192,301	0.173943	0	0
90.02	09002	CLINIC-SURGEONS	102,358	302,574	0.338291	0	0
90.03	09003	CLINIC-PODIATRY	28,155	126,430	0.222692	0	0
90.04	09004	CLINIC-ENT PRAC	142,029	623,102	0.227939	0	0
90.05	09005	CLINIC-OB/GYN PRAC	245,042	1,316,037	0.186197	0	0
91.00	09100	EMERGENCY	727,254	70,109,981	0.010373	307,993	3,195
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	10,166,203	0.000000	0	0
200.00	Total (lines 50 through 199)		16,150,763	1,013,325,062		1,093,098	11,804

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0189 Component CCN: 14-S189		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/18/2021 3:17 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
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 PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	0	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	CLINIC-UROLOGY		0	0	0	0	0	90.01
90.02	09002	CLINIC-SURGEONS		0	0	0	0	0	90.02
90.03	09003	CLINIC-PODIATRY		0	0	0	0	0	90.03
90.04	09004	CLINIC-ENT PRAC		0	0	0	0	0	90.04
90.05	09005	CLINIC-OB/GYN PRAC		0	0	0	0	0	90.05
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: 14-0189
Component CCN: 14-S189

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

Worksheet D
Part IV
Date/Time Prepared:
11/18/2021 3:17 pm

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	128,283,805	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	17,420,666	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	7,238,666	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	20,807,171	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	55,070,417	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	22,665,645	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	52,345,326	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	100,545,401	0.000000	57.00
58.00	05800	MRI	0	0	0	34,963,917	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	17,631,360	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	87,859,092	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,008,428	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	28,065,690	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,867,107	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,104,577	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	13,039,904	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,843,493	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	46,643,320	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	70,592,053	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	189,173,293	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,416,605	0.000000	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	6,498,912	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	2,403,586	0.000000	90.00
90.01	09001	CLINIC-UROLOGY	0	0	0	1,192,301	0.000000	90.01
90.02	09002	CLINIC-SURGEONS	0	0	0	302,574	0.000000	90.02
90.03	09003	CLINIC-PODIATRY	0	0	0	126,430	0.000000	90.03
90.04	09004	CLINIC-ENT PRAC	0	0	0	623,102	0.000000	90.04
90.05	09005	CLINIC-OB/GYN PRAC	0	0	0	1,316,037	0.000000	90.05
91.00	09100	EMERGENCY	0	0	0	70,109,981	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,166,203	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,013,325,062		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0189 Component CCN: 14-S189		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/18/2021 3:17 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	6,716	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	25,085	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	12,915	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	115,580	0	0	0	0	57.00
58.00	05800	MRI	0.000000	36,927	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	275,987	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	100,104	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	8,807	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	2,165	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	829	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	24,873	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	3,827	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,694	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	166,596	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	0	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001	CLINIC-UROLOGY	0.000000	0	0	0	0	0	90.01
90.02	09002	CLINIC-SURGEONS	0.000000	0	0	0	0	0	90.02
90.03	09003	CLINIC-PODIATRY	0.000000	0	0	0	0	0	90.03
90.04	09004	CLINIC-ENT PRAC	0.000000	0	0	0	0	0	90.04
90.05	09005	CLINIC-OB/GYN PRAC	0.000000	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0.000000	307,993	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			1,093,098	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0189	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/18/2021 3:17 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		27,554	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		27,554	2.00	
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00	
4.00	Semi-private room days (excluding swing-bed and observation bed days)		19,873	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)		11,000	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)		35,289,370	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)		35,289,370	27.00	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00	
29.00	Private room charges (excluding swing-bed charges)		0	29.00	
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00	
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00	
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00	
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00	
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00	
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00	
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		35,289,370	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)		1,280.73	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,088,030	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)		14,088,030	41.00	

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0189	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/18/2021 3:17 pm
			Title XVIII	Hospital	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	5,281,447	2,218	2,381.18	1,124	2,676,446
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					21,058,827
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					37,823,303
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,306,216
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,541,738
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,847,954
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					34,975,349
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					7,681
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,280.73
89.00 Observation bed cost (line 87 x line 88) (see instructions)					9,837,287

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0189

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

Worksheet D-1

Date/Time Prepared:
11/18/2021 3:17 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,939,145	35,289,370	0.083287	9,837,287	819,318
91.00	Nursing School cost	0	35,289,370	0.000000	9,837,287	0
92.00	Allied health cost	0	35,289,370	0.000000	9,837,287	0
93.00	All other Medical Education	0	35,289,370	0.000000	9,837,287	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0189 Component CCN: 14-S189	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/18/2021 3:17 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,460	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,460	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,460	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,100	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,016,111	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,016,111	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,016,111	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)		900.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		990,517	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)		990,517	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0189	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1	
				Component CCN: 14-S189		Date/Time Prepared: 11/18/2021 3:17 pm	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	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)					199,808	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,190,325	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)					64,944	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					11,804	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					76,748	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,113,577	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0189 Component CCN: 14-S189		Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/18/2021 3:17 pm	
		Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	263,338	4,016,111	0.065570	0	0 90.00
91.00	Nursing School cost	0	4,016,111	0.000000	0	0 91.00
92.00	Allied health cost	0	4,016,111	0.000000	0	0 92.00
93.00	All other Medical Education	0	4,016,111	0.000000	0	0 93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0189	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/18/2021 3:17 pm	
Cost Center Description			Title XVIII	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		15,513,249		30.00
32.00	03200	CORONARY CARE UNIT		2,487,332		32.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.218847	13,576,099	2,971,089	50.00
51.00	05100	RECOVERY ROOM	0.221381	2,039,275	451,457	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.224944	26,117	5,875	52.00
53.00	05300	ANESTHESIOLOGY	0.057596	2,859,649	164,704	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.186550	3,998,874	745,990	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.255999	80,076	20,499	55.00
56.00	05600	RADIOISOTOPE	0.087342	4,852,553	423,832	56.00
57.00	05700	CT SCAN	0.032288	12,888,168	416,133	57.00
58.00	05800	MRI	0.061322	2,477,607	151,932	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.151050	2,412,125	364,351	59.00
60.00	06000	LABORATORY	0.195242	8,183,127	1,597,690	60.00
65.00	06500	RESPIRATORY THERAPY	0.238866	5,886,804	1,406,157	65.00
66.00	06600	PHYSICAL THERAPY	0.218701	1,618,526	353,973	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.289239	658,786	190,547	67.00
68.00	06800	SPEECH PATHOLOGY	0.261748	178,562	46,738	68.00
69.00	06900	ELECTROCARDIOLOGY	0.412703	1,191,547	491,755	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.622365	119,778	74,546	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.163005	7,048,704	1,148,974	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.291463	15,909,850	4,637,133	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.161625	19,860,558	3,209,963	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.772441	501	888	76.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.270183	10,025	2,709	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.843742	1,960	3,614	90.00
90.01	09001	CLINIC-UROLOGY	1.788428	1,961	3,507	90.01
90.02	09002	CLINIC-SURGEONS	5.345086	900	4,811	90.02
90.03	09003	CLINIC-PODIATRY	1.996915	0	0	90.03
90.04	09004	CLINIC-ENT PRAC	2.467692	0	0	90.04
90.05	09005	CLINIC-OB/GYN PRAC	2.302286	445	1,025	90.05
91.00	09100	EMERGENCY	0.213039	10,180,929	2,168,935	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.967646	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		116,063,506	21,058,827	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)		116,063,506		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0189 Component CCN: 14-S189	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/18/2021 3:17 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
32.00	03200 CORONARY CARE UNIT				32.00
40.00	04000 SUBPROVIDER - IPF		1,532,464		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.218847	0	0	50.00
51.00	05100 RECOVERY ROOM	0.221381	6,716	1,487	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.224944	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.057596	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.186550	25,085	4,680	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.255999	0	0	55.00
56.00	05600 RADIOISOTOPE	0.087342	12,915	1,128	56.00
57.00	05700 CT SCAN	0.032288	115,580	3,732	57.00
58.00	05800 MRI	0.061322	36,927	2,264	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.151050	0	0	59.00
60.00	06000 LABORATORY	0.195242	275,987	53,884	60.00
65.00	06500 RESPIRATORY THERAPY	0.238866	100,104	23,911	65.00
66.00	06600 PHYSICAL THERAPY	0.218701	8,807	1,926	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.289239	2,165	626	67.00
68.00	06800 SPEECH PATHOLOGY	0.261748	829	217	68.00
69.00	06900 ELECTROCARDIOLOGY	0.412703	24,873	10,265	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.622365	3,827	2,382	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.163005	4,694	765	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.291463	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.161625	166,596	26,926	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.772441	0	0	76.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.270183	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.843742	0	0	90.00
90.01	09001 CLINIC-UROLOGY	1.788428	0	0	90.01
90.02	09002 CLINIC-SURGEONS	5.345086	0	0	90.02
90.03	09003 CLINIC-PODIATRY	1.996915	0	0	90.03
90.04	09004 CLINIC-ENT PRAC	2.467692	0	0	90.04
90.05	09005 CLINIC-OB/GYN PRAC	2.302286	0	0	90.05
91.00	09100 EMERGENCY	0.213039	307,993	65,615	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.967646	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,093,098	199,808	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		1,093,098	0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0189	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/18/2021 3:17 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		6,744,354	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		19,657,533	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)		133,867	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		486,099	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		57.96	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)		5.50	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.67	31.00
32.00	Sum of lines 30 and 31		23.17	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.33	33.00
34.00	Disproportionate share adjustment (see instructions)		549,819	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0189	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/18/2021 3:17 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)		0.000240962	0.000264278	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,012,177	2,190,868	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		505,793	1,638,649	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,144,442		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		29,716,114		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		32,047,749		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			32,047,749	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,059,605	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			375,486	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)			34,482,840	59.00
60.00	Primary payer payments			4,568	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			34,478,272	61.00
62.00	Deductibles billed to program beneficiaries			3,264,468	62.00
63.00	Coinsurance billed to program beneficiaries			41,686	63.00
64.00	Allowable bad debts (see instructions)			870,321	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			565,709	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			745,869	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			31,737,827	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)			237,658	70.93
70.94	HRR adjustment amount (see instructions)			-691,767	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0189	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/18/2021 3:17 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		31,283,718	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		31,203,520	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)		80,198	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		753,802	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0189	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/18/2021 3:17 pm
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		13,755	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		46,969,684	2.00
3.00	OPPS payments		39,542,857	3.00
4.00	Outlier payment (see instructions)		79,726	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)		13,755	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		79,732	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)		79,732	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)		79,732	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		65,977	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)		13,755	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		39,622,583	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)		7,148,717	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		32,487,621	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)		32,487,621	30.00
31.00	Primary payer payments		1,239	31.00
32.00	Subtotal (line 30 minus line 31)		32,486,382	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)		994,621	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		646,504	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		812,906	36.00
37.00	Subtotal (see instructions)		33,132,886	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		33,132,886	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		33,174,479	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)		-41,593	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
11/18/2021 3:17 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		31,762,571		33,079,220	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	01/21/2021	95,259	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	01/21/2021	559,051		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)		-559,051		95,259	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)		31,203,520		33,174,479	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		80,198		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		41,593	6.02	
7.00	Total Medicare program liability (see instructions)		31,283,718		33,132,886	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: 14-0189
 Component CCN: 14-S189

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 11/18/2021 3:17 pm

		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					0	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		883,053			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)		883,053			0	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		82,723			0	6.01
6.02	SETTLEMENT TO PROGRAM		0			0	6.02
7.00	Total Medicare program liability (see instructions)		965,776			0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part II
Date/Time Prepared:
11/18/2021 3:17 pm

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0189 Component CCN: 14-S189	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part II Date/Time Prepared: 11/18/2021 3:17 pm
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	1,049,475		1.00
2.00	Net IPF PPS Outlier Payments	0		2.00
3.00	Net IPF PPS ECT Payments	914		3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00		4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00		4.01
5.00	New Teaching program adjustment. (see instructions)	0.00		5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00		6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00		7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00		8.00
9.00	Average Daily Census (see instructions)	12.219178		9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.	0.000000		10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	0		11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,050,389		12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0		13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)	0		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0		15.00
16.00	Subtotal (see instructions)	1,050,389		16.00
17.00	Primary payer payments	0		17.00
18.00	Subtotal (line 16 less line 17).	1,050,389		18.00
19.00	Deductibles	151,868		19.00
20.00	Subtotal (line 18 minus line 19)	898,521		20.00
21.00	Coinsurance	15,468		21.00
22.00	Subtotal (line 20 minus line 21)	883,053		22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	127,266		23.00
24.00	Adjusted reimbursable bad debts (see instructions)	82,723		24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	106,896		25.00
26.00	Subtotal (sum of lines 22 and 24)	965,776		26.00
27.00	Direct graduate medical education payments (see instructions)	0		27.00
28.00	Other pass through costs (see instructions)	0		28.00
29.00	Outlier payments reconciliation	0		29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0		30.50
30.99	Demonstration payment adjustment amount before sequestration	0		30.99
31.00	Total amount payable to the provider (see instructions)	965,776		31.00
31.01	Sequestration adjustment (see instructions)	0		31.01
31.02	Demonstration payment adjustment amount after sequestration	0		31.02
32.00	Interim payments	883,053		32.00
33.00	Tentative settlement (for contractor use only)	0		33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	82,723		34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0		35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	0		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0		51.00
52.00	The rate used to calculate the Time Value of Money	0.00		52.00
53.00	Time Value of Money (see instructions)	0		53.00

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

Provider CCN: 14-0189

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

Worksheet G

Date/Time Prepared:
11/18/2021 3:17 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	5,232,912	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	150,215,226	0	0	0	4.00
5.00	Other receivable	-100,059,179	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	8,736,506	0	0	0	7.00
8.00	Prepaid expenses	10,097,936	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)	74,223,401	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,837,062	0	0	0	12.00
13.00	Land improvements	14,503,334	0	0	0	13.00
14.00	Accumulated depreciation	-6,177,137	0	0	0	14.00
15.00	Buildings	238,529,121	0	0	0	15.00
16.00	Accumulated depreciation	-78,881,717	0	0	0	16.00
17.00	Leasehold improvements	323,308	0	0	0	17.00
18.00	Accumulated depreciation	-245,528	0	0	0	18.00
19.00	Fixed equipment	21,590,595	0	0	0	19.00
20.00	Accumulated depreciation	-13,744,126	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	142,042,695	0	0	0	23.00
24.00	Accumulated depreciation	-100,078,129	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)	224,699,478	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	365,898,392	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	133,065,802	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	498,964,194	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	797,887,073	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	13,456,102	0	0	0	37.00
38.00	Salaries, wages, and fees payable	20,891,012	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,902,119	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	20,282,038	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	59,531,271	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	157,375,802	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	157,375,802	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	216,907,073	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	580,980,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	580,980,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	797,887,073	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0189

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

Worksheet G-1

Date/Time Prepared:
11/18/2021 3:17 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		477,723,060		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		103,256,940				2.00
3.00	Total (sum of line 1 and line 2)		580,980,000		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		580,980,000		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)		580,980,000		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0189

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
11/18/2021 3:17 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	31,897,729		31,897,729	1.00
2.00	SUBPROVIDER - IPF	6,323,512		6,323,512	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	38,221,241		38,221,241	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT	4,972,479		4,972,479	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)	4,972,479		4,972,479	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	43,193,720		43,193,720	17.00
18.00	Ancillary services	229,104,815	786,013,327	1,015,118,142	18.00
19.00	Outpatient services	0	0	0	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		6,425,028	6,425,028	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	0	4,796,059	4,796,059	26.00
27.00	OTHER: NURS, OCC HLTH, DIET, ACCRL, VACC	0	1,380,825	1,380,825	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	272,298,535	798,615,239	1,070,913,774	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		400,501,014		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)		400,501,014		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0189

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

Worksheet G-3

Date/Time Prepared:
11/18/2021 3:17 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,070,913,774	1.00
2.00	Less contractual allowances and discounts on patients' accounts	697,885,354	2.00
3.00	Net patient revenues (line 1 minus line 2)	373,028,420	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	400,501,014	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-27,472,594	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,601,415	6.00
7.00	Income from investments	35,823,457	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	409,876	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	747,711	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	1,366,964	17.00
18.00	Revenue from sale of medical records and abstracts	46,490	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	13,435	21.00
22.00	Rental of hospital space	115,491	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER: PHYSN RV, GRANTS, MISC.	90,604,695	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	130,729,534	25.00
26.00	Total (line 5 plus line 25)	103,256,940	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	103,256,940	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0189

Period:

Worksheet H

HHA CCN: 14-7594

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/18/2021 3:17 pmHome Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,068,697	326,523	79,444	115,117	0	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,310,438	0	0	0	2,310,438	6.00
7.00	Physical Therapy	641,978	0	0	0	641,978	7.00
8.00	Occupational Therapy	303,123	0	0	0	303,123	8.00
9.00	Speech Pathology	17,971	0	0	0	17,971	9.00
10.00	Medical Social Services	75,948	0	0	0	75,948	10.00
11.00	Home Health Aide	103,282	0	0	0	103,282	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,521,437	326,523	79,444	115,117	0	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	412,952	2,002,733	0	2,002,733		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	2,310,438	0	2,310,438		6.00
7.00	Physical Therapy	0	641,978	0	641,978		7.00
8.00	Occupational Therapy	0	303,123	0	303,123		8.00
9.00	Speech Pathology	0	17,971	0	17,971		9.00
10.00	Medical Social Services	0	75,948	0	75,948		10.00
11.00	Home Health Aide	0	103,282	0	103,282		11.00
12.00	Supplies (see instructions)	0	0	0	0		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Telemedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	412,952	5,455,473	0	5,455,473		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 14-0189

Period:

Worksheet H-1

HHA CCN: 14-7594

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/18/2021 3:17 pmHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	2,002,733	0	0	0	0	2,002,733	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,310,438	0	0	0	0	2,310,438	6.00
7.00	Physical Therapy	641,978	0	0	0	0	641,978	7.00
8.00	Occupational Therapy	303,123	0	0	0	0	303,123	8.00
9.00	Speech Pathology	17,971	0	0	0	0	17,971	9.00
10.00	Medical Social Services	75,948	0	0	0	0	75,948	10.00
11.00	Home Health Aide	103,282	0	0	0	0	103,282	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	5,455,473	0	0	0	0	5,455,473	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	2,002,733						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,340,150	3,650,588					6.00
7.00	Physical Therapy	372,374	1,014,352					7.00
8.00	Occupational Therapy	175,824	478,947					8.00
9.00	Speech Pathology	10,424	28,395					9.00
10.00	Medical Social Services	44,053	120,001					10.00
11.00	Home Health Aide	59,908	163,190					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		5,455,473					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0189

Period:

Worksheet H-1

HHA CCN: 14-7594

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/18/2021 3:17 pmHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-2,002,733	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	2,310,438	6.00
7.00	Physical Therapy	0	0	0	0	641,978	7.00
8.00	Occupational Therapy	0	0	0	0	303,123	8.00
9.00	Speech Pathology	0	0	0	0	17,971	9.00
10.00	Medical Social Services	0	0	0	0	75,948	10.00
11.00	Home Health Aide	0	0	0	0	103,282	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,002,733	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	2,002,733	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.580042	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0189

Period:

Worksheet H-2

HHA CCN: 14-7594

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/18/2021 3:17 pmHome Health
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Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	53,528	4,481	931,818	989,827	193,014	1.00
2.00	Skilled Nursing Care	3,650,588	0	0	0	3,650,588	711,857	2.00
3.00	Physical Therapy	1,014,352	0	0	0	1,014,352	197,797	3.00
4.00	Occupational Therapy	478,947	0	0	0	478,947	93,394	4.00
5.00	Speech Pathology	28,395	0	0	0	28,395	5,537	5.00
6.00	Medical Social Services	120,001	0	0	0	120,001	23,400	6.00
7.00	Home Health Aide	163,190	0	0	0	163,190	31,822	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	5,455,473	53,528	4,481	931,818	6,445,300	1,256,821	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	57,508	0	19,436	0	18,957	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	57,508	0	19,436	0	18,957	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0189

Period:

Worksheet H-2

HHA CCN: 14-7594

From 07/01/2020

Part I

To 06/30/2021

Date/Time Prepared:

11/18/2021 3:17 pm

Home Health

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		14.00	15.00	16.00	24.00	25.00	26.00	
1.00	Administrative and General	0	0	19,057	1,297,799	0	1,297,799	1.00
2.00	Skilled Nursing Care	0	0	0	4,362,445	0	4,362,445	2.00
3.00	Physical Therapy	0	0	0	1,212,149	0	1,212,149	3.00
4.00	Occupational Therapy	0	0	0	572,341	0	572,341	4.00
5.00	Speech Pathology	0	0	0	33,932	0	33,932	5.00
6.00	Medical Social Services	0	0	0	143,401	0	143,401	6.00
7.00	Home Health Aide	0	0	0	195,012	0	195,012	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	19,057	7,817,079	0	7,817,079	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs					
		27.00	28.00					
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	868,436	5,230,881					2.00
3.00	Physical Therapy	241,304	1,453,453					3.00
4.00	Occupational Therapy	113,936	686,277					4.00
5.00	Speech Pathology	6,755	40,687					5.00
6.00	Medical Social Services	28,547	171,948					6.00
7.00	Home Health Aide	38,821	233,833					7.00
8.00	Supplies (see instructions)	0	0					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
19.50	Telemedicine	0	0					19.50
20.00	Total (sum of lines 1-19) (2)	1,297,799	7,817,079					20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.199071						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0189
HHA CCN: 14-7594Period:
From 07/01/2020
To 06/30/2021Worksheet H-2
Part II
Date/Time Prepared:
11/18/2021 3:17 pm

						Home Health Agency I	PPS	
Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				OPERATION OF PLANT (SQUARE FEET)	
		1.00	2.00	4.00	5A	5.00	7.00	
1.00	Administrative and General	3,990	3,757	4,521,437	0	989,827	3,990	1.00
2.00	Skilled Nursing Care	0	0	0	0	3,650,588	0	2.00
3.00	Physical Therapy	0	0	0	0	1,014,352	0	3.00
4.00	Occupational Therapy	0	0	0	0	478,947	0	4.00
5.00	Speech Pathology	0	0	0	0	28,395	0	5.00
6.00	Medical Social Services	0	0	0	0	120,001	0	6.00
7.00	Home Health Aide	0	0	0	0	163,190	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	3,990	3,757	4,521,437		6,445,300	3,990	20.00
21.00	Total cost to be allocated	53,528	4,481	931,818		1,256,821	57,508	21.00
22.00	Unit cost multiplier	13.415539	1.192707	0.206089		0.194998	14.413033	22.00
Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF SERVIC)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	56	0	12	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	56	0	12	0	0	20.00
21.00	Total cost to be allocated	0	19,436	0	18,957	0	0	21.00
22.00	Unit cost multiplier	0.000000	347.071429	0.000000	1,579.750000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0189

Period:

Worksheet H-2

HHA CCN: 14-7594

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/18/2021 3:17 pmHome Health
Agency I

PPS

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		
		15.00	16.00		
1.00	Administrative and General	0	6,425,028		1.00
2.00	Skilled Nursing Care	0	0		2.00
3.00	Physical Therapy	0	0		3.00
4.00	Occupational Therapy	0	0		4.00
5.00	Speech Pathology	0	0		5.00
6.00	Medical Social Services	0	0		6.00
7.00	Home Health Aide	0	0		7.00
8.00	Supplies (see instructions)	0	0		8.00
9.00	Drugs	0	0		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	0	0		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	0	0		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	0	0		18.00
19.00	All Others (specify)	0	0		19.00
19.50	Telemedicine	0	0		19.50
20.00	Total (sum of lines 1-19)	0	6,425,028		20.00
21.00	Total cost to be allocated	0	19,057		21.00
22.00	Unit cost multiplier	0.000000	0.002966		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0189

Period:

Worksheet H-3

HHA CCN: 14-7594

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/18/2021 3:17 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	5,230,881		5,230,881	18,397	284.33	1.00
2.00	Physical Therapy	3.00	1,453,453	0	1,453,453	8,278	175.58	2.00
3.00	Occupational Therapy	4.00	686,277	0	686,277	3,371	203.58	3.00
4.00	Speech Pathology	5.00	40,687	0	40,687	328	124.05	4.00
5.00	Medical Social Services	6.00	171,948		171,948	233	737.97	5.00
6.00	Home Health Aide	7.00	233,833		233,833	2,584	90.49	6.00
7.00	Total (sum of lines 1-6)		7,817,079	0	7,817,079	33,191		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits			
					Part B			
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		99914	0	11,530			8.00
8.01	Skilled Nursing Care		16580	0	0			8.01
9.00	Physical Therapy		99914	0	4,870			9.00
9.01	Physical Therapy		16580	0	0			9.01
10.00	Occupational Therapy		99914	0	2,053			10.00
10.01	Occupational Therapy		16580	0	0			10.01
11.00	Speech Pathology		99914	0	175			11.00
11.01	Speech Pathology		16580	0	0			11.01
12.00	Medical Social Services		99914	0	171			12.00
12.01	Medical Social Services		16580	0	0			12.01
13.00	Home Health Aide		99914	0	2,103			13.00
13.01	Home Health Aide		16580	0	0			13.01
14.00	Total (sum of lines 8-13)			0	20,902			14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Cost Center Description		Program Visits			Cost of Services			
		Part B						
		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	11,530		0	3,278,325		1.00
2.00	Physical Therapy	0	4,870		0	855,075		2.00
3.00	Occupational Therapy	0	2,053		0	417,950		3.00
4.00	Speech Pathology	0	175		0	21,709		4.00
5.00	Medical Social Services	0	171		0	126,193		5.00
6.00	Home Health Aide	0	2,103		0	190,300		6.00
7.00	Total (sum of lines 1-6)	0	20,902		0	4,889,552		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0189

Period:

Worksheet H-3

HHA CCN: 14-7594

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/18/2021 3:17 pm

Title XVIII

Home Health
Agency I

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Cost Center Description						Agency 1		
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	3,278,325						1.00
2.00	Physical Therapy	855,075						2.00
3.00	Occupational Therapy	417,950						3.00
4.00	Speech Pathology	21,709						4.00
5.00	Medical Social Services	126,193						5.00
6.00	Home Health Aide	190,300						6.00
7.00	Total (sum of lines 1-6)	4,889,552						7.00
Cost Center Description								
		12.00						
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0189

Period:

Worksheet H-3

HHA CCN: 14-7594

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/18/2021 3:17 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.218701	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.289239	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.261748	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.163005	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.161625	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0189 HHA CCN: 14-7594	Period: From 07/01/2020 To 06/30/2021	Worksheet H-4 Part I-II Date/Time Prepared: 11/18/2021 3:17 pm	
		Title XVIII	Home Health Agency I	PPS	
		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	3,421,805	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	327,997	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	59,856	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	5,488	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	109,454	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	1,790	16.00
17.00	Total Other Payments		0	20	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	3,926,410	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	3,926,410	24.00
25.00	Coinsurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		0	3,926,410	26.00
27.00	Reimbursable bad debts (from your records)				27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)				28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	3,926,410	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	0	30.99
31.00	Subtotal (see instructions)		0	3,926,410	31.00
31.01	Sequestration adjustment (see instructions)		0	0	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	3,926,420	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	-10	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIESProvider CCN: 14-0189
HHA CCN: 14-7594Period:
From 07/01/2020
To 06/30/2021

Worksheet H-5

Date/Time Prepared:
11/18/2021 3:17 pm

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0			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		3,926,420	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		3,926,420	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		10	6.02
7.00	Total Medicare program liability (see instructions)		0		3,926,410	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0189

Period:

Worksheet 0

Hospice CCN: 14-1599

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/18/2021 3:17 pm

				Hospice I		11/10/2021 01:17 pm	
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	108,498	108,498	0	108,498	3.00
4.00	ADMINISTRATIVE & GENERAL*	173,371	95,506	268,877	0	268,877	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	3,674	3,674	0	3,674	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	246,015	0	246,015	0	246,015	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	22,609	22,609	0	22,609	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	57,302	57,302	0	57,302	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	38,076	0	38,076	0	38,076	13.00
14.00	PHARMACY*	0	230,732	230,732	0	230,732	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	668,353	0	668,353	0	668,353	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	90	0	90	0	90	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	100	0	100	0	100	32.00
33.00	MEDICAL SOCIAL SERVICES**	117,245	0	117,245	0	117,245	33.00
34.00	SPIRITUAL COUNSELING**	56,447	0	56,447	0	56,447	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	117,939	0	117,939	0	117,939	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	154,540	154,540	0	154,540	38.00
39.00	PATIENT TRANSPORTATION**	0	6,800	6,800	0	6,800	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	693	693	0	693	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	43,114	43,114	0	43,114	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	76,723	0	76,723	0	76,723	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	226,189	24,502	250,691	0	250,691	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	1,720,548	747,970	2,468,518	0	2,468,518	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0189

Period:

Worksheet 0

Hospice CCN: 14-1599

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/18/2021 3:17 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I	
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT*	0	0		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	108,498		3.00
4.00	ADMINISTRATIVE & GENERAL*	0	268,877		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	3,674		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		6.00
7.00	HOUSEKEEPING*	0	0		7.00
8.00	DIETARY*	0	0		8.00
9.00	NURSING ADMINISTRATION*	0	246,015		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	22,609		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	57,302		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	38,076		13.00
14.00	PHARMACY*	0	230,732		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED**	0	0		25.00
26.00	PHYSICIAN SERVICES**	0	0		26.00
27.00	NURSE PRACTITIONER**	0	0		27.00
28.00	REGISTERED NURSE**	0	668,353		28.00
29.00	LPN/LVN**	0	0		29.00
30.00	PHYSICAL THERAPY**	0	90		30.00
31.00	OCCUPATIONAL THERAPY**	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	100		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	117,245		33.00
34.00	SPIRITUAL COUNSELING**	0	56,447		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	0		36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	117,939		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	154,540		38.00
39.00	PATIENT TRANSPORTATION**	0	6,800		39.00
40.00	IMAGING SERVICES**	0	0		40.00
41.00	LABS & DIAGNOSTICS**	0	693		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0		42.50
43.00	OUTPATIENT SERVICES**	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	43,114		46.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM *	0	76,723		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	250,691		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	0	2,468,518		100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE

Provider CCN: 14-0189

Period:

Worksheet 0-2

Hospice CCN: 14-1599

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/18/2021 3:17 pm

				Hospice I		11/10/2021 01:17 pm	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	660,058	0	660,058	0	660,058	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	90	0	90	0	90	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	100	0	100	0	100	32.00
33.00	MEDICAL SOCIAL SERVICES	114,235	0	114,235	0	114,235	33.00
34.00	SPIRITUAL COUNSELING	55,988	0	55,988	0	55,988	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	117,879	0	117,879	0	117,879	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	154,540	154,540	0	154,540	38.00
39.00	PATIENT TRANSPORTATION	0	5,248	5,248	0	5,248	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	693	693	0	693	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	948,350	160,481	1,108,831	0	1,108,831	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	660,058	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	90	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	100	32.00
33.00	MEDICAL SOCIAL SERVICES	0	114,235	33.00
34.00	SPIRITUAL COUNSELING	0	55,988	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	117,879	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	154,540	38.00
39.00	PATIENT TRANSPORTATION	0	5,248	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	693	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	1,108,831	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT
RESPIRE CARE

Provider CCN: 14-0189

Period:

Worksheet 0-3

Hospice CCN: 14-1599

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/18/2021 3:17 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,897	0	1,897	0	1,897	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	1,667	0	1,667	0	1,667	33.00
34.00	SPIRITUAL COUNSELING	131	0	131	0	131	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	60	0	60	0	60	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	568	568	0	568	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	3,045	3,045	0	3,045	46.00
100.00	TOTAL *	3,755	3,613	7,368	0	7,368	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,897	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	1,667	33.00
34.00	SPIRITUAL COUNSELING	0	131	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	60	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	568	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	3,045	46.00
100.00	TOTAL *	0	7,368	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL
INPATIENT CARE

Provider CCN: 14-0189

Period:

Worksheet 0-4

Hospice CCN: 14-1599

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/18/2021 3:17 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	6,398	0	6,398	0	6,398	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	1,343	0	1,343	0	1,343	33.00
34.00	SPIRITUAL COUNSELING	328	0	328	0	328	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	984	984	0	984	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	40,069	40,069	0	40,069	46.00
100.00	TOTAL *	8,069	41,053	49,122	0	49,122	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	6,398	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	1,343	33.00
34.00	SPIRITUAL COUNSELING	0	328	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	984	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	40,069	46.00
100.00	TOTAL *	0	49,122	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET
EXPENSES FOR ALLOCATION

Provider CCN: 14-0189

Period:

Worksheet 0-5

Hospice CCN: 14-1599

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/18/2021 3:17 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	20,123	20,123	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	623	623	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	108,498	354,586	463,084	3.00
4.00	ADMINISTRATIVE & GENERAL	268,877	562,444	831,321	4.00
5.00	PLANT OPERATION & MAINTENANCE	3,674	21,620	25,294	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	16,659	16,659	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	246,015	0	246,015	9.00
10.00	ROUTINE MEDICAL SUPPLIES	22,609	0	22,609	10.00
11.00	MEDICAL RECORDS	0	14,225	14,225	11.00
12.00	STAFF TRANSPORTATION	57,302	0	57,302	12.00
13.00	VOLUNTEER SERVICE COORDINATION	38,076	0	38,076	13.00
14.00	PHARMACY	230,732	0	230,732	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,108,831	0	1,108,831	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	7,368	0	7,368	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	49,122	0	49,122	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	76,723	0	76,723	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	250,691	0	250,691	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	2,468,518	990,280	3,458,798	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0189

Period:

Worksheet 0-6

Hospice CCN: 14-1599

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/18/2021 3:17 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	20,123	20,123					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	623		623				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	463,084	0	0	463,084			3.00
4.00	ADMINISTRATIVE & GENERAL	831,321	20,123	623	463,084		1,315,151	4.00
5.00	PLANT OPERATION & MAINTENANCE	25,294	0	0	0		25,294	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0		0	6.00
7.00	HOUSEKEEPING	16,659	0	0	0		16,659	7.00
8.00	DIETARY	0	0	0	0		0	8.00
9.00	NURSING ADMINISTRATION	246,015	0	0	0		246,015	9.00
10.00	ROUTINE MEDICAL SUPPLIES	22,609	0	0	0		22,609	10.00
11.00	MEDICAL RECORDS	14,225	0	0	0		14,225	11.00
12.00	STAFF TRANSPORTATION	57,302	0	0	0		57,302	12.00
13.00	VOLUNTEER SERVICE COORDINATION	38,076	0	0	0		38,076	13.00
14.00	PHARMACY	230,732	0	0	0		230,732	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0		0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0		0	17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,108,831			0		1,108,831	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	7,368	0	0	0		7,368	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	49,122	0	0	0		49,122	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	76,723	0	0	0		76,723	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0		0	61.00
62.00	FUNDRAISING	0	0	0	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	250,691	0	0	0		250,691	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0		0	66.00
67.00	ADVERTISING	0	0	0	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0		0	68.00
69.00	THRIFT STORE	0	0	0	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0		0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		0	99.00
100.00	TOTAL	3,458,798	20,123	623	463,084		3,458,798	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0189

Period:

Worksheet 0-6

Hospice CCN: 14-1599

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/18/2021 3:17 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	1,315,151						4.00
5.00	PLANT OPERATION & MAINTENANCE	15,518	40,812					5.00
6.00	LAUNDRY & LINEN SERVICE	0	40,812	40,812				6.00
7.00	HOUSEKEEPING	10,220	0			26,879		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	150,933	0			26,879		9.00
10.00	ROUTINE MEDICAL SUPPLIES	13,871	0			0		10.00
11.00	MEDICAL RECORDS	8,727	0			0		11.00
12.00	STAFF TRANSPORTATION	35,155	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	23,360	0			0		13.00
14.00	PHARMACY	141,557	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	0	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	680,281						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	4,520	0	12,421	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	30,137	0	28,391	0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	47,070	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	153,802	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0	0		0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	99.00
100.00	TOTAL	1,315,151	40,812	40,812	26,879			100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0189

Period:

Worksheet 0-6

Hospice CCN: 14-1599

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/18/2021 3:17 pm

Descriptions		Hospice I				
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION
		9.00	10.00	11.00	12.00	13.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION	423,827				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	36,480			10.00
11.00	MEDICAL RECORDS	0		22,952		11.00
12.00	STAFF TRANSPORTATION	0			92,457	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	61,436
14.00	PHARMACY	0			0	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0
16.00	OTHER GENERAL SERVICE	0			0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0
51.00	HOSPICE ROUTINE HOME CARE	422,112	36,332	22,859	92,083	61,187
52.00	HOSPICE INPATIENT RESPITE CARE	522	45	28	114	76
53.00	HOSPICE GENERAL INPATIENT CARE	1,193	103	65	260	173
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0
61.00	VOLUNTEER PROGRAM	0			0	0
62.00	FUNDRAISING	0			0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0
64.00	PALLIATIVE CARE PROGRAM	0			0	0
65.00	OTHER PHYSICIAN SERVICES	0			0	0
66.00	RESIDENTIAL CARE	0			0	0
67.00	ADVERTISING	0			0	0
68.00	TELEHEALTH/TELEMONITORING	0			0	0
69.00	THRIFT STORE	0			0	0
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	423,827	36,480	22,952	92,457	61,436

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0189

Period:

Worksheet 0-6

Hospice CCN: 14-1599

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/18/2021 3:17 pm

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	372,289					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	370,782	0	0		2,794,467	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	459	0	0	0	25,553	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,048	0	0	0	110,492	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		123,793	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		404,493	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	372,289	0	0	0	3,458,798	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0189

Period:

Worksheet 0-6

Hospice CCN: 14-1599

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/18/2021 3:17 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,500					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		522				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,720,548			3.00
4.00	ADMINISTRATIVE & GENERAL	1,500	522	1,720,548	-1,315,151	2,143,647	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	25,294	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	16,659	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	246,015	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	22,609	10.00
11.00	MEDICAL RECORDS	0	0	0	0	14,225	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	57,302	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	38,076	13.00
14.00	PHARMACY	0	0	0	0	230,732	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	1,108,831	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	7,368	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	49,122	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	76,723	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	250,691	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	20,123	623	463,084		1,315,151	100.00
101.00	UNIT COST MULTIPLIER	13.415333	1.193487	0.269149		0.613511	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0189

Period:

Worksheet 0-6

Hospice CCN: 14-1599

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/18/2021 3:17 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	1,500					5.00
6.00	LAUNDRY & LINEN SERVICE	1,500	69				6.00
7.00	HOUSEKEEPING	0		1,500			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		1,500		17,050	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					16,981	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	21	0	0	21	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	48	0	0	48	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	40,812	40,812	26,879	0	423,827	100.00
101.00	UNIT COST MULTIPLIER	27.208000	591.478261	17.919333	0.000000	24.857889	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0189

Period:

Worksheet 0-6

Hospice CCN: 14-1599

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/18/2021 3:17 pm

Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)		MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL							4.00
5.00	PLANT OPERATION & MAINTENANCE							5.00
6.00	LAUNDRY & LINEN SERVICE							6.00
7.00	HOUSEKEEPING							7.00
8.00	DIETARY							8.00
9.00	NURSING ADMINISTRATION							9.00
10.00	ROUTINE MEDICAL SUPPLIES	17,050						10.00
11.00	MEDICAL RECORDS		17,050					11.00
12.00	STAFF TRANSPORTATION			17,050				12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	17,050		13.00
14.00	PHARMACY				0	0	17,050	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES				0	0	0	15.00
16.00	OTHER GENERAL SERVICE				0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES							17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	16,981	16,981	16,981	16,981	16,981	16,981	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	21	21	21	21	21	21	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	48	48	48	48	48	48	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM			0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	0	61.00
62.00	FUNDRAISING			0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	0	66.00
67.00	ADVERTISING			0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	0	68.00
69.00	THRIFT STORE			0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	0	71.00
99.00	NEGATIVE COST CENTER							99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	36,480	22,952	92,457	61,436	372,289		100.00
101.00	UNIT COST MULTIPLIER	2.139589	1.346158	5.422698	3.603284	21.835132		101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0189

Period:

Worksheet 0-6

Hospice CCN: 14-1599

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/18/2021 3:17 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER		0			99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY
LEVEL OF CARE

Provider CCN: 14-0189

Period:

Worksheet 0-7

Hospice CCN: 14-1599

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

Date/Time Prepared:
11/18/2021 3:17 pm

Hospice I

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)				
				HCHC	HRHC	HIRC		
				2.00	3.00	4.00		
		0	1.00	2.00	3.00	4.00		
	ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.218701	0	0	0	1.00	
2.00	OCCUPATIONAL THERAPY	67.00	0.289239	0	0	0	2.00	
3.00	SPEECH PATHOLOGY	68.00	0.261748	0	0	0	3.00	
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.161625	0	0	0	4.00	
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00	
6.00	LABORATORY	60.00	0.195242	0	0	0	6.00	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.163005	0	0	0	7.00	
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00	
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.255999	0	0	0	9.00	
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	1.772441	0	0	0	10.00	
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.270183	0	0	0	10.98	
11.00	Totals (sum of lines 1-11)						11.00	
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC					
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)		
		5.00	6.00	7.00	8.00	9.00		
	ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00	
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00	
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00	
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00	
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00	
6.00	LABORATORY	0	0	0	0	0	6.00	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00	
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00	
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00	
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	10.00	
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98	
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00	

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0189

Period:

Worksheet 0-8

Hospice CCN: 14-1599

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/18/2021 3:17 pm

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			2,794,467	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			16,981	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			164.56	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	14,485	258		9.00
10.00	Program cost (line 8 times line 9)	2,383,652	42,456		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			25,553	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			21	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			1,216.81	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	21	0		14.00
15.00	Program cost (line 13 times line 14)	25,553	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			110,492	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			48	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			2,301.92	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	27	2		19.00
20.00	Program cost (line 18 times line 19)	62,152	4,604		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			2,930,512	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			17,050	22.00
23.00	Average cost per diem (line 21 divided by line 22)			171.88	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0189	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/18/2021 3:17 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,988,163	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		71,442	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)		61.62	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)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		2,059,605	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