

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: 14-0191	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/29/2021 1:30 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 11/29/2021	Time: 1:30 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 INGALLS MEMORIAL HOSPITAL (14-0191) 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) SARA HAGGERTY

Officer or Administrator of Provider(s)

INTERIM CFO

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	1,063,077	48,402	0	0	1.00
2.00	Subprovider - IPF	0	20,919	0		0	2.00
3.00	Subprovider - IRF	0	177,824	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	1,261,820	48,402	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: 14-0191		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 1:30 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: ONE INGALLS DRIVE			PO Box:				1.00			
2.00	City: HARVEY			State: IL		Zip Code: 60426		County: COOK			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		INGALLS MEMORIAL HOSPITAL	140191	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		PSYCH UNIT OF INGALLS MEMORIAL HOSPI	14S191	16974	4	01/01/1984	N	P	O	4.00
5.00	Subprovider - IRF		REHAB UNIT OF INGALLS MEMORIAL HOSPI	14T191	16974	5	11/02/1989	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTG										11.00
12.00	Hospital-Based HHA		INGALLS HOME CARE	147435	16974		07/24/1985	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		INGALLS HOME CARE HOSPICE	141535	16974		02/28/1990				14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2020	06/30/2021		20.00	
21.00	Type of Control (see instructions)						2			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMBdelineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N			23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
Date/Time Prepared:
11/29/2021 1:30 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,341	5,321	0	0	14,480	258	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	486	588	0	0	1,244		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	Y	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
	Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					Y	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
	Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0191		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 1:30 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.		Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.00	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.01	1		60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.02	1		60.03	
			Y/N	IME	Direct GME	IME	Direct GME	
			1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)							61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)							61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)							61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).							61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)							61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)							61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
			1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20	
							1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)								
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings								
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						N	63.00

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To 06/30/2021Worksheet S-2
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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0191		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 1:30 pm	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N			108.00
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N			110.00
				1.00	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:			0	0	6,771,468	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0191		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 1:30 pm	
		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	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.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	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	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99				169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0191	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 1:30 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0191	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/29/2021 1:30 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	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			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.	Y			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	09/21/2021	Y	09/21/2021
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: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
11/29/2021 1:30 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				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TONY	LEONE		41.00
42.00	Enter the employer/company name of the cost report preparer.	TONY LEONE, CPA			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847/275-1023	TONY@LEONE-CONSULTING.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
11/29/2021 1:30 pm

		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.	CONSULTANT		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: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 1:30 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	227	82,855	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)		227	82,855	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		243	88,695	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	15	5,475		0	16.00
17.00 SUBPROVIDER - IRF	41.00	43	15,695		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	9	3,285			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)		310				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: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 1:30 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)	15,975	2,657	55,690			1.00
2.00	HMO and other (see instructions)	11,739	18,113				2.00
3.00	HMO IPF Subprovider	173	683				3.00
4.00	HMO IRF Subprovider	1,555	1,465				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)	15,975	2,657	55,690			7.00
8.00	INTENSIVE CARE UNIT	1,635	177	5,430			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		453	1,658			13.00
14.00	Total (see instructions)	17,610	3,287	62,778	0.00	1,354.55	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	497	136	1,461	0.00	8.10	16.00
17.00	SUBPROVIDER - IRF	4,526	906	10,219	0.00	49.22	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	11,819	742	22,736	0.00	66.10	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	939	81	1,312	0.00	21.39	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	1,499.36	27.00
28.00	Observation Bed Days		0	10,644			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	258	313			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: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 1:30 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	3,042	542	11,483	1.00
2.00 HMO and other (see instructions)			1,805	3,492		2.00
3.00 HMO IPF Subprovider				110		3.00
4.00 HMO IRF Subprovider				101		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	3,042	542	11,483	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	55	13	215	16.00
17.00 SUBPROVIDER - IRF	0.00	0	328	60	715	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	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: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/29/2021 1:30 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	107,280,801	0	107,280,801	3,118,669.00	34.40
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	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)		10,920,645	876,370	11,797,015	331,927.00	35.54
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		29,910,175	0	29,910,175	294,816.00	101.45
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		3,223,378	0	3,223,378	21,489.00	150.00
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		2,537,751	0	2,537,751	23,396.00	108.47
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)		20,373,412	0	20,373,412		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,231,158	0	2,231,158		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		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: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/29/2021 1:30 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	423,740	0	423,740	9,262.00	45.75	26.00
27.00	Administrative & General	5.00	18,440,652	-8,462	18,432,190	494,852.00	37.25	27.00
28.00	Administrative & General under contract (see inst.)		5,226,547	0	5,226,547	55,687.00	93.86	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,790,420	-60,783	2,729,637	96,948.00	28.16	30.00
31.00	Laundry & Linen Service	8.00	40,136	0	40,136	2,342.00	17.14	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		5,653,969	0	5,653,969	274,569.00	20.59	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		4,478,495	0	4,478,495	217,486.00	20.59	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,752,300	-509,615	2,242,685	58,617.00	38.26	38.00
39.00	Central Services and Supply	14.00	393,413	0	393,413	19,861.00	19.81	39.00
40.00	Pharmacy	15.00	4,255,911	-136,332	4,119,579	94,027.00	43.81	40.00
41.00	Medical Records & Medical Records Library	16.00	2,517,181	0	2,517,181	88,488.00	28.45	41.00
42.00	Social Service	17.00	331,757	0	331,757	9,920.00	33.44	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
11/29/2021 1:30 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)	122,639,812	0	122,639,812	3,666,411.00	33.45	1.00
2.00	Excluded area salaries (see instructions)	10,920,645	876,370	11,797,015	331,927.00	35.54	2.00
3.00	Subtotal salaries (line 1 minus line 2)	111,719,167	-876,370	110,842,797	3,334,484.00	33.24	3.00
4.00	Subtotal other wages & related costs (see inst.)	35,671,304	0	35,671,304	339,701.00	105.01	4.00
5.00	Subtotal wage-related costs (see inst.)	20,373,412	0	20,373,412	0.00	18.38	5.00
6.00	Total (sum of lines 3 thru 5)	167,763,883	-876,370	166,887,513	3,674,185.00	45.42	6.00
7.00	Total overhead cost (see instructions)	47,304,521	-715,192	46,589,329	1,422,059.00	32.76	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0191	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2021 1:30 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		795,998	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		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		12,407,921	8.02
8.03	Health Insurance (Purchased)		92,394	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		96,163	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		33,502	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		380,324	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		803,849	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		7,562,553	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		207,458	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		224,408	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		22,604,570	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: 14-0191

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 11/29/2021 1:30 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	29,910,175	22,604,570	1.00
2.00	Hospital	29,910,175	20,373,412	2.00
3.00	Subprovider - IPF	0	104,626	3.00
4.00	Subprovider - IRF	0	716,190	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	872,840	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	246,258	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	291,244	18.00

Health Financial Systems		INGALLS MEMORIAL HOSPITAL			In Lieu of Form CMS-2552-10		
HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 14-0191 Component CCN: 14-7435		Period: From 07/01/2020 To 06/30/2021 Worksheet S-4 Date/Time Prepared: 11/29/2021 1:30 pm	
				Home Health Agency I		PPS	
				1.00			
0.00 County				COOK COUNTY		0.00	
				Title V	Title XVIII	Title XIX	Other
				1.00	2.00	3.00	4.00
				Total		5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	388	0	171	559	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	766.00	0.00	749.00	1,515.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.74	0.00	0.74	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			21.66	0.00	21.66	5.00
6.00	Direct Nursing Service			36.18	0.00	36.18	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			3.67	0.00	3.67	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.79	0.00	0.79	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.17	0.00	0.17	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			1.88	0.00	1.88	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	OTHER			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).	16974					20.00
20.01		16984					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	5,519	316	239	70	6,144	21.00
22.00	Skilled Nursing Visit Charges	1,055,870	60,040	45,340	12,960	1,174,210	22.00
23.00	Physical Therapy Visits	3,480	276	74	40	3,870	23.00
24.00	Physical Therapy Visit Charges	661,200	52,440	14,060	7,410	735,110	24.00
25.00	Occupational Therapy Visits	995	165	9	27	1,196	25.00
26.00	Occupational Therapy Visit Charges	189,050	31,350	1,710	4,750	226,860	26.00
27.00	Speech Pathology Visits	119	68	3	8	198	27.00
28.00	Speech Pathology Visit Charges	22,610	12,920	570	1,520	37,620	28.00
29.00	Medical Social Service Visits	51	13	0	3	67	29.00
30.00	Medical Social Service Visit Charges	11,475	2,925	0	675	15,075	30.00
31.00	Home Health Aide Visits	314	26	1	3	344	31.00
32.00	Home Health Aide Visit Charges	40,820	3,380	130	0	44,330	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	10,478	864	326	151	11,819	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,981,025	163,055	61,810	27,315	2,233,205	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,180		192	16	1,388	36.00
37.00	Total Number of Outlier Episodes		47		3	50	37.00
38.00	Total Non-Routine Medical Supply Charges	145,444	8,298	9,981	2,702	166,425	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0191

Period:

Worksheet S-9

Hospice CCN: 14-1535

From 07/01/2020
To 06/30/2021PARTS I THROUGH IV
Date/Time Prepared:
11/29/2021 1:30 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	11,927	559	1,626	14,112	11.00
12.00	Hospice Inpatient Respite Care	133	11	39	183	12.00
13.00	Hospice General Inpatient Care	806	70	253	1,129	13.00
14.00	Total Hospice Days	12,866	640	1,918	15,424	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: 14-0191

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

Worksheet S-10

Date/Time Prepared:
11/29/2021 1:30 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)		0.202273	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		60,801,426	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		434,721,378	6.00
7.00	Medicaid cost (line 1 times line 6)		87,932,397	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)		27,130,971	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)		27,130,971	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	41,935,733	2,053,810	43,989,543
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	8,482,467	2,053,810	10,536,277
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	8,482,467	2,053,810	10,536,277
			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)		19,892,221	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,797,396	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,765,224	27.01
28.00	Non-Medicare bad debt expense (see instructions)		17,126,997	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		4,432,157	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		14,968,434	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		42,099,405	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0191

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

Worksheet A

Date/Time Prepared:
11/29/2021 1:30 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		7,160,451	7,160,451	5,877,996	13,038,447	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		8,703,510	8,703,510	0	8,703,510	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	423,740	22,645,834	23,069,574	747,379	23,816,953	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	18,440,652	61,611,873	80,052,525	-2,191,744	77,860,781	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	4,330,618	4,330,618	-39,908	4,290,710	6.00
7.00	00700	OPERATION OF PLANT	2,790,420	7,706,132	10,496,552	-84,861	10,411,691	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	40,136	1,147,517	1,187,653	0	1,187,653	8.00
9.00	00900	HOUSEKEEPING	0	5,966,108	5,966,108	-227,834	5,738,274	9.00
10.00	01000	DIETARY	0	5,432,605	5,432,605	-1,979,427	3,453,178	10.00
11.00	01100	CAFETERIA	0	0	0	1,912,616	1,912,616	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,752,300	1,323,076	4,075,376	-675,541	3,399,835	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	393,413	2,053,526	2,446,939	-1,816,239	630,700	14.00
15.00	01500	PHARMACY	4,255,911	22,700,051	26,955,962	-22,378,913	4,577,049	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,517,181	363,181	2,880,362	0	2,880,362	16.00
17.00	01700	SOCIAL SERVICE	331,757	7	331,764	0	331,764	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	167,571	167,571	23.00
23.01	02301	PARAMED ED PRGM - EMS	168,285	45,739	214,024	276,526	490,550	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	106,152	30,190	136,342	78,534	214,876	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,543,431	16,693,588	35,237,019	-3,342,978	31,894,041	30.00
31.00	03100	INTENSIVE CARE UNIT	3,030,882	5,869,562	8,900,444	25,869	8,926,313	31.00
40.00	04000	SUBPROVIDER - IPF	489,540	1,199,281	1,688,821	13,200	1,702,021	40.00
41.00	04100	SUBPROVIDER - IRF	3,351,008	1,972,754	5,323,762	92,327	5,416,089	41.00
43.00	04300	NURSERY	805,832	2,353,641	3,159,473	352,181	3,511,654	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,254,651	13,425,446	16,680,097	-10,022,725	6,657,372	50.00
51.00	05100	RECOVERY ROOM	631,924	104,918	736,842	0	736,842	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	843,020	843,020	52.00
53.00	05300	ANESTHESIOLOGY	43,305	1,550,247	1,593,552	0	1,593,552	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,225,063	4,195,187	6,420,250	0	6,420,250	54.00
54.01	03630	ULTRA SOUND	1,226,694	97,393	1,324,087	0	1,324,087	54.01
54.02	05401	SPECIAL PROCEDURES	946,070	2,028,072	2,974,142	-1,750,009	1,224,133	54.02
56.00	05600	RADIOISOTOPE	466,407	460,028	926,435	0	926,435	56.00
57.00	05700	CT SCAN	760,204	236,617	996,821	0	996,821	57.00
58.00	05800	MRI	472,438	94,119	566,557	0	566,557	58.00
59.00	05900	CARDIAC CATHETERIZATION	663,843	2,404,145	3,067,988	-2,067,071	1,000,917	59.00
60.00	06000	LABORATORY	4,772,463	7,093,114	11,865,577	-82,115	11,783,462	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	317,143	961,603	1,278,746	82,115	1,360,861	63.00
65.00	06500	RESPIRATORY THERAPY	1,273,221	2,831,801	4,105,022	-166,953	3,938,069	65.00
65.01	03560	PULMONARY FUNCTION TESTING	40,222	1,573	41,795	0	41,795	65.01
66.00	06600	PHYSICAL THERAPY	1,994,324	140,467	2,134,791	-62,653	2,072,138	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,169,729	86,475	1,256,204	0	1,256,204	67.00
68.00	06800	SPEECH PATHOLOGY	451,539	3,956	455,495	0	455,495	68.00
69.00	06900	ELECTROCARDIOLOGY	1,019,343	581,162	1,600,505	0	1,600,505	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	132,657	472,122	604,779	0	604,779	70.00
70.01	03280	SLEEP LAB	94,014	2,818	96,832	0	96,832	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,277,839	1,277,839	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,496,486	9,496,486	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,985,324	6,985,324	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	22,161,975	22,161,975	73.00
73.01	03190	INFUSION THERAPY	318,653	74,957	393,610	0	393,610	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	49,367	49,367	73.03
73.04	03480	FCC INFUSION THERAPY	503,765	102,611	606,376	0	606,376	73.04
74.00	07400	RENAL DIALYSIS	544,286	749,312	1,293,598	0	1,293,598	74.00
76.97	07697	CARDIAC REHABILITATION	270,469	29,993	300,462	-3,261	297,201	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	634,106	427,974	1,062,080	0	1,062,080	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	755,770	755,770	190,118	945,888	90.02
90.03	09002	RETINAL VASCULAR	191,181	56,025	247,206	0	247,206	90.03
91.00	09100	EMERGENCY	4,637,796	8,366,870	13,004,666	351,279	13,355,945	91.00
91.01	09101	IFCC	12,978,991	9,918,452	22,897,443	-2,151,516	20,745,927	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0191		Period: From 07/01/2020 To 06/30/2021		Worksheet A Date/Time Prepared: 11/29/2021 1:30 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		
	OTHER REIMBURSABLE COST CENTERS									
100.00	10000	I&R SERVICES-NOT APPRVD PRGM		0	0	0	0	0	100.00	
101.00	10100	HOME HEALTH AGENCY		5,219,997	2,071,391	7,291,388	-147,926	7,143,462	101.00	
	SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE			4,294,167	4,294,167	-4,294,167	0	113.00	
116.00	11600	HOSPICE		1,531,668	1,148,521	2,680,189	0	2,680,189	116.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)		107,226,806	244,076,550	351,303,356	-2,504,119	348,799,237	118.00	
	NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN		0	0	0	0	0	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES		53,995	23,218	77,213	2,504,119	2,581,332	192.00	
192.01	19201	REFERENCE LAB		0	0	0	0	0	192.01	
192.02	19202	OP PHARMACY		0	235	235	0	235	192.02	
192.03	19203	RETINAL VASCULAR GRANTS		0	0	0	0	0	192.03	
192.04	19204	OTHER NRCC		0	0	0	0	0	192.04	
200.00		TOTAL (SUM OF LINES 118 through 199)		107,280,801	244,100,003	351,380,804	0	351,380,804	200.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0191

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

Worksheet A

Date/Time Prepared:
11/29/2021 1:30 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	472,058	13,510,505	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	8,703,510	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-233,420	23,583,533	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-20,972,930	56,887,851	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	4,290,710	6.00
7.00	00700	OPERATION OF PLANT	-9,851	10,401,840	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,187,653	8.00
9.00	00900	HOUSEKEEPING	0	5,738,274	9.00
10.00	01000	DIETARY	-566,308	2,886,870	10.00
11.00	01100	CAFETERIA	0	1,912,616	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-5,020	3,394,815	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	630,700	14.00
15.00	01500	PHARMACY	-332,010	4,245,039	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,880,362	16.00
17.00	01700	SOCIAL SERVICE	0	331,764	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	167,571	23.00
23.01	02301	PARAMED ED PRGM - EMS	-161,421	329,129	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	-110,890	103,986	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,398,601	30,495,440	30.00
31.00	03100	INTENSIVE CARE UNIT	-748,101	8,178,212	31.00
40.00	04000	SUBPROVIDER - IPF	-529,500	1,172,521	40.00
41.00	04100	SUBPROVIDER - IRF	-1,111,914	4,304,175	41.00
43.00	04300	NURSERY	-2,318,848	1,192,806	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-784,394	5,872,978	50.00
51.00	05100	RECOVERY ROOM	0	736,842	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	843,020	52.00
53.00	05300	ANESTHESIOLOGY	-1,250,000	343,552	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,087,261	5,332,989	54.00
54.01	03630	ULTRA SOUND	0	1,324,087	54.01
54.02	05401	SPECIAL PROCEDURES	-786	1,223,347	54.02
56.00	05600	RADIOISOTOPE	0	926,435	56.00
57.00	05700	CT SCAN	0	996,821	57.00
58.00	05800	MRI	0	566,557	58.00
59.00	05900	CARDIAC CATHETERIZATION	-225,250	775,667	59.00
60.00	06000	LABORATORY	-58,927	11,724,535	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,360,861	63.00
65.00	06500	RESPIRATORY THERAPY	-40,600	3,897,469	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	41,795	65.01
66.00	06600	PHYSICAL THERAPY	-3,660	2,068,478	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,256,204	67.00
68.00	06800	SPEECH PATHOLOGY	0	455,495	68.00
69.00	06900	ELECTROCARDIOLOGY	-73,298	1,527,207	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-440,298	164,481	70.00
70.01	03280	SLEEP LAB	0	96,832	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,277,839	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,496,486	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,985,324	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,161,975	73.00
73.01	03190	INFUSION THERAPY	0	393,610	73.01
73.03	07301	PHARMACY VACCINE	0	49,367	73.03
73.04	03480	FCC INFUSION THERAPY	0	606,376	73.04
74.00	07400	RENAL DIALYSIS	-3,600	1,289,998	74.00
76.97	07697	CARDIAC REHABILITATION	-1,941	295,260	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-132,520	929,560	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001	PSYCH ANCILLARY	0	945,888	90.02
90.03	09002	RETINAL VASCULAR	-2,276	244,930	90.03
91.00	09100	EMERGENCY	-2,577,127	10,778,818	91.00
91.01	09101	IFCC	-2,229,975	18,515,952	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	-6,757	7,136,705	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0191

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

Worksheet A

Date/Time Prepared:
11/29/2021 1:30 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	2,680,189	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-36,945,426	311,853,811	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	534,702	3,116,034	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	OP PHARMACY	0	235	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	192.03
192.04	19204	OTHER NRCC	0	0	192.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-36,410,724	314,970,080	200.00

RECLASSIFICATIONS

Provider CCN: 14-0191

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

Worksheet A-6

Date/Time Prepared:
11/29/2021 1:30 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS NON CAP INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,583,829		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	747,379		2.00
	TOTALS		0	2,331,208		
	B - RECALLS CAFETERIA COSTS					
1.00	CAFETERIA	11.00	0	1,912,616		1.00
	TOTALS		0	1,912,616		
	C - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,294,167		1.00
	TOTALS		0	4,294,167		
	D - RECLASS CHARGEABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	9,496,486		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
	TOTALS		0	9,496,486		
	E - RECALSS DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	22,211,342		1.00
	TOTALS		0	22,211,342		
	F - POB COST OFFSET					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	60,783	291,820		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		60,783	291,820		
	G - LAB ADMIN					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	27,143	54,972		1.00
	TOTALS		27,143	54,972		
	H - RECLASS RECOVERY COSTS					
1.00	OPERATING ROOM	50.00	329,001	279,306		1.00
	TOTALS		329,001	279,306		
	I - RECLASS EMT PRECEPTOR COSTS					
1.00	PARAMED ED PRGM - EMS	23.01	276,526	0		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
	TOTALS		276,526	0		
	J - RECLASS PSYCH ANCILLARY SERVICES					
1.00	PSYCH ANCILLARY	90.02	82,593	107,525		1.00
2.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	70.02	751,264	526,575		2.00
	TOTALS		833,857	634,100		
	K - RECLASS VACCINE DRUG COSTS					
1.00	PHARMACY VACCINE	73.03	0	49,367		1.00
	TOTALS		0	49,367		
	M - RECLASS FCC ADMIN COSTS					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	311,398	1,840,118		1.00
	TOTALS		311,398	1,840,118		
	N - PHARMACY RESIDENCY					
1.00	PARAMED ED PRGM-PHARMACY	23.00	136,332	31,239		1.00
	TOTALS		136,332	31,239		
	O - RECLASS LABOR AND DELIVERY EXPENSES					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	734,202	108,818		1.00
2.00	NURSERY	43.00	293,676	43,526		2.00
3.00	EMERGENCY	91.00	452,463	67,061		3.00
	TOTALS		1,480,341	219,405		
	P - IMPLANT RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,985,324		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	6,985,324		
	Q - HHA MANAGEMENT FEE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	147,926		1.00
	TOTALS		0	147,926		
	R - DIETARY INTERNS					
1.00	PARAMED ED PRGM - DIETETICS	23.02	11,723	66,811		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		11,723	66,811		

RECLASSIFICATIONS

Provider CCN: 14-0191

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

Worksheet A-6

Date/Time Prepared:
11/29/2021 1:30 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
S - NURSING ADMN RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	381,698	124,278	1.00
2.00	INTENSIVE CARE UNIT	31.00	37,009	12,050	2.00
3.00	NURSERY	43.00	11,300	3,679	3.00
4.00	SUBPROVIDER - IPF	40.00	9,958	3,242	4.00
5.00	SUBPROVIDER - IRF	41.00	69,650	22,677	5.00
	TOTALS		509,615	165,926	
500.00	Grand Total: Increases		3,976,719	51,012,133	500.00

RECLASSIFICATIONS

Provider CCN: 14-0191

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

Worksheet A-6

Date/Time Prepared:
11/29/2021 1:30 pm

	Decreases							11/29/2021 1:30 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - RECLASS NON CAP INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,331,208	9			1.00
2.00		0.00	0	0	0			2.00
	TOTALS		0	2,331,208				
	B - RECALLS CAFETERIA COSTS							
1.00	DIETARY	10.00	0	1,912,616	0			1.00
	TOTALS		0	1,912,616				
	C - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	4,294,167	11			1.00
	TOTALS		0	4,294,167				
	D - RECLASS CHARGEABLE MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,816,239	0			1.00
2.00	OPERATING ROOM	50.00	0	4,798,084	0			2.00
3.00	SPECIAL PROCEDURES	54.02	0	1,750,009	0			3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	907,703	0			4.00
5.00	RESPIRATORY THERAPY	65.00	0	161,798	0			5.00
6.00	PHYSICAL THERAPY	66.00	0	62,653	0			6.00
	TOTALS		0	9,496,486				
	E - RECALSS DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	22,211,342	0			1.00
	TOTALS		0	22,211,342				
	F - POB COST OFFSET							
1.00	MAINTENANCE & REPAIRS	6.00	0	39,908	0			1.00
2.00	OPERATION OF PLANT	7.00	60,783	24,078	0			2.00
3.00	HOUSEKEEPING	9.00	0	227,834	0			3.00
	TOTALS		60,783	291,820				
	G - LAB ADMIN							
1.00	LABORATORY	60.00	27,143	54,972	0			1.00
	TOTALS		27,143	54,972				
	H - RECLASS RECOVERY COSTS							
1.00	ADULTS & PEDIATRICS	30.00	329,001	279,306	0			1.00
	TOTALS		329,001	279,306				
	I - RECLASS EMT PRECEPTOR COSTS							
1.00	ADULTS & PEDIATRICS	30.00	72,944	0	0			1.00
2.00	INTENSIVE CARE UNIT	31.00	23,190	0	0			2.00
3.00	RESPIRATORY THERAPY	65.00	5,155	0	0			3.00
4.00	CARDIAC CATHETERIZATION	59.00	6,992	0	0			4.00
5.00	EMERGENCY	91.00	168,245	0	0			5.00
	TOTALS		276,526	0				
	J - RECLASS PSYCH ANCILLARY SERVICES							
1.00	ADULTS & PEDIATRICS	30.00	833,857	634,100	0			1.00
2.00		0.00	0	0	0			2.00
	TOTALS		833,857	634,100				
	K - RECLASS VACCINE DRUG COSTS							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	49,367	0			1.00
	TOTALS		0	49,367				
	M - RECLASS FCC ADMIN COSTS							
1.00	IFCC	91.01	311,398	1,840,118	0			1.00
	TOTALS		311,398	1,840,118				
	N - PHARMACY RESIDENCY							
1.00	PHARMACY	15.00	136,332	31,239	0			1.00
	TOTALS		136,332	31,239				
	O - RECLASS LABOR AND DELIVERY EXPENSES							
1.00	ADULTS & PEDIATRICS	30.00	1,480,341	219,405	0			1.00
2.00		0.00	0	0	0			2.00
3.00		0.00	0	0	0			3.00
	TOTALS		1,480,341	219,405				
	P - IMPLANT RECLASS							
1.00	OPERATING ROOM	50.00	0	5,832,948	0			1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	1,152,376	0			2.00
	TOTALS		0	6,985,324				
	Q - HHA MANAGEMENT FEE							
1.00	HOME HEALTH AGENCY	101.00	0	147,926	0			1.00
	TOTALS		0	147,926				
	R - DIETARY INTERNS							
1.00	DIETARY	10.00	0	66,811	0			1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	8,462	0	0			2.00
3.00	CARDIAC REHABILITATION	76.97	3,261	0	0			3.00
	TOTALS		11,723	66,811				
	S - NURSING ADMN RECLASS							
1.00	NURSING ADMINISTRATION	13.00	509,615	165,926	0			1.00
2.00		0.00	0	0	0			2.00
3.00		0.00	0	0	0			3.00
4.00		0.00	0	0	0			4.00

RECLASSIFICATIONS

Provider CCN: 14-0191

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

Worksheet A-6

Date/Time Prepared:
11/29/2021 1:30 pm

	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00		
5.00		0.00	0	0		
	TOTALS		509,615	165,926		
500.00	Grand Total: Decreases		3,976,719	51,012,133		

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
11/29/2021 1:30 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	6,464,807	0	0	0	0	1.00	
2.00	Land Improvements	3,214,188	22,927	0	22,927	0	2.00	
3.00	Buildings and Fixtures	169,035,376	9,259,108	0	9,259,108	3,987	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	65,456,240	709,541	0	709,541	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	244,170,611	9,991,576	0	9,991,576	3,987	8.00	
9.00	Reconciling Items	9,677,474	-4,750,662	0	-4,750,662	0	9.00	
10.00	Total (line 8 minus line 9)	234,493,137	14,742,238	0	14,742,238	3,987	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,464,807	0				1.00	
2.00	Land Improvements	3,237,115	0				2.00	
3.00	Buildings and Fixtures	178,290,497	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	66,165,781	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	254,158,200	0				8.00	
9.00	Reconciling Items	4,926,812	0				9.00	
10.00	Total (line 8 minus line 9)	249,231,388	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
11/29/2021 1:30 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	7,160,451	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	8,703,510	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	15,863,961	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	7,160,451				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	8,703,510				2.00
3.00	Total (sum of lines 1-2)	0	15,863,961				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
11/29/2021 1:30 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	187,992,419	0	187,992,419	0.739667	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	66,165,781	0	66,165,781	0.260333	0	2.00
3.00	Total (sum of lines 1-2)	254,158,200	0	254,158,200	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	8,744,280	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,703,510	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,447,790	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	4,766,225	0	0	0	13,510,505	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	8,703,510	2.00
3.00	Total (sum of lines 1-2)	4,766,225	0	0	0	22,214,015	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0191

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

Worksheet A-8

Date/Time Prepared:
11/29/2021 1:30 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)	B	-9,851	OPERATION OF PLANT	7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-14,710,639			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	2,860,730			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL 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			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	MISC REVENUE	B	-238,037	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0191

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

Worksheet A-8

Date/Time Prepared:
11/29/2021 1:30 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	
34.01	MISC REVENUE	B	-822,226	ADMINISTRATIVE & GENERAL	5.00	0	34.01
34.02	MISC REVENUE	B	-6,757	HOME HEALTH AGENCY	101.00	0	34.02
34.03	MISC REVENUE	B	-566,308	DIETARY	10.00	0	34.03
34.04	MISC REVENUE	B	-5,020	NURSING ADMINISTRATION	13.00	0	34.04
34.05	MISC REVENUE	B	-51,589	PHARMACY	15.00	0	34.05
34.06	MISC REVENUE	B	-161,421	PARAMED ED PRGM - EMS	23.01	0	34.06
34.07	MISC REVENUE	B	-110,412	PARAMED ED PRGM - DIETETICS	23.02	0	34.07
34.08	MISC REVENUE	B	-930	OPERATING ROOM	50.00	0	34.08
34.09	MISC REVENUE	B	-42,260	LABORATORY	60.00	0	34.09
34.10	MISC REVENUE	B	-100	RESPIRATORY THERAPY	65.00	0	34.10
34.11	MISC REVENUE	B	-3,660	PHYSICAL THERAPY	66.00	0	34.11
34.12	MISC REVENUE	B	-121	ELECTROCARDIOLOGY	69.00	0	34.12
34.13	MISC REVENUE	B	-66	CARDIAC REHABILITATION	76.97	0	34.13
34.16	MISC REVENUE	B	-2,276	RETINAL VASCULAR	90.03	0	34.16
34.17	MISC REVENUE	B	-69,999	EMERGENCY	91.00	0	34.17
34.18	MISC REVENUE	B	-1,072,937	IFCC	91.01	0	34.18
34.19	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.19
34.20	LOSS ON REFINANCING THRU 2020	A	472,058	CAP REL COSTS-BLDG & FIXT	1.00	11	34.20
36.00	ALCOHOL OFFSET	A	-1,103	ADMINISTRATIVE & GENERAL	5.00	0	36.00
36.01	REMOVE LOBBYING EXPENSE	A	-32,411	ADMINISTRATIVE & GENERAL	5.00	0	36.01
36.02	MEDICAID PROVIDER TAX	A	-19,445,130	ADMINISTRATIVE & GENERAL	5.00	0	36.02
36.03	COST OF DRUGS SOLD	A	-280,421	PHARMACY	15.00	0	36.03
36.04	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	36.04
36.05	NONALLOWABLE MARKETING EXPENSE		0		0.00	0	36.05
36.06	NONALLOWABLE MARKETING EXPENSE		0		0.00	0	36.06
36.07	NONALLOWABLE MARKETING EXPENSE	A	4,617	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36.07
36.08	NONALLOWABLE MARKETING EXPENSE	A	-2,112,119	ADMINISTRATIVE & GENERAL	5.00	0	36.08
37.00	NONALLOWABLE MARKETING EXPENSE	A	-1,072	SUBPROVIDER - IRF	41.00	0	37.00
38.00	NONALLOWABLE MARKETING EXPENSE	A	-786	SPECIAL PROCEDURES	54.02	0	38.00
39.00	NONALLOWABLE MARKETING EXPENSE	A	-478	PARAMED ED PRGM - DIETETICS	23.02	0	39.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-36,410,724				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: 14-0191

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

Worksheet A-8-1

Date/Time Prepared:
11/29/2021 1:30 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	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEE	5,999,765	4,265,675	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	REAL ESTATE TAXES	591,938	0	2.00
3.00	192.00	PHYSICIANS' PRIVATE OFFICES	REAL ESTATE TAXES	534,702	0	3.00
3.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	U OF C CHARGEBACKS	1,060,377	1,060,377	3.05
3.06	5.00	ADMINISTRATIVE & GENERAL	U OF C CHARGEBACKS	1,984,008	1,984,008	3.06
3.07	7.00	OPERATION OF PLANT	U OF C CHARGEBACKS	575,800	575,800	3.07
3.08	13.00	NURSING ADMINISTRATION	U OF C CHARGEBACKS	711,226	711,226	3.08
3.09	50.00	OPERATING ROOM	U OF C CHARGEBACKS	92,613	92,613	3.09
3.10	54.00	RADIOLOGY-DIAGNOSTIC	U OF C CHARGEBACKS	708,841	708,841	3.10
3.11	60.00	LABORATORY	U OF C CHARGEBACKS	50,167	50,167	3.11
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.			12,309,437	9,448,707	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
			Name	Percentage of Ownership	
1.00	2.00	3.00	4.00	5.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00			0.00		0.00	6.00
7.00	B	INGALLS HEALTH SYSTEM	100.00	INGALLS MEMORIA	100.00	7.00
8.00	C	INGALLS MEMORIA	100.00	INGALLS HOME CARE	100.00	8.00
9.00	C	U OF C HOSPITAL	100.00	U OF C HOSPITAL	100.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0191

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

Worksheet A-8-1

Date/Time Prepared:
11/29/2021 1:30 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	1,734,090	0		1.00
2.00	591,938	0		2.00
3.00	534,702	0		3.00
3.05	0	0		3.05
3.06	0	0		3.06
3.07	0	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
3.10	0	0		3.10
3.11	0	0		3.11
4.00	0	0		4.00
5.00	2,860,730			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			6.00
7.00	ACUTE		7.00
8.00	HOME CARE		8.00
9.00	HEALTHCARE		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: 14-0191

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

Worksheet A-8-2

Date/Time Prepared:
11/29/2021 1:30 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	5.00	ADMINISTRATIVE & GENERAL	2,750,524	0	2,750,524	211,500	18,337	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,398,601	1,398,601	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	748,101	748,101	0	0	0	3.00
4.00	40.00	SUBPROVIDER - IPF	529,500	529,500	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	1,110,842	1,110,842	0	0	0	5.00
6.00	43.00	NURSERY	2,318,848	2,318,848	0	0	0	6.00
7.00	50.00	OPERATING ROOM	783,464	783,464	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	1,250,000	1,250,000	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	1,087,261	1,087,261	0	0	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	225,250	225,250	0	0	0	10.00
11.00	60.00	LABORATORY	16,667	16,667	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	40,500	40,500	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	227,125	0	227,125	211,500	1,514	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	440,298	440,298	0	0	0	14.00
15.00	74.00	RENAL DIALYSIS	3,600	3,600	0	0	0	15.00
16.00	76.97	CARDIAC REHABILITATION	1,875	1,875	0	0	0	16.00
17.00	76.98	HYPERBARIC OXYGEN THERAPY	132,520	132,520	0	0	0	17.00
18.00	91.00	EMERGENCY	2,507,128	2,507,128	0	0	0	18.00
19.00	91.01	IFCC	1,157,038	1,157,038	0	0	0	19.00
200.00			16,729,142	13,751,493	2,977,649		19,851	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0191

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

Worksheet A-8-2

Date/Time Prepared:
11/29/2021 1:30 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	1,864,555	93,228	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	5.00
6.00	43.00	NURSERY	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	10.00
11.00	60.00	LABORATORY	0	0	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	153,948	7,697	0	0	0	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	14.00
15.00	74.00	RENAL DIALYSIS	0	0	0	0	0	15.00
16.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	16.00
17.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	17.00
18.00	91.00	EMERGENCY	0	0	0	0	0	18.00
19.00	91.01	IFCC	0	0	0	0	0	19.00
200.00			2,018,503	100,925	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0191

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

Worksheet A-8-2

Date/Time Prepared:
11/29/2021 1:30 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		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	1,864,555	885,969	885,969		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,398,601		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	748,101		3.00
4.00	40.00	SUBPROVIDER - IPF	0	0	0	529,500		4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	1,110,842		5.00
6.00	43.00	NURSERY	0	0	0	2,318,848		6.00
7.00	50.00	OPERATING ROOM	0	0	0	783,464		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	1,250,000		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,087,261		9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	0	0	225,250		10.00
11.00	60.00	LABORATORY	0	0	0	16,667		11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	40,500		12.00
13.00	69.00	ELECTROCARDIOLOGY	0	153,948	73,177	73,177		13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	440,298		14.00
15.00	74.00	RENAL DIALYSIS	0	0	0	3,600		15.00
16.00	76.97	CARDIAC REHABILITATION	0	0	0	1,875		16.00
17.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	132,520		17.00
18.00	91.00	EMERGENCY	0	0	0	2,507,128		18.00
19.00	91.01	IFCC	0	0	0	1,157,038		19.00
200.00			0	2,018,503	959,146	14,710,639		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 1:30 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	13,510,505	13,510,505			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	8,703,510		8,703,510		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	23,583,533	28,555	0	23,612,088	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	56,887,851	5,442,384	3,242,589	4,072,933	5.00
6.00	00600	MAINTENANCE & REPAIRS	4,290,710	14,884	8,423	0	6.00
7.00	00700	OPERATION OF PLANT	10,401,840	1,560,615	51,908	603,165	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,187,653	57,763	1,168	8,869	8.00
9.00	00900	HOUSEKEEPING	5,738,274	119,728	31,960	0	9.00
10.00	01000	DIETARY	2,886,870	217,196	53,824	0	10.00
11.00	01100	CAFETERIA	1,912,616	101,819	874	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,394,815	52,179	0	495,564	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	630,700	0	78,151	86,932	14.00
15.00	01500	PHARMACY	4,245,039	118,346	249,143	910,299	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,880,362	328,595	4,514	556,219	16.00
17.00	01700	SOCIAL SERVICE	331,764	0	0	73,308	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	167,571	2,801	0	30,125	23.00
23.01	02301	PARAMED ED PRGM - EMS	329,129	14,007	17,364	98,289	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	103,986	43,196	0	26,047	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	30,495,440	1,940,586	381,477	3,581,683	30.00
31.00	03100	INTENSIVE CARE UNIT	8,178,212	127,759	120,925	672,785	31.00
40.00	04000	SUBPROVIDER - IPF	1,172,521	74,590	6,249	110,374	40.00
41.00	04100	SUBPROVIDER - IRF	4,304,175	462,218	9,366	755,859	41.00
43.00	04300	NURSERY	1,192,806	15,407	7,033	245,454	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,872,978	836,437	500,052	791,876	50.00
51.00	05100	RECOVERY ROOM	736,842	31,095	28,223	139,636	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	843,020	0	0	162,236	52.00
53.00	05300	ANESTHESIOLOGY	343,552	6,966	72,173	9,569	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,332,989	179,359	630,921	491,670	54.00
54.01	03630	ULTRA SOUND	1,324,087	63,310	63,820	271,061	54.01
54.02	05401	SPECIAL PROCEDURES	1,223,347	34,232	169,518	209,052	54.02
56.00	05600	RADIOISOTOPE	926,435	14,623	47,608	103,061	56.00
57.00	05700	CT SCAN	996,821	34,326	84,208	167,982	57.00
58.00	05800	MRI	566,557	112,800	22,533	104,394	58.00
59.00	05900	CARDIAC CATHETERIZATION	775,667	119,766	349,892	145,144	59.00
60.00	06000	LABORATORY	11,724,535	215,347	201,349	1,048,569	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,360,861	9,749	2,148	76,077	63.00
65.00	06500	RESPIRATORY THERAPY	3,897,469	38,565	49,951	280,203	65.00
65.01	03560	PULMONARY FUNCTION TESTING	41,795	4,557	5,105	8,888	65.01
66.00	06600	PHYSICAL THERAPY	2,068,478	154,371	53,608	440,684	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,256,204	19,759	1,238	258,474	67.00
68.00	06800	SPEECH PATHOLOGY	455,495	13,521	9,540	99,776	68.00
69.00	06900	ELECTROCARDIOLOGY	1,527,207	61,890	143,536	225,243	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	164,481	0	21,888	29,313	70.00
70.01	03280	SLEEP LAB	96,832	0	12,988	20,774	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,277,839	0	0	166,006	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,496,486	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,985,324	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,161,975	0	0	0	73.00
73.01	03190	INFUSION THERAPY	393,610	9,282	2,398	70,412	73.01
73.03	07301	PHARMACY VACCINE	49,367	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	606,376	117,693	0	111,316	73.04
74.00	07400	RENAL DIALYSIS	1,289,998	106,861	23,685	120,270	74.00
76.97	07697	CARDIAC REHABILITATION	295,260	37,538	13,401	59,045	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	929,560	34,027	1,877	140,118	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	945,888	128,842	0	18,250	90.02
90.03	09002	RETINAL VASCULAR	244,930	64,729	18,417	42,245	90.03
91.00	09100	EMERGENCY	10,778,818	222,145	82,012	1,087,613	91.00
91.01	09101	IFCC	18,515,952	0	1,824,400	2,799,145	91.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 1:30 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	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS					0	92.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	7,136,705	0	0	1,153,458	8,290,163	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,680,189	53,916	0	338,451	3,072,556	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	311,853,811	13,448,334	8,701,457	23,517,916	311,695,415	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	30,217	0	0	30,217	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,116,034	0	2,053	94,172	3,212,259	192.00
192.01	19201	REFERENCE LAB	0	16,509	0	0	16,509	192.01
192.02	19202	OP PHARMACY	235	15,445	0	0	15,680	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204	OTHER NRCC	0	0	0	0	0	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	314,970,080	13,510,505	8,703,510	23,612,088	314,970,080	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 1:30 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	69,645,757					5.00
6.00	00600	MAINTENANCE & REPAIRS	1,224,719	5,538,736				6.00
7.00	00700	OPERATION OF PLANT	3,582,028	1,077,157	17,276,713			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	356,414	39,869	154,386	1,806,122		8.00
9.00	00900	HOUSEKEEPING	1,672,119	82,638	320,002	0	7,964,721	9.00
10.00	01000	DIETARY	896,503	149,911	580,506	0	275,174	10.00
11.00	01100	CAFETERIA	572,132	70,277	272,134	0	128,998	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,119,265	36,015	139,461	0	66,108	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	225,917	0	0	0	0	14.00
15.00	01500	PHARMACY	1,567,892	81,684	316,308	0	149,938	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,070,189	226,800	878,246	0	416,310	16.00
17.00	01700	SOCIAL SERVICE	114,997	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	56,920	1,934	7,487	0	3,549	23.00
23.01	02301	PARAMED ED PRGM - EMS	130,247	9,668	37,436	0	17,746	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	49,179	29,815	115,452	0	54,727	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,333,372	1,339,415	5,186,670	1,350,869	2,458,612	30.00
31.00	03100	INTENSIVE CARE UNIT	2,583,336	88,181	341,465	131,715	161,863	31.00
40.00	04000	SUBPROVIDER - IPF	387,155	51,483	199,359	35,439	94,501	40.00
41.00	04100	SUBPROVIDER - IRF	1,570,388	319,029	1,235,384	247,881	585,603	41.00
43.00	04300	NURSERY	414,683	10,634	41,179	40,218	19,520	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,271,525	577,319	2,235,572	0	1,059,717	50.00
51.00	05100	RECOVERY ROOM	265,666	21,462	83,108	0	39,395	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	285,385	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	122,716	4,808	18,618	0	8,825	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,883,613	123,796	479,379	0	227,238	54.00
54.01	03630	ULTRA SOUND	488,943	43,697	169,210	0	80,210	54.01
54.02	05401	SPECIAL PROCEDURES	464,491	23,627	91,493	0	43,370	54.02
56.00	05600	RADIOISOTOPE	309,934	10,093	39,083	0	18,526	56.00
57.00	05700	CT SCAN	364,330	23,692	91,743	0	43,488	57.00
58.00	05800	MRI	228,898	77,856	301,484	0	142,911	58.00
59.00	05900	CARDIAC CATHETERIZATION	394,744	82,664	320,102	0	151,736	59.00
60.00	06000	LABORATORY	3,744,492	148,635	575,564	0	272,832	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	411,314	6,729	26,055	0	12,351	63.00
65.00	06500	RESPIRATORY THERAPY	1,211,141	26,618	103,073	0	48,859	65.00
65.01	03560	PULMONARY FUNCTION TESTING	17,132	3,145	12,179	0	5,773	65.01
66.00	06600	PHYSICAL THERAPY	771,377	106,549	412,593	0	195,580	66.00
67.00	06700	OCCUPATIONAL THERAPY	435,967	13,638	52,810	0	25,033	67.00
68.00	06800	SPEECH PATHOLOGY	164,184	9,332	36,138	0	17,130	68.00
69.00	06900	ELECTROCARDIOLOGY	555,827	42,718	165,417	0	78,412	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	61,231	0	0	0	0	70.00
70.01	03280	SLEEP LAB	37,075	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	409,897	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,695,986	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,983,085	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,291,630	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	135,048	6,406	24,808	0	11,759	73.01
73.03	07301	PHARMACY VACCINE	14,015	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	237,160	81,233	314,561	0	149,110	73.04
74.00	07400	RENAL DIALYSIS	437,426	73,757	285,611	0	135,387	74.00
76.97	07697	CARDIAC REHABILITATION	115,046	25,909	100,328	0	47,558	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	313,867	23,486	90,944	0	43,110	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	310,289	88,928	344,360	0	163,235	90.02
90.03	09002	RETINAL VASCULAR	105,132	44,677	173,004	0	82,008	90.03
91.00	09100	EMERGENCY	3,455,145	153,327	593,733	0	281,444	91.00
91.01	09101	IFCC	6,569,141	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,353,519	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 07/01/2020
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	872,277	37,214	144,103	0	68,309	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	68,716,103	5,495,825	17,110,548	1,806,122	7,885,955	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	8,578	20,856	80,762	0	38,283	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	911,938	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	4,687	11,395	44,124	0	20,916	192.01
192.02	19202	OP PHARMACY	4,451	10,660	41,279	0	19,567	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204	OTHER NRCC	0	0	0	0	0	192.04
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)	69,645,757	5,538,736	17,276,713	1,806,122	7,964,721	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	5,059,984					10.00
11.00	01100	CAFETERIA	0	3,058,850				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	93,086	0	5,396,493		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	31,540	0	0	1,053,240	14.00
15.00	01500	PHARMACY	0	149,318	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	140,522	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	15,753	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	7,667	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - EMS	0	52,575	0	178,682	0	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	21,835	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,941,416	755,386	0	2,567,258	0	30.00
31.00	03100	INTENSIVE CARE UNIT	191,073	116,633	0	396,391	0	31.00
40.00	04000	SUBPROVIDER - IPF	102,829	27,319	0	92,846	0	40.00
41.00	04100	SUBPROVIDER - IRF	719,202	166,607	0	566,232	0	41.00
43.00	04300	NURSERY	0	42,906	0	145,819	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	157,603	0	535,631	0	50.00
51.00	05100	RECOVERY ROOM	0	21,829	0	74,189	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	30,930	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,278	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	95,612	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	45,027	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	37,433	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	17,259	0	0	0	56.00
57.00	05700	CT SCAN	0	34,206	0	0	0	57.00
58.00	05800	MRI	0	19,233	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	20,975	0	0	0	59.00
60.00	06000	LABORATORY	0	260,425	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	15,756	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	54,189	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	1,880	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	87,493	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	62,270	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	17,024	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	45,465	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,822	0	0	0	70.00
70.01	03280	SLEEP LAB	0	3,708	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	668,572	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	384,668	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0	12,903	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	17,530	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	19,322	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	12,121	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	26,215	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	43,785	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	11,119	0	0	0	90.03
91.00	09100	EMERGENCY	105,464	246,997	0	839,445	0	91.00
91.01	09101	IFCC	0	6,319	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,059,984	3,054,875	0	5,396,493	1,053,240
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,975	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	192.03
192.04	19204	OTHER NRCC	0	0	0	0	192.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,059,984	3,058,850	0	5,396,493	1,053,240

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	7,787,967					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,501,757				16.00
17.00	01700	SOCIAL SERVICE	0	0	535,822			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0			23.00
23.01	02301	PARAMED ED PRGM - EMS	0	0	0			23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	0	0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	486,493	400,762	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	84,787	39,076	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	13,622	10,514	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	69,717	73,539	0	0	41.00
43.00	04300	NURSERY	0	17,804	11,931	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	392,844	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	58,983	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,690	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	77,771	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	147,795	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	82,983	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	102,240	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	37,577	0	0	0	56.00
57.00	05700	CT SCAN	0	495,798	0	0	0	57.00
58.00	05800	MRI	0	90,328	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	61,081	0	0	0	59.00
60.00	06000	LABORATORY	0	894,891	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	46,396	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	120,252	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	4,420	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	84,347	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	41,807	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	19,476	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	104,043	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,246	0	0	0	70.00
70.01	03280	SLEEP LAB	0	4,560	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	58,161	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	66,217	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,770,696	856,980	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0	20,253	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	17,271	1,675	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	40,224	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	34,327	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,692	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	29,122	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	43,205	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	2,966	0	0	0	90.03
91.00	09100	EMERGENCY	0	566,251	0	0	0	91.00
91.01	09101	IFCC	0	1,224,733	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,787,967	6,501,757	535,822	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	192.03
192.04	19204	OTHER NRCC	0	0	0	0	192.04
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,787,967	6,501,757	535,822	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM - EMS	PARAMED ED PRGM - DIETETICS	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
					23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY			278,054			23.00
23.01	02301	PARAMED ED PRGM - EMS				885,143		23.01
23.02	02302	PARAMED ED PRGM - DIETETICS					444,237	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	241,361	245,881	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	64,401	21,635	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	6,451	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	45,113	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	16,237	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.02
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	16,129	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,129	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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
70.01	03280	SLEEP LAB	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	70.02
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	278,054	0	0	73.00
73.01	03190	INFUSION THERAPY	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0	16,237	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	547,123	0	91.00
91.01	09101	IFCC	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM - EMS	PARAMED ED PRGM - DIETETICS	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
OTHER REIMBURSABLE COST CENTERS					23.00	23.01	23.02	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE			0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	278,054	885,143	351,554	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204	OTHER NRCC	0	0	0	0	92,683	192.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	278,054	885,143	444,237	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

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
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY				23.00
23.01	02301	PARAMED ED PRGM - EMS				23.01
23.02	02302	PARAMED ED PRGM - DIETETICS				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	65,706,681	0	65,706,681	30.00
31.00	03100	INTENSIVE CARE UNIT	13,320,237	0	13,320,237	31.00
40.00	04000	SUBPROVIDER - IPF	2,385,252	0	2,385,252	40.00
41.00	04100	SUBPROVIDER - IRF	11,130,313	0	11,130,313	41.00
43.00	04300	NURSERY	2,205,394	0	2,205,394	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,247,791	0	15,247,791	50.00
51.00	05100	RECOVERY ROOM	1,500,428	0	1,500,428	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,333,261	0	1,333,261	52.00
53.00	05300	ANESTHESIOLOGY	668,276	0	668,276	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,592,372	0	9,592,372	54.00
54.01	03630	ULTRA SOUND	2,632,348	0	2,632,348	54.01
54.02	05401	SPECIAL PROCEDURES	2,398,803	0	2,398,803	54.02
56.00	05600	RADIOISOTOPE	1,524,199	0	1,524,199	56.00
57.00	05700	CT SCAN	2,336,594	0	2,336,594	57.00
58.00	05800	MRI	1,666,994	0	1,666,994	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,437,900	0	2,437,900	59.00
60.00	06000	LABORATORY	19,086,639	0	19,086,639	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,967,436	0	1,967,436	63.00
65.00	06500	RESPIRATORY THERAPY	5,846,449	0	5,846,449	65.00
65.01	03560	PULMONARY FUNCTION TESTING	104,874	0	104,874	65.01
66.00	06600	PHYSICAL THERAPY	4,375,080	0	4,375,080	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,167,200	0	2,167,200	67.00
68.00	06800	SPEECH PATHOLOGY	841,616	0	841,616	68.00
69.00	06900	ELECTROCARDIOLOGY	2,949,758	0	2,949,758	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	286,981	0	286,981	70.00
70.01	03280	SLEEP LAB	175,937	0	175,937	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,853,742	0	1,853,742	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,919,205	0	12,919,205	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,419,294	0	9,419,294	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,359,335	0	37,359,335	73.00
73.01	03190	INFUSION THERAPY	686,879	0	686,879	73.01
73.03	07301	PHARMACY VACCINE	82,328	0	82,328	73.03
73.04	03480	FCC INFUSION THERAPY	1,675,203	0	1,675,203	73.04
74.00	07400	RENAL DIALYSIS	2,542,881	0	2,542,881	74.00
76.97	07697	CARDIAC REHABILITATION	707,898	0	707,898	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,632,326	0	1,632,326	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	2,086,782	0	2,086,782	90.02
90.03	09002	RETINAL VASCULAR	789,227	0	789,227	90.03
91.00	09100	EMERGENCY	18,959,517	0	18,959,517	91.00
91.01	09101	IFCC	30,939,690	0	30,939,690	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2020
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
OTHER REIMBURSABLE COST CENTERS					
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	10,643,682	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	4,194,459	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	310,381,261	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	178,696	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,128,172	0	192.00
192.01	19201	REFERENCE LAB	97,631	0	192.01
192.02	19202	OP PHARMACY	91,637	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	192.03
192.04	19204	OTHER NRCC	92,683	0	192.04
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	314,970,080	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

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	21,770	28,555	0	50,325	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	109,630	5,442,384	3,242,589	8,794,603	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	14,884	8,423	23,307	6.00
7.00	00700	OPERATION OF PLANT	40	1,560,615	51,908	1,612,563	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	57,763	1,168	58,931	8.00
9.00	00900	HOUSEKEEPING	200	119,728	31,960	151,888	9.00
10.00	01000	DIETARY	0	217,196	53,824	271,020	10.00
11.00	01100	CAFETERIA	0	101,819	874	102,693	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	52,179	0	52,179	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	202,263	0	78,151	280,414	14.00
15.00	01500	PHARMACY	0	118,346	249,143	367,489	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,700	328,595	4,514	338,809	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	156	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	2,801	0	2,801	23.00
23.01	02301	PARAMED ED PRGM - EMS	0	14,007	17,364	31,371	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	43,196	0	43,196	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	100	1,940,586	381,477	2,322,163	30.00
31.00	03100	INTENSIVE CARE UNIT	0	127,759	120,925	248,684	31.00
40.00	04000	SUBPROVIDER - IPF	0	74,590	6,249	80,839	40.00
41.00	04100	SUBPROVIDER - IRF	14,829	462,218	9,366	486,413	41.00
43.00	04300	NURSERY	0	15,407	7,033	22,440	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	186,117	836,437	500,052	1,522,606	50.00
51.00	05100	RECOVERY ROOM	0	31,095	28,223	59,318	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	346	52.00
53.00	05300	ANESTHESIOLOGY	0	6,966	72,173	79,139	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,504	179,359	630,921	830,784	54.00
54.01	03630	ULTRA SOUND	0	63,310	63,820	127,130	54.01
54.02	05401	SPECIAL PROCEDURES	0	34,232	169,518	203,750	54.02
56.00	05600	RADIOISOTOPE	0	14,623	47,608	62,231	56.00
57.00	05700	CT SCAN	0	34,326	84,208	118,534	57.00
58.00	05800	MRI	0	112,800	22,533	135,333	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	119,766	349,892	469,658	59.00
60.00	06000	LABORATORY	0	215,347	201,349	416,696	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	9,749	2,148	11,897	63.00
65.00	06500	RESPIRATORY THERAPY	58,937	38,565	49,951	147,453	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	4,557	5,105	9,662	65.01
66.00	06600	PHYSICAL THERAPY	0	154,371	53,608	207,979	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	19,759	1,238	20,997	67.00
68.00	06800	SPEECH PATHOLOGY	0	13,521	9,540	23,061	68.00
69.00	06900	ELECTROCARDIOLOGY	0	61,890	143,536	205,426	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	21,888	21,888	70.00
70.01	03280	SLEEP LAB	0	0	12,988	12,988	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	354	70.02
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
73.01	03190	INFUSION THERAPY	24,633	9,282	2,398	36,313	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	117,693	0	117,693	73.04
74.00	07400	RENAL DIALYSIS	7,780	106,861	23,685	138,326	74.00
76.97	07697	CARDIAC REHABILITATION	22,619	37,538	13,401	73,558	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	34,027	1,877	35,904	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	0	128,842	0	128,842	90.02
90.03	09002	RETINAL VASCULAR	50,000	64,729	18,417	133,146	90.03
91.00	09100	EMERGENCY	0	222,145	82,012	304,157	91.00
91.01	09101	IFCC	843,261	0	1,824,400	2,667,661	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
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To 06/30/2021Worksheet B
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	2,459	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	53,916	0	53,916	721	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,568,383	13,448,334	8,701,457	23,718,174	50,124
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	30,217	0	30,217	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,053	2,053	201
192.01	19201	REFERENCE LAB	0	16,509	0	16,509	0
192.02	19202	OP PHARMACY	0	15,445	0	15,445	0
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0
192.04	19204	OTHER NRCC	0	0	0	0	0
200.00		Cross Foot Adjustments			0		200.00
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	1,568,383	13,510,505	8,703,510	23,782,398	50,325

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,803,281					5.00
6.00	00600	MAINTENANCE & REPAIRS	154,804	178,111				6.00
7.00	00700	OPERATION OF PLANT	452,767	34,638	2,101,254			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	45,051	1,282	18,777	124,060		8.00
9.00	00900	HOUSEKEEPING	211,355	2,657	38,920	0	404,820	9.00
10.00	01000	DIETARY	113,318	4,821	70,603	0	13,986	10.00
11.00	01100	CAFETERIA	72,317	2,260	33,098	0	6,557	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	141,475	1,158	16,962	0	3,360	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,556	0	0	0	0	14.00
15.00	01500	PHARMACY	198,181	2,627	38,471	0	7,621	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	135,272	7,293	106,815	0	21,160	16.00
17.00	01700	SOCIAL SERVICE	14,536	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	7,195	62	911	0	180	23.00
23.01	02301	PARAMED ED PRGM - EMS	16,463	311	4,553	0	902	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	6,216	959	14,042	0	2,782	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,306,210	43,070	630,820	92,789	124,962	30.00
31.00	03100	INTENSIVE CARE UNIT	326,533	2,836	41,530	9,047	8,227	31.00
40.00	04000	SUBPROVIDER - IPF	48,936	1,656	24,247	2,434	4,803	40.00
41.00	04100	SUBPROVIDER - IRF	198,497	10,259	150,252	17,027	29,764	41.00
43.00	04300	NURSERY	52,416	342	5,008	2,763	992	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	287,120	18,565	271,898	0	53,862	50.00
51.00	05100	RECOVERY ROOM	33,580	690	10,108	0	2,002	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	36,073	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	15,511	155	2,264	0	449	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	238,088	3,981	58,304	0	11,550	54.00
54.01	03630	ULTRA SOUND	61,802	1,405	20,580	0	4,077	54.01
54.02	05401	SPECIAL PROCEDURES	58,712	760	11,128	0	2,204	54.02
56.00	05600	RADIOISOTOPE	39,176	325	4,753	0	942	56.00
57.00	05700	CT SCAN	46,051	762	11,158	0	2,210	57.00
58.00	05800	MRI	28,933	2,504	36,667	0	7,264	58.00
59.00	05900	CARDIAC CATHETERIZATION	49,896	2,658	38,932	0	7,712	59.00
60.00	06000	LABORATORY	473,303	4,780	70,002	0	13,867	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,990	216	3,169	0	628	63.00
65.00	06500	RESPIRATORY THERAPY	153,088	856	12,536	0	2,483	65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,165	101	1,481	0	293	65.01
66.00	06600	PHYSICAL THERAPY	97,502	3,426	50,181	0	9,941	66.00
67.00	06700	OCCUPATIONAL THERAPY	55,106	439	6,423	0	1,272	67.00
68.00	06800	SPEECH PATHOLOGY	20,753	300	4,395	0	871	68.00
69.00	06900	ELECTROCARDIOLOGY	70,256	1,374	20,119	0	3,985	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,740	0	0	0	0	70.00
70.01	03280	SLEEP LAB	4,686	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	51,811	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	340,772	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	250,661	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	795,260	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	17,070	206	3,017	0	598	73.01
73.03	07301	PHARMACY VACCINE	1,771	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	29,977	2,612	38,258	0	7,579	73.04
74.00	07400	RENAL DIALYSIS	55,291	2,372	34,737	0	6,881	74.00
76.97	07697	CARDIAC REHABILITATION	14,542	833	12,202	0	2,417	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	39,673	755	11,061	0	2,191	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	39,220	2,860	41,882	0	8,297	90.02
90.03	09002	RETINAL VASCULAR	13,289	1,437	21,041	0	4,168	90.03
91.00	09100	EMERGENCY	436,729	4,931	72,212	0	14,305	91.00
91.01	09101	IFCC	830,338	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	297,484	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/29/2021 1:30 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	110,256	1,197	17,526	0	3,472	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,685,773	176,731	2,081,043	124,060	400,816	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	1,084	671	9,823	0	1,946	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	115,269	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	592	366	5,367	0	1,063	192.01
192.02	19202	OP PHARMACY	563	343	5,021	0	995	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204	OTHER NRCC	0	0	0	0	0	192.04
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)	8,803,281	178,111	2,101,254	124,060	404,820	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/29/2021 1:30 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	473,748					10.00
11.00	01100	CAFETERIA	0	216,925				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	6,601	0	222,791		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,237	0	0	311,392	14.00
15.00	01500	PHARMACY	0	10,589	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,965	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,117	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	544	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - EMS	0	3,728	0	7,377	0	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	1,549	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	369,022	53,572	0	105,987	0	30.00
31.00	03100	INTENSIVE CARE UNIT	17,889	8,271	0	16,365	0	31.00
40.00	04000	SUBPROVIDER - IPF	9,627	1,937	0	3,833	0	40.00
41.00	04100	SUBPROVIDER - IRF	67,336	11,815	0	23,377	0	41.00
43.00	04300	NURSERY	0	3,043	0	6,020	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	11,177	0	22,113	0	50.00
51.00	05100	RECOVERY ROOM	0	1,548	0	3,063	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,193	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	232	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,781	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	3,193	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	2,655	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	1,224	0	0	0	56.00
57.00	05700	CT SCAN	0	2,426	0	0	0	57.00
58.00	05800	MRI	0	1,364	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,487	0	0	0	59.00
60.00	06000	LABORATORY	0	18,469	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,117	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,843	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	133	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	6,205	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,416	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,207	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,224	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	413	0	0	0	70.00
70.01	03280	SLEEP LAB	0	263	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	197,664	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	113,728	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0	915	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	1,243	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	1,370	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	860	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,859	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	3,105	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	789	0	0	0	90.03
91.00	09100	EMERGENCY	9,874	17,516	0	34,656	0	91.00
91.01	09101	IFCC	0	448	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	473,748	216,643	0	222,791	311,392	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	282	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204	OTHER NRCC	0	0	0	0	0	192.04
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)	473,748	216,925	0	222,791	311,392	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	626,918					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	620,500				16.00
17.00	01700	SOCIAL SERVICE	0	0	15,809			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0			23.00
23.01	02301	PARAMED ED PRGM - EMS	0	0	0			23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	0	0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	46,440	11,824			30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,094	1,153			31.00
40.00	04000	SUBPROVIDER - IPF	0	1,300	310			40.00
41.00	04100	SUBPROVIDER - IRF	0	6,655	2,170			41.00
43.00	04300	NURSERY	0	1,700	352			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	37,500	0			50.00
51.00	05100	RECOVERY ROOM	0	5,630	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,116	0			52.00
53.00	05300	ANESTHESIOLOGY	0	7,424	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,108	0			54.00
54.01	03630	ULTRA SOUND	0	7,921	0			54.01
54.02	05401	SPECIAL PROCEDURES	0	9,760	0			54.02
56.00	05600	RADIOISOTOPE	0	3,587	0			56.00
57.00	05700	CT SCAN	0	47,328	0			57.00
58.00	05800	MRI	0	8,623	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,831	0			59.00
60.00	06000	LABORATORY	0	85,425	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,429	0			63.00
65.00	06500	RESPIRATORY THERAPY	0	11,479	0			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	422	0			65.01
66.00	06600	PHYSICAL THERAPY	0	8,052	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,991	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	1,859	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	9,932	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	405	0			70.00
70.01	03280	SLEEP LAB	0	435	0			70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0			70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,552	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,321	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	625,528	81,806	0			73.00
73.01	03190	INFUSION THERAPY	0	1,933	0			73.01
73.03	07301	PHARMACY VACCINE	1,390	160	0			73.03
73.04	03480	FCC INFUSION THERAPY	0	3,840	0			73.04
74.00	07400	RENAL DIALYSIS	0	3,277	0			74.00
76.97	07697	CARDIAC REHABILITATION	0	162	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,780	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	4,124	0			90.02
90.03	09002	RETINAL VASCULAR	0	283	0			90.03
91.00	09100	EMERGENCY	0	54,054	0			91.00
91.01	09101	IFCC	0	116,762	0			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/29/2021 1:30 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	626,918	620,500	15,809	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.01	19201	REFERENCE LAB	0	0	0		192.01
192.02	19202	OP PHARMACY	0	0	0		192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0		192.03
192.04	19204	OTHER NRCC	0	0	0		192.04
200.00		Cross Foot Adjustments				0	0 200.00
201.00		Negative Cost Centers	0	0	0		0 201.00
202.00		TOTAL (sum lines 118 through 201)	626,918	620,500	15,809	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM - EMS	PARAMED ED PRGM - DIETETICS	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY			11,757			23.00
23.01	02301	PARAMED ED PRGM - EMS				64,915		23.01
23.02	02302	PARAMED ED PRGM - DIETETICS					68,800	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
54.01	03630	ULTRA SOUND						54.01
54.02	05401	SPECIAL PROCEDURES						54.02
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
58.00	05800	MRI						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.						62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
65.00	06500	RESPIRATORY THERAPY						65.00
65.01	03560	PULMONARY FUNCTION TESTING						65.01
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
70.01	03280	SLEEP LAB						70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES						70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
73.01	03190	INFUSION THERAPY						73.01
73.03	07301	PHARMACY VACCINE						73.03
73.04	03480	FCC INFUSION THERAPY						73.04
74.00	07400	RENAL DIALYSIS						74.00
76.97	07697	CARDIAC REHABILITATION						76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY						76.98
76.99	07699	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY						90.02
90.03	09002	RETINAL VASCULAR						90.03
91.00	09100	EMERGENCY						91.00
91.01	09101	IFCC						91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/29/2021 1:30 pm

	Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM - EMS	PARAMED ED PRGM - DIETETICS	
		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
		21.00	22.00				
	OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM					100.00
101.00	10100	HOME HEALTH AGENCY					101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE					116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN					190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES					192.00
192.01	19201	REFERENCE LAB					192.01
192.02	19202	OP PHARMACY					192.02
192.03	19203	RETINAL VASCULAR GRANTS					192.03
192.04	19204	OTHER NRCC					192.04
200.00		Cross Foot Adjustments	0	0	11,757	64,915	68,800 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	11,757	64,915	68,800 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/29/2021 1:30 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
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY				23.00
23.01	02301	PARAMED ED PRGM - EMS				23.01
23.02	02302	PARAMED ED PRGM - DIETETICS				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,114,493	0	5,114,493	30.00
31.00	03100	INTENSIVE CARE UNIT	690,063	0	690,063	31.00
40.00	04000	SUBPROVIDER - IPF	180,157	0	180,157	40.00
41.00	04100	SUBPROVIDER - IRF	1,005,176	0	1,005,176	41.00
43.00	04300	NURSERY	95,599	0	95,599	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,226,529	0	2,226,529	50.00
51.00	05100	RECOVERY ROOM	116,237	0	116,237	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,728	0	39,728	52.00
53.00	05300	ANESTHESIOLOGY	105,194	0	105,194	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,164,644	0	1,164,644	54.00
54.01	03630	ULTRA SOUND	226,686	0	226,686	54.01
54.02	05401	SPECIAL PROCEDURES	289,415	0	289,415	54.02
56.00	05600	RADIOISOTOPE	112,458	0	112,458	56.00
57.00	05700	CT SCAN	228,827	0	228,827	57.00
58.00	05800	MRI	220,911	0	220,911	58.00
59.00	05900	CARDIAC CATHETERIZATION	576,483	0	576,483	59.00
60.00	06000	LABORATORY	1,084,777	0	1,084,777	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	73,608	0	73,608	63.00
65.00	06500	RESPIRATORY THERAPY	332,335	0	332,335	65.00
65.01	03560	PULMONARY FUNCTION TESTING	14,276	0	14,276	65.01
66.00	06600	PHYSICAL THERAPY	384,225	0	384,225	66.00
67.00	06700	OCCUPATIONAL THERAPY	93,195	0	93,195	67.00
68.00	06800	SPEECH PATHOLOGY	52,659	0	52,659	68.00
69.00	06900	ELECTROCARDIOLOGY	314,796	0	314,796	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,508	0	30,508	70.00
70.01	03280	SLEEP LAB	18,416	0	18,416	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	52,165	0	52,165	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	543,988	0	543,988	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	370,710	0	370,710	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,502,594	0	1,502,594	73.00
73.01	03190	INFUSION THERAPY	60,202	0	60,202	73.01
73.03	07301	PHARMACY VACCINE	3,321	0	3,321	73.03
73.04	03480	FCC INFUSION THERAPY	201,439	0	201,439	73.04
74.00	07400	RENAL DIALYSIS	242,510	0	242,510	74.00
76.97	07697	CARDIAC REHABILITATION	104,700	0	104,700	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	94,522	0	94,522	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	228,369	0	228,369	90.02
90.03	09002	RETINAL VASCULAR	174,243	0	174,243	90.03
91.00	09100	EMERGENCY	950,752	0	950,752	91.00
91.01	09101	IFCC	3,621,175	0	3,621,175	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/29/2021 1:30 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
OTHER REIMBURSABLE COST CENTERS					
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	299,943	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	187,088	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,429,116	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	43,741	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	117,805	0	192.00
192.01	19201	REFERENCE LAB	23,897	0	192.01
192.02	19202	OP PHARMACY	22,367	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	192.03
192.04	19204	OTHER NRCC	0	0	192.04
200.00		Cross Foot Adjustments	145,472	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	23,782,398	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:30 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	723,436					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		8,456,900				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,529	0	106,857,061			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	291,419	3,150,711	18,432,190	-69,645,757	245,324,323	5.00
6.00	00600	MAINTENANCE & REPAIRS	797	8,184	0	0	4,314,017	6.00
7.00	00700	OPERATION OF PLANT	83,565	50,437	2,729,637	0	12,617,528	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,093	1,135	40,136	0	1,255,453	8.00
9.00	00900	HOUSEKEEPING	6,411	31,054	0	0	5,889,962	9.00
10.00	01000	DIETARY	11,630	52,299	0	0	3,157,890	10.00
11.00	01100	CAFETERIA	5,452	849	0	0	2,015,309	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,794	0	2,242,685	0	3,942,558	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	75,937	393,413	0	795,783	14.00
15.00	01500	PHARMACY	6,337	242,084	4,119,579	0	5,522,827	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,595	4,386	2,517,181	0	3,769,690	16.00
17.00	01700	SOCIAL SERVICE	0	0	331,757	0	405,072	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	150	0	136,332	0	200,497	23.00
23.01	02301	PARAMED ED PRGM - EMS	750	16,872	444,811	0	458,789	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	2,313	0	117,875	0	173,229	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	103,911	370,668	16,208,986	0	36,399,186	30.00
31.00	03100	INTENSIVE CARE UNIT	6,841	117,499	3,044,701	0	9,099,681	31.00
40.00	04000	SUBPROVIDER - IPF	3,994	6,072	499,498	0	1,363,734	40.00
41.00	04100	SUBPROVIDER - IRF	24,750	9,101	3,420,658	0	5,531,618	41.00
43.00	04300	NURSERY	825	6,834	1,110,808	0	1,460,700	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,788	485,883	3,583,652	0	8,001,343	50.00
51.00	05100	RECOVERY ROOM	1,665	27,423	631,924	0	935,796	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	734,202	0	1,005,256	52.00
53.00	05300	ANESTHESIOLOGY	373	70,128	43,305	0	432,260	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,604	613,044	2,225,063	0	6,634,939	54.00
54.01	03630	ULTRA SOUND	3,390	62,012	1,226,694	0	1,722,278	54.01
54.02	05401	SPECIAL PROCEDURES	1,833	164,715	946,070	0	1,636,149	54.02
56.00	05600	RADIOISOTOPE	783	46,259	466,407	0	1,091,727	56.00
57.00	05700	CT SCAN	1,838	81,822	760,204	0	1,283,337	57.00
58.00	05800	MRI	6,040	21,895	472,438	0	806,284	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,413	339,978	656,851	0	1,390,469	59.00
60.00	06000	LABORATORY	11,531	195,644	4,745,320	0	13,189,800	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	522	2,087	344,286	0	1,448,835	63.00
65.00	06500	RESPIRATORY THERAPY	2,065	48,536	1,268,066	0	4,266,188	65.00
65.01	03560	PULMONARY FUNCTION TESTING	244	4,960	40,222	0	60,345	65.01
66.00	06600	PHYSICAL THERAPY	8,266	52,089	1,994,324	0	2,717,141	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,058	1,203	1,169,729	0	1,535,675	67.00
68.00	06800	SPEECH PATHOLOGY	724	9,270	451,539	0	578,332	68.00
69.00	06900	ELECTROCARDIOLOGY	3,314	139,469	1,019,343	0	1,957,876	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	21,268	132,657	0	215,682	70.00
70.01	03280	SLEEP LAB	0	12,620	94,014	0	130,594	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	751,264	0	1,443,845	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	9,496,486	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,985,324	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	22,161,975	73.00
73.01	03190	INFUSION THERAPY	497	2,330	318,653	0	475,702	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	49,367	73.03
73.04	03480	FCC INFUSION THERAPY	6,302	0	503,765	0	835,385	73.04
74.00	07400	RENAL DIALYSIS	5,722	23,014	544,286	0	1,540,814	74.00
76.97	07697	CARDIAC REHABILITATION	2,010	13,021	267,208	0	405,244	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,822	1,824	634,106	0	1,105,582	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	6,899	0	82,593	0	1,092,980	90.02
90.03	09002	RETINAL VASCULAR	3,466	17,895	191,181	0	370,321	90.03
91.00	09100	EMERGENCY	11,895	79,688	4,922,014	0	12,170,588	91.00
91.01	09101	IFCC	0	1,772,706	12,667,593	0	23,139,497	91.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:30 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	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	5,219,997	0	8,290,163	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,887	0	1,531,668	0	3,072,556	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	720,107	8,454,905	106,430,885	-69,645,757	242,049,658	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	1,618	0	0	0	30,217	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,995	426,176	0	3,212,259	192.00
192.01	19201	REFERENCE LAB	884	0	0	0	16,509	192.01
192.02	19202	OP PHARMACY	827	0	0	0	15,680	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204	OTHER NRCC	0	0	0	0	0	192.04
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)	13,510,505	8,703,510	23,612,088		69,645,757	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18.675467	1.029161	0.220969		0.283893	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			50,325		8,803,281	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000471		0.035884	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: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:30 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATI ENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	429,691					6.00
7.00	00700	OPERATION OF PLANT	83,565	346,126				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,093	3,093	74,458			8.00
9.00	00900	HOUSEKEEPING	6,411	6,411	0	336,622		9.00
10.00	01000	DIETARY	11,630	11,630	0	11,630	287,965	10.00
11.00	01100	CAFETERIA	5,452	5,452	0	5,452	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,794	2,794	0	2,794	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	6,337	6,337	0	6,337	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,595	17,595	0	17,595	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	150	150	0	150	0	23.00
23.01	02301	PARAMED ED PRGM - EMS	750	750	0	750	0	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	2,313	2,313	0	2,313	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	103,911	103,911	55,690	103,911	224,307	30.00
31.00	03100	INTENSIVE CARE UNIT	6,841	6,841	5,430	6,841	10,874	31.00
40.00	04000	SUBPROVIDER - IPF	3,994	3,994	1,461	3,994	5,852	40.00
41.00	04100	SUBPROVIDER - IRF	24,750	24,750	10,219	24,750	40,930	41.00
43.00	04300	NURSERY	825	825	1,658	825	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,788	44,788	0	44,788	0	50.00
51.00	05100	RECOVERY ROOM	1,665	1,665	0	1,665	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	373	373	0	373	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,604	9,604	0	9,604	0	54.00
54.01	03630	ULTRA SOUND	3,390	3,390	0	3,390	0	54.01
54.02	05401	SPECIAL PROCEDURES	1,833	1,833	0	1,833	0	54.02
56.00	05600	RADIOISOTOPE	783	783	0	783	0	56.00
57.00	05700	CT SCAN	1,838	1,838	0	1,838	0	57.00
58.00	05800	MRI	6,040	6,040	0	6,040	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,413	6,413	0	6,413	0	59.00
60.00	06000	LABORATORY	11,531	11,531	0	11,531	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	522	522	0	522	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,065	2,065	0	2,065	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	244	244	0	244	0	65.01
66.00	06600	PHYSICAL THERAPY	8,266	8,266	0	8,266	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,058	1,058	0	1,058	0	67.00
68.00	06800	SPEECH PATHOLOGY	724	724	0	724	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,314	3,314	0	3,314	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	70.02
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
73.01	03190	INFUSION THERAPY	497	497	0	497	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	6,302	6,302	0	6,302	0	73.04
74.00	07400	RENAL DIALYSIS	5,722	5,722	0	5,722	0	74.00
76.97	07697	CARDIAC REHABILITATION	2,010	2,010	0	2,010	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,822	1,822	0	1,822	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	6,899	6,899	0	6,899	0	90.02
90.03	09002	RETINAL VASCULAR	3,466	3,466	0	3,466	0	90.03
91.00	09100	EMERGENCY	11,895	11,895	0	11,895	6,002	91.00
91.01	09101	IFCC	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:30 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATI ENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,887	2,887	0	2,887	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	426,362	342,797	74,458	333,293	287,965	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	1,618	1,618	0	1,618	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	884	884	0	884	0	192.01
192.02	19202	OP PHARMACY	827	827	0	827	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204	OTHER NRCC	0	0	0	0	0	192.04
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)	5,538,736	17,276,713	1,806,122	7,964,721	5,059,984	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.890044	49.914520	24.256923	23.660726	17.571524	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	178,111	2,101,254	124,060	404,820	473,748	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.414509	6.070778	1.666174	1.202595	1.645158	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: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:30 pm

Cost Center Description			CAFETERIA (FTES/HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,926,186					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	58,617	0	999,886			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,861	0	0	19,126,066		14.00
15.00	01500	PHARMACY	94,027	0	0	0	22,260,709	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	88,488	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	9,920	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	4,828	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - EMS	33,107	0	33,107	0	0	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	13,750	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	475,673	0	475,673	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	73,445	0	73,445	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	17,203	0	17,203	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	104,914	0	104,914	0	0	41.00
43.00	04300	NURSERY	27,018	0	27,018	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	99,244	0	99,244	0	0	50.00
51.00	05100	RECOVERY ROOM	13,746	0	13,746	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,477	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,064	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,208	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	28,354	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	23,572	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	10,868	0	0	0	0	56.00
57.00	05700	CT SCAN	21,540	0	0	0	0	57.00
58.00	05800	MRI	12,111	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,208	0	0	0	0	59.00
60.00	06000	LABORATORY	163,992	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,922	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	34,123	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,184	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	55,095	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	39,212	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	10,720	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	28,630	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,666	0	0	0	0	70.00
70.01	03280	SLEEP LAB	2,335	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,140,742	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,985,324	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	22,211,342	73.00
73.01	03190	INFUSION THERAPY	8,125	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	49,367	73.03
73.04	03480	FCC INFUSION THERAPY	11,039	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	12,167	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	7,633	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	16,508	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	27,572	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	7,002	0	0	0	0	90.03
91.00	09100	EMERGENCY	155,536	0	155,536	0	0	91.00
91.01	09101	IFCC	3,979	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:30 pm

Cost Center Description		CAFETERIA (FTES/HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,923,683	0	999,886	19,126,066	22,260,709
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,503	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	192.03
192.04	19204	OTHER NRCC	0	0	0	0	192.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,058,850	0	5,396,493	1,053,240	7,787,967
203.00		Unit cost multiplier (Wkst. B, Part I)	1.588035	0.000000	5.397108	0.055068	0.349853
204.00		Cost to be allocated (per Wkst. B, Part II)	216,925	0	222,791	311,392	626,918
205.00		Unit cost multiplier (Wkst. B, Part II)	0.112619	0.000000	0.222816	0.016281	0.028163
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: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:30 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (WS C CHARG ES)	SOCIAL SERVICE (TOTAL PATI ENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,506,258,877					16.00
17.00	01700	SOCIAL SERVICE	0	74,458				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0				23.00
23.01	02301	PARAMED ED PRGM - EMS	0	0				23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	0				23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	112,718,436	55,690	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	19,644,777	5,430	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	3,156,218	1,461	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	16,153,077	10,219	0	0	0	41.00
43.00	04300	NURSERY	4,125,082	1,658	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	91,020,305	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	13,666,064	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,708,503	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	18,019,173	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,243,531	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	19,226,893	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	23,688,706	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	8,706,413	0	0	0	0	56.00
57.00	05700	CT SCAN	114,874,340	0	0	0	0	57.00
58.00	05800	MRI	20,928,724	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,152,178	0	0	0	0	59.00
60.00	06000	LABORATORY	207,342,614	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,749,756	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	27,861,868	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,024,116	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	19,542,770	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,686,428	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,512,480	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	24,106,360	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	983,830	0	0	0	0	70.00
70.01	03280	SLEEP LAB	1,056,576	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,475,566	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,342,294	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	198,558,948	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	4,692,630	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	387,989	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	9,319,765	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	7,953,390	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	392,077	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,747,462	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	10,010,364	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	687,278	0	0	0	0	90.03
91.00	09100	EMERGENCY	131,198,081	0	0	0	0	91.00
91.01	09101	IFCC	283,593,815	0	0	0	0	91.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:30 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (WS C CHARG ES)	SOCIAL SERVICE (TOTAL PATI ENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0		0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,506,258,877	74,458	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204	OTHER NRCC	0	0	0	0	0	192.04
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)	6,501,757	535,822	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004316	7.196299	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	620,500	15,809	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000412	0.212321	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:30 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM - EMS (TIME SPENT)	PARAMED ED PRGM - DIETETICS (ASSIGNED TIME)	
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
			22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY		100			23.00
23.01	02301	PARAMED ED PRGM - EMS			7,683		23.01
23.02	02302	PARAMED ED PRGM - DIETETICS				10,123	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	2,095	5,603	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	559	493	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	147	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	1,028	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	370	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	140	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	140	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	70.02
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	100	0	0	73.00
73.01	03190	INFUSION THERAPY	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	370	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	4,749	0	91.00
91.01	09101	IFCC	0	0	0	0	91.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:30 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM - EMS (TIME SPENT)	PARAMED ED PRGM - DIETETICS (ASSIGNED TIME)		
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
			22.00	23.00	23.01	23.02		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE		0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	100	7,683	8,011		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	REFERENCE LAB	0	0	0	0		192.01
192.02	19202	OP PHARMACY	0	0	0	0		192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0		192.03
192.04	19204	OTHER NRCC	0	0	0	2,112		192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	278,054	885,143	444,237		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	2,780.540000	115.207992	43.883928		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	11,757	64,915	68,800		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	117.570000	8.449173	6.796404		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 1:30 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	65,706,681		65,706,681	0	65,706,681	30.00	
31.00	03100	INTENSIVE CARE UNIT	13,320,237		13,320,237	0	13,320,237	31.00	
40.00	04000	SUBPROVIDER - IPF	2,385,252		2,385,252	0	2,385,252	40.00	
41.00	04100	SUBPROVIDER - IRF	11,130,313		11,130,313	0	11,130,313	41.00	
43.00	04300	NURSERY	2,205,394		2,205,394	0	2,205,394	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	15,247,791		15,247,791	0	15,247,791	50.00	
51.00	05100	RECOVERY ROOM	1,500,428		1,500,428	0	1,500,428	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,333,261		1,333,261	0	1,333,261	52.00	
53.00	05300	ANESTHESIOLOGY	668,276		668,276	0	668,276	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,592,372		9,592,372	0	9,592,372	54.00	
54.01	03630	ULTRA SOUND	2,632,348		2,632,348	0	2,632,348	54.01	
54.02	05401	SPECIAL PROCEDURES	2,398,803		2,398,803	0	2,398,803	54.02	
56.00	05600	RADIOISOTOPE	1,524,199		1,524,199	0	1,524,199	56.00	
57.00	05700	CT SCAN	2,336,594		2,336,594	0	2,336,594	57.00	
58.00	05800	MRI	1,666,994		1,666,994	0	1,666,994	58.00	
59.00	05900	CARDIAC CATHETERIZATION	2,437,900		2,437,900	0	2,437,900	59.00	
60.00	06000	LABORATORY	19,086,639		19,086,639	0	19,086,639	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0		0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,967,436		1,967,436	0	1,967,436	63.00	
65.00	06500	RESPIRATORY THERAPY	5,846,449	0	5,846,449	0	5,846,449	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	104,874	0	104,874	0	104,874	65.01	
66.00	06600	PHYSICAL THERAPY	4,375,080	0	4,375,080	0	4,375,080	66.00	
67.00	06700	OCCUPATIONAL THERAPY	2,167,200	0	2,167,200	0	2,167,200	67.00	
68.00	06800	SPEECH PATHOLOGY	841,616	0	841,616	0	841,616	68.00	
69.00	06900	ELECTROCARDIOLOGY	2,949,758		2,949,758	73,177	3,022,935	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	286,981		286,981	0	286,981	70.00	
70.01	03280	SLEEP LAB	175,937		175,937	0	175,937	70.01	
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,853,742		1,853,742	0	1,853,742	70.02	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,919,205		12,919,205	0	12,919,205	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,419,294		9,419,294	0	9,419,294	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	37,359,335		37,359,335	0	37,359,335	73.00	
73.01	03190	INFUSION THERAPY	686,879		686,879	0	686,879	73.01	
73.03	07301	PHARMACY VACCINE	82,328		82,328	0	82,328	73.03	
73.04	03480	FCC INFUSION THERAPY	1,675,203		1,675,203	0	1,675,203	73.04	
74.00	07400	RENAL DIALYSIS	2,542,881		2,542,881	0	2,542,881	74.00	
76.97	07697	CARDIAC REHABILITATION	707,898		707,898	0	707,898	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,632,326		1,632,326	0	1,632,326	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	2,086,782		2,086,782	0	2,086,782	90.02	
90.03	09002	RETINAL VASCULAR	789,227		789,227	0	789,227	90.03	
91.00	09100	EMERGENCY	18,959,517		18,959,517	0	18,959,517	91.00	
91.01	09101	IFCC	30,939,690		30,939,690	0	30,939,690	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,543,308		10,543,308	0	10,543,308	92.00	
OTHER REIMBURSABLE COST CENTERS									
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00	
101.00	10100	HOME HEALTH AGENCY	10,643,682		10,643,682		10,643,682	101.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	4,194,459		4,194,459		4,194,459	116.00	
200.00		Subtotal (see instructions)	320,924,569	0	320,924,569	73,177	320,997,746	200.00	
201.00		Less Observation Beds	10,543,308		10,543,308		10,543,308	201.00	
202.00		Total (see instructions)	310,381,261	0	310,381,261	73,177	310,454,438	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 1:30 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	112,718,436		112,718,436		30.00	
31.00	03100	INTENSIVE CARE UNIT	19,644,777		19,644,777		31.00	
40.00	04000	SUBPROVIDER - IPF	3,156,218		3,156,218		40.00	
41.00	04100	SUBPROVIDER - IRF	16,153,077		16,153,077		41.00	
43.00	04300	NURSERY	4,125,082		4,125,082		43.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	41,625,664	49,394,641	91,020,305	0.167521	0.000000	
51.00	05100	RECOVERY ROOM	6,303,032	7,363,032	13,666,064	0.109792	0.000000	
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,348,449	360,054	2,708,503	0.492250	0.000000	
53.00	05300	ANESTHESIOLOGY	9,580,296	8,438,877	18,019,173	0.037087	0.000000	
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,705,187	25,538,344	34,243,531	0.280122	0.000000	
54.01	03630	ULTRA SOUND	5,291,861	13,935,032	19,226,893	0.136910	0.000000	
54.02	05401	SPECIAL PROCEDURES	10,830,556	12,858,150	23,688,706	0.101264	0.000000	
56.00	05600	RADIOISOTOPE	2,786,578	5,919,835	8,706,413	0.175066	0.000000	
57.00	05700	CT SCAN	43,707,203	71,167,137	114,874,340	0.020340	0.000000	
58.00	05800	MRI	8,984,018	11,944,706	20,928,724	0.079651	0.000000	
59.00	05900	CARDIAC CATHETERIZATION	7,585,973	6,566,205	14,152,178	0.172263	0.000000	
60.00	06000	LABORATORY	81,159,309	126,183,305	207,342,614	0.092054	0.000000	
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0.000000	0.000000	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,412,767	3,336,989	10,749,756	0.183021	0.000000	
65.00	06500	RESPIRATORY THERAPY	25,664,413	2,197,455	27,861,868	0.209837	0.000000	
65.01	03560	PULMONARY FUNCTION TESTING	37,703	986,413	1,024,116	0.102404	0.000000	
66.00	06600	PHYSICAL THERAPY	10,158,184	9,384,586	19,542,770	0.223872	0.000000	
67.00	06700	OCCUPATIONAL THERAPY	9,402,020	284,408	9,686,428	0.223736	0.000000	
68.00	06800	SPEECH PATHOLOGY	4,323,872	188,608	4,512,480	0.186509	0.000000	
69.00	06900	ELECTROCARDIOLOGY	12,900,049	11,206,311	24,106,360	0.122364	0.000000	
70.00	07000	ELECTROENCEPHALOGRAPHY	739,074	244,756	983,830	0.291698	0.000000	
70.01	03280	SLEEP LAB	943,124	113,452	1,056,576	0.166516	0.000000	
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,443,165	0	5,443,165	0.340563	0.000000	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,035,808	6,439,758	13,475,566	0.958713	0.000000	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,711,388	6,630,906	15,342,294	0.613943	0.000000	
73.00	07300	DRUGS CHARGED TO PATIENTS	65,822,809	132,736,139	198,558,948	0.188152	0.000000	
73.01	03190	INFUSION THERAPY	25,206	4,667,424	4,692,630	0.146374	0.000000	
73.03	07301	PHARMACY VACCINE	211,513	176,476	387,989	0.212192	0.000000	
73.04	03480	FCC INFUSION THERAPY	50,337	9,269,428	9,319,765	0.179747	0.000000	
74.00	07400	RENAL DIALYSIS	7,306,537	646,853	7,953,390	0.319723	0.000000	
76.97	07697	CARDIAC REHABILITATION	8,312	383,765	392,077	1.805508	0.000000	
76.98	07698	HYPERBARIC OXYGEN THERAPY	713,714	6,033,748	6,747,462	0.241917	0.000000	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	
	OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	12,752	4,554,447	4,567,199	0.456906	0.000000	
90.03	09002	RETINAL VASCULAR	3,663	683,615	687,278	1.148337	0.000000	
91.00	09100	EMERGENCY	27,664,479	103,533,602	131,198,081	0.144511	0.000000	
91.01	09101	IFCC	10,121,926	273,471,889	283,593,815	0.109099	0.000000	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,632,780	10,873,045	16,505,825	0.638763	0.000000	
	OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00	
101.00	10100	HOME HEALTH AGENCY	0	6,709,605	6,709,605		101.00	
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00	
116.00	11600	HOSPICE	0	4,996,322	4,996,322		116.00	
200.00		Subtotal (see instructions)	595,051,311	939,419,318	1,534,470,629		200.00	
201.00		Less Observation Beds					201.00	
202.00		Total (see instructions)	595,051,311	939,419,318	1,534,470,629		202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 1:30 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
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.167521		50.00
51.00	05100	RECOVERY ROOM	0.109792		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.492250		52.00
53.00	05300	ANESTHESIOLOGY	0.037087		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.280122		54.00
54.01	03630	ULTRA SOUND	0.136910		54.01
54.02	05401	SPECIAL PROCEDURES	0.101264		54.02
56.00	05600	RADIOISOTOPE	0.175066		56.00
57.00	05700	CT SCAN	0.020340		57.00
58.00	05800	MRI	0.079651		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.172263		59.00
60.00	06000	LABORATORY	0.092054		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.183021		63.00
65.00	06500	RESPIRATORY THERAPY	0.209837		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.102404		65.01
66.00	06600	PHYSICAL THERAPY	0.223872		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.223736		67.00
68.00	06800	SPEECH PATHOLOGY	0.186509		68.00
69.00	06900	ELECTROCARDIOLOGY	0.125400		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.291698		70.00
70.01	03280	SLEEP LAB	0.166516		70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.340563		70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.958713		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613943		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188152		73.00
73.01	03190	INFUSION THERAPY	0.146374		73.01
73.03	07301	PHARMACY VACCINE	0.212192		73.03
73.04	03480	FCC INFUSION THERAPY	0.179747		73.04
74.00	07400	RENAL DIALYSIS	0.319723		74.00
76.97	07697	CARDIAC REHABILITATION	1.805508		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.241917		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001	PSYCH ANCILLARY	0.456906		90.02
90.03	09002	RETINAL VASCULAR	1.148337		90.03
91.00	09100	EMERGENCY	0.144511		91.00
91.01	09101	IFCC	0.109099		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.638763		92.00
OTHER REIMBURSABLE COST CENTERS					
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
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: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 1:30 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	65,706,681		65,706,681	0	65,706,681
31.00	03100	INTENSIVE CARE UNIT	13,320,237		13,320,237	0	13,320,237
40.00	04000	SUBPROVIDER - IPF	2,385,252		2,385,252	0	2,385,252
41.00	04100	SUBPROVIDER - IRF	11,130,313		11,130,313	0	11,130,313
43.00	04300	NURSERY	2,205,394		2,205,394	0	2,205,394
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,247,791		15,247,791	0	15,247,791
51.00	05100	RECOVERY ROOM	1,500,428		1,500,428	0	1,500,428
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,333,261		1,333,261	0	1,333,261
53.00	05300	ANESTHESIOLOGY	668,276		668,276	0	668,276
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,592,372		9,592,372	0	9,592,372
54.01	03630	ULTRA SOUND	2,632,348		2,632,348	0	2,632,348
54.02	05401	SPECIAL PROCEDURES	2,398,803		2,398,803	0	2,398,803
56.00	05600	RADIOISOTOPE	1,524,199		1,524,199	0	1,524,199
57.00	05700	CT SCAN	2,336,594		2,336,594	0	2,336,594
58.00	05800	MRI	1,666,994		1,666,994	0	1,666,994
59.00	05900	CARDIAC CATHETERIZATION	2,437,900		2,437,900	0	2,437,900
60.00	06000	LABORATORY	19,086,639		19,086,639	0	19,086,639
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0		0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,967,436		1,967,436	0	1,967,436
65.00	06500	RESPIRATORY THERAPY	5,846,449	0	5,846,449	0	5,846,449
65.01	03560	PULMONARY FUNCTION TESTING	104,874	0	104,874	0	104,874
66.00	06600	PHYSICAL THERAPY	4,375,080	0	4,375,080	0	4,375,080
67.00	06700	OCCUPATIONAL THERAPY	2,167,200	0	2,167,200	0	2,167,200
68.00	06800	SPEECH PATHOLOGY	841,616	0	841,616	0	841,616
69.00	06900	ELECTROCARDIOLOGY	2,949,758		2,949,758	73,177	3,022,935
70.00	07000	ELECTROENCEPHALOGRAPHY	286,981		286,981	0	286,981
70.01	03280	SLEEP LAB	175,937		175,937	0	175,937
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,853,742		1,853,742	0	1,853,742
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,919,205		12,919,205	0	12,919,205
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,419,294		9,419,294	0	9,419,294
73.00	07300	DRUGS CHARGED TO PATIENTS	37,359,335		37,359,335	0	37,359,335
73.01	03190	INFUSION THERAPY	686,879		686,879	0	686,879
73.03	07301	PHARMACY VACCINE	82,328		82,328	0	82,328
73.04	03480	FCC INFUSION THERAPY	1,675,203		1,675,203	0	1,675,203
74.00	07400	RENAL DIALYSIS	2,542,881		2,542,881	0	2,542,881
76.97	07697	CARDIAC REHABILITATION	707,898		707,898	0	707,898
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,632,326		1,632,326	0	1,632,326
76.99	07699	LITHOTRIPSY	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	2,086,782		2,086,782	0	2,086,782
90.03	09002	RETINAL VASCULAR	789,227		789,227	0	789,227
91.00	09100	EMERGENCY	18,959,517		18,959,517	0	18,959,517
91.01	09101	IFCC	30,939,690		30,939,690	0	30,939,690
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,543,308		10,543,308	0	10,543,308
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0
101.00	10100	HOME HEALTH AGENCY	10,643,682		10,643,682		10,643,682
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	4,194,459		4,194,459		4,194,459
200.00		Subtotal (see instructions)	320,924,569	0	320,924,569	73,177	320,997,746
201.00		Less Observation Beds	10,543,308		10,543,308		10,543,308
202.00		Total (see instructions)	310,381,261	0	310,381,261	73,177	310,454,438

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 1:30 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	112,718,436		112,718,436		30.00
31.00	03100	INTENSIVE CARE UNIT	19,644,777		19,644,777		31.00
40.00	04000	SUBPROVIDER - IPF	3,156,218		3,156,218		40.00
41.00	04100	SUBPROVIDER - IRF	16,153,077		16,153,077		41.00
43.00	04300	NURSERY	4,125,082		4,125,082		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	41,625,664	49,394,641	91,020,305	0.167521	0.000000
51.00	05100	RECOVERY ROOM	6,303,032	7,363,032	13,666,064	0.109792	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,348,449	360,054	2,708,503	0.492250	0.000000
53.00	05300	ANESTHESIOLOGY	9,580,296	8,438,877	18,019,173	0.037087	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,705,187	25,538,344	34,243,531	0.280122	0.000000
54.01	03630	ULTRA SOUND	5,291,861	13,935,032	19,226,893	0.136910	0.000000
54.02	05401	SPECIAL PROCEDURES	10,830,556	12,858,150	23,688,706	0.101264	0.000000
56.00	05600	RADIOISOTOPE	2,786,578	5,919,835	8,706,413	0.175066	0.000000
57.00	05700	CT SCAN	43,707,203	71,167,137	114,874,340	0.020340	0.000000
58.00	05800	MRI	8,984,018	11,944,706	20,928,724	0.079651	0.000000
59.00	05900	CARDIAC CATHETERIZATION	7,585,973	6,566,205	14,152,178	0.172263	0.000000
60.00	06000	LABORATORY	81,159,309	126,183,305	207,342,614	0.092054	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,412,767	3,336,989	10,749,756	0.183021	0.000000
65.00	06500	RESPIRATORY THERAPY	25,664,413	2,197,455	27,861,868	0.209837	0.000000
65.01	03560	PULMONARY FUNCTION TESTING	37,703	986,413	1,024,116	0.102404	0.000000
66.00	06600	PHYSICAL THERAPY	10,158,184	9,384,586	19,542,770	0.223872	0.000000
67.00	06700	OCCUPATIONAL THERAPY	9,402,020	284,408	9,686,428	0.223736	0.000000
68.00	06800	SPEECH PATHOLOGY	4,323,872	188,608	4,512,480	0.186509	0.000000
69.00	06900	ELECTROCARDIOLOGY	12,900,049	11,206,311	24,106,360	0.122364	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	739,074	244,756	983,830	0.291698	0.000000
70.01	03280	SLEEP LAB	943,124	113,452	1,056,576	0.166516	0.000000
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,443,165	0	5,443,165	0.340563	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,035,808	6,439,758	13,475,566	0.958713	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,711,388	6,630,906	15,342,294	0.613943	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	65,822,809	132,736,139	198,558,948	0.188152	0.000000
73.01	03190	INFUSION THERAPY	25,206	4,667,424	4,692,630	0.146374	0.000000
73.03	07301	PHARMACY VACCINE	211,513	176,476	387,989	0.212192	0.000000
73.04	03480	FCC INFUSION THERAPY	50,337	9,269,428	9,319,765	0.179747	0.000000
74.00	07400	RENAL DIALYSIS	7,306,537	646,853	7,953,390	0.319723	0.000000
76.97	07697	CARDIAC REHABILITATION	8,312	383,765	392,077	1.805508	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	713,714	6,033,748	6,747,462	0.241917	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	12,752	4,554,447	4,567,199	0.456906	0.000000
90.03	09002	RETINAL VASCULAR	3,663	683,615	687,278	1.148337	0.000000
91.00	09100	EMERGENCY	27,664,479	103,533,602	131,198,081	0.144511	0.000000
91.01	09101	IFCC	10,121,926	273,471,889	283,593,815	0.109099	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,632,780	10,873,045	16,505,825	0.638763	0.000000
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	6,709,605	6,709,605		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	4,996,322	4,996,322		116.00
200.00		Subtotal (see instructions)	595,051,311	939,419,318	1,534,470,629		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	595,051,311	939,419,318	1,534,470,629		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 1:30 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
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630	ULTRA SOUND	0.000000			54.01
54.02	05401	SPECIAL PROCEDURES	0.000000			54.02
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000			65.01
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
70.01	03280	SLEEP LAB	0.000000			70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			70.02
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
73.01	03190	INFUSION THERAPY	0.000000			73.01
73.03	07301	PHARMACY VACCINE	0.000000			73.03
73.04	03480	FCC INFUSION THERAPY	0.000000			73.04
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0.000000			90.02
90.03	09002	RETINAL VASCULAR	0.000000			90.03
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	IFCC	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
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: 14-0191	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part I Date/Time Prepared: 11/29/2021 1:30 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	5,114,493	0	5,114,493	66,334	77.10	30.00	
31.00	INTENSIVE CARE UNIT	690,063		690,063	5,430	127.08	31.00	
40.00	SUBPROVIDER - IPF	180,157	0	180,157	1,461	123.31	40.00	
41.00	SUBPROVIDER - IRF	1,005,176	0	1,005,176	10,219	98.36	41.00	
43.00	NURSERY	95,599		95,599	1,658	57.66	43.00	
200.00	Total (lines 30 through 199)	7,085,488		7,085,488	85,102		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	15,975	1,231,673					30.00
31.00	INTENSIVE CARE UNIT	1,635	207,776					31.00
40.00	SUBPROVIDER - IPF	497	61,285					40.00
41.00	SUBPROVIDER - IRF	4,526	445,177					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	22,633	1,945,911					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0191	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 11/29/2021 1:30 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	2,226,529	91,020,305	0.024462	13,628,559	333,382	50.00
51.00	05100	RECOVERY ROOM	116,237	13,666,064	0.008506	2,113,754	17,980	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,728	2,708,503	0.014668	0	0	52.00
53.00	05300	ANESTHESIOLOGY	105,194	18,019,173	0.005838	2,317,981	13,532	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,164,644	34,243,531	0.034011	3,094,222	105,238	54.00
54.01	03630	ULTRA SOUND	226,686	19,226,893	0.011790	1,650,113	19,455	54.01
54.02	05401	SPECIAL PROCEDURES	289,415	23,688,706	0.012217	4,250,201	51,925	54.02
56.00	05600	RADIOISOTOPE	112,458	8,706,413	0.012917	988,696	12,771	56.00
57.00	05700	CT SCAN	228,827	114,874,340	0.001992	14,906,214	29,693	57.00
58.00	05800	MRI	220,911	20,928,724	0.010555	2,978,267	31,436	58.00
59.00	05900	CARDIAC CATHETERIZATION	576,483	14,152,178	0.040735	2,364,508	96,318	59.00
60.00	06000	LABORATORY	1,084,777	207,342,614	0.005232	25,489,750	133,362	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	73,608	10,749,756	0.006847	2,274,375	15,573	63.00
65.00	06500	RESPIRATORY THERAPY	332,335	27,861,868	0.011928	8,479,934	101,149	65.00
65.01	03560	PULMONARY FUNCTION TESTING	14,276	1,024,116	0.013940	11,075	154	65.01
66.00	06600	PHYSICAL THERAPY	384,225	19,542,770	0.019661	1,419,261	27,904	66.00
67.00	06700	OCCUPATIONAL THERAPY	93,195	9,686,428	0.009621	1,119,706	10,773	67.00
68.00	06800	SPEECH PATHOLOGY	52,659	4,512,480	0.011670	708,776	8,271	68.00
69.00	06900	ELECTROCARDIOLOGY	314,796	24,106,360	0.013059	4,518,770	59,011	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,508	983,830	0.031009	293,928	9,114	70.00
70.01	03280	SLEEP LAB	18,416	1,056,576	0.017430	281,917	4,914	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	52,165	5,443,165	0.009584	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	543,988	13,475,566	0.040368	2,614,551	105,544	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	370,710	15,342,294	0.024163	3,312,102	80,030	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,502,594	198,558,948	0.007567	20,427,465	154,575	73.00
73.01	03190	INFUSION THERAPY	60,202	4,692,630	0.012829	16,571	213	73.01
73.03	07301	PHARMACY VACCINE	3,321	387,989	0.008560	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	201,439	9,319,765	0.021614	36,340	785	73.04
74.00	07400	RENAL DIALYSIS	242,510	7,953,390	0.030491	2,735,011	83,393	74.00
76.97	07697	CARDIAC REHABILITATION	104,700	392,077	0.267039	1,982	529	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	94,522	6,747,462	0.014009	247,010	3,460	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	228,369	4,567,199	0.050002	286	14	90.02
90.03	09002	RETINAL VASCULAR	174,243	687,278	0.253526	1,576	400	90.03
91.00	09100	EMERGENCY	950,752	131,198,081	0.007247	10,503,034	76,115	91.00
91.01	09101	IFCC	3,621,175	283,593,815	0.012769	3,131,180	39,982	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	820,670	16,505,825	0.049720	2,609,041	129,722	92.00
200.00		Total (lines 50 through 199)	16,677,267	1,366,967,112		138,526,156	1,756,717	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0191		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/29/2021 1:30 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	487,242	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	0	86,036	0	31.00			
40.00	04000	SUBPROVIDER - IPF	0	0	0	6,451	0	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	0	45,113	0	41.00			
43.00	04300	NURSERY	0	0	0	0	0	43.00			
200.00	Total (lines 30 through 199)		0	0	0	624,842	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	487,242	66,334	7.35	15,975	30.00			
31.00	03100	INTENSIVE CARE UNIT		86,036	5,430	15.84	1,635	31.00			
40.00	04000	SUBPROVIDER - IPF	0	6,451	1,461	4.42	497	40.00			
41.00	04100	SUBPROVIDER - IRF	0	45,113	10,219	4.41	4,526	41.00			
43.00	04300	NURSERY		0	1,658	0.00	0	43.00			
200.00	Total (lines 30 through 199)			624,842	85,102		22,633	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	117,416								30.00
31.00	03100	INTENSIVE CARE UNIT	25,898								31.00
40.00	04000	SUBPROVIDER - IPF	2,197								40.00
41.00	04100	SUBPROVIDER - IRF	19,960								41.00
43.00	04300	NURSERY	0								43.00
200.00	Total (lines 30 through 199)		165,471								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 1:30 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	16,237	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	16,129	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	16,129	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	278,054	73.00
73.01	03190	INFUSION THERAPY	0	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	16,237	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	547,123	91.00
91.01	09101	IFCC	0	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	78,179	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	968,088	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0191		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 1:30 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	16,237	16,237	91,020,305	0.000178	50.00
51.00	05100	RECOVERY ROOM	0	0	0	13,666,064	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,708,503	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	18,019,173	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	34,243,531	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	19,226,893	0.000000	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	23,688,706	0.000000	54.02
56.00	05600	RADIOISOTOPE	0	0	0	8,706,413	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	114,874,340	0.000000	57.00
58.00	05800	MRI	0	0	0	20,928,724	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	16,129	16,129	14,152,178	0.001140	59.00
60.00	06000	LABORATORY	0	0	0	207,342,614	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	10,749,756	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	16,129	16,129	27,861,868	0.000579	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	1,024,116	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	19,542,770	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	9,686,428	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,512,480	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	24,106,360	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	983,830	0.000000	70.00
70.01	03280	SLEEP LAB	0	0	0	1,056,576	0.000000	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	5,443,165	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,475,566	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,342,294	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	278,054	278,054	198,558,948	0.001400	73.00
73.01	03190	INFUSION THERAPY	0	0	0	4,692,630	0.000000	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	387,989	0.000000	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	9,319,765	0.000000	73.04
74.00	07400	RENAL DIALYSIS	0	16,237	16,237	7,953,390	0.002042	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	392,077	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	6,747,462	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	0	0	4,567,199	0.000000	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	687,278	0.000000	90.03
91.00	09100	EMERGENCY	0	547,123	547,123	131,198,081	0.004170	91.00
91.01	09101	IFCC	0	0	0	283,593,815	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	78,179	78,179	16,505,825	0.004736	92.00
200.00		Total (lines 50 through 199)	0	968,088	968,088	1,366,967,112		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/29/2021 1:30 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	0.000178	13,628,559	2,426	10,321,323	1,837	50.00
51.00	05100	RECOVERY ROOM	0.000000	2,113,754	0	1,695,861	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	2,317,981	0	1,775,323	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	3,094,222	0	4,455,128	0	54.00
54.01	03630	ULTRA SOUND	0.000000	1,650,113	0	1,797,438	0	54.01
54.02	05401	SPECIAL PROCEDURES	0.000000	4,250,201	0	6,836,692	0	54.02
56.00	05600	RADIOISOTOPE	0.000000	988,696	0	1,371,172	0	56.00
57.00	05700	CT SCAN	0.000000	14,906,214	0	11,238,834	0	57.00
58.00	05800	MRI	0.000000	2,978,267	0	3,010,394	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.001140	2,364,508	2,696	2,547,411	2,904	59.00
60.00	06000	LABORATORY	0.000000	25,489,750	0	11,875,040	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	2,274,375	0	594,236	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000579	8,479,934	4,910	208,455	121	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	11,075	0	409,022	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	1,419,261	0	12,075	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,119,706	0	1,423	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	708,776	0	5,494	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,518,770	0	2,009,823	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	293,928	0	36,867	0	70.00
70.01	03280	SLEEP LAB	0.000000	281,917	0	25,913	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,614,551	0	2,502,002	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,312,102	0	2,076,710	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001400	20,427,465	28,598	54,582,176	76,415	73.00
73.01	03190	INFUSION THERAPY	0.000000	16,571	0	1,765,355	0	73.01
73.03	07301	PHARMACY VACCINE	0.000000	0	0	41,029	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.000000	36,340	0	2,760,477	0	73.04
74.00	07400	RENAL DIALYSIS	0.002042	2,735,011	5,585	3,724	8	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	1,982	0	145,381	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	247,010	0	2,399,423	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0.000000	286	0	600,268	0	90.02
90.03	09002	RETINAL VASCULAR	0.000000	1,576	0	284,165	0	90.03
91.00	09100	EMERGENCY	0.004170	10,503,034	43,798	8,569,395	35,734	91.00
91.01	09101	IFCC	0.000000	3,131,180	0	36,628,557	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.004736	2,609,041	12,356	1,410,142	6,678	92.00
200.00	Total (lines 50 through 199)			138,526,156	100,369	173,996,728	123,697	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0191		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/29/2021 1:30 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		0.167521	10,321,323	1	2	1,729,038	50.00
51.00	05100	RECOVERY ROOM		0.109792	1,695,861	0	0	186,192	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.492250	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.037087	1,775,323	0	0	65,841	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.280122	4,455,128	0	0	1,247,979	54.00
54.01	03630	ULTRA SOUND		0.136910	1,797,438	0	0	246,087	54.01
54.02	05401	SPECIAL PROCEDURES		0.101264	6,836,692	0	0	692,311	54.02
56.00	05600	RADIOISOTOPE		0.175066	1,371,172	452	0	240,046	56.00
57.00	05700	CT SCAN		0.020340	11,238,834	8	27	228,598	57.00
58.00	05800	MRI		0.079651	3,010,394	4	12	239,781	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.172263	2,547,411	0	1	438,825	59.00
60.00	06000	LABORATORY		0.092054	11,875,040	80,959	0	1,093,145	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.183021	594,236	3,038	0	108,758	63.00
65.00	06500	RESPIRATORY THERAPY		0.209837	208,455	0	0	43,742	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0.102404	409,022	0	0	41,885	65.01
66.00	06600	PHYSICAL THERAPY		0.223872	12,075	0	0	2,703	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.223736	1,423	0	0	318	67.00
68.00	06800	SPEECH PATHOLOGY		0.186509	5,494	0	0	1,025	68.00
69.00	06900	ELECTROCARDIOLOGY		0.122364	2,009,823	0	0	245,930	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.291698	36,867	0	0	10,754	70.00
70.01	03280	SLEEP LAB		0.166516	25,913	0	0	4,315	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.340563	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.958713	2,502,002	0	0	2,398,702	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.613943	2,076,710	0	0	1,274,982	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.188152	54,582,176	8,063	5,069	10,269,746	73.00
73.01	03190	INFUSION THERAPY		0.146374	1,765,355	0	0	258,402	73.01
73.03	07301	PHARMACY VACCINE		0.212192	41,029	0	0	8,706	73.03
73.04	03480	FCC INFUSION THERAPY		0.179747	2,760,477	0	0	496,187	73.04
74.00	07400	RENAL DIALYSIS		0.319723	3,724	0	0	1,191	74.00
76.97	07697	CARDIAC REHABILITATION		1.805508	145,381	0	0	262,487	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.241917	2,399,423	0	0	580,461	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0.456906	600,268	0	0	274,266	90.02
90.03	09002	RETINAL VASCULAR		1.148337	284,165	0	0	326,317	90.03
91.00	09100	EMERGENCY		0.144511	8,569,395	0	0	1,238,372	91.00
91.01	09101	IFCC		0.109099	36,628,557	46,382	47	3,996,139	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.638763	1,410,142	0	0	900,747	92.00
200.00		Subtotal (see instructions)			173,996,728	138,907	5,158	29,153,978	200.00
201.00		Less PBP Clinic Lab. Services-Program				0	0		201.00
201.00		Only Charges							
202.00		Net Charges (line 200 - line 201)			173,996,728	138,907	5,158	29,153,978	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0191		Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/29/2021 1:30 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
54.01	03630	ULTRA SOUND	0	0		54.01
54.02	05401	SPECIAL PROCEDURES	0	0		54.02
56.00	05600	RADIOISOTOPE	79	0		56.00
57.00	05700	CT SCAN	0	1		57.00
58.00	05800	MRI	0	1		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	7,453	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	556	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0		65.01
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
70.01	03280	SLEEP LAB	0	0		70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		70.02
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	1,517	954		73.00
73.01	03190	INFUSION THERAPY	0	0		73.01
73.03	07301	PHARMACY VACCINE	0	0		73.03
73.04	03480	FCC INFUSION THERAPY	0	0		73.04
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0	0		90.02
90.03	09002	RETINAL VASCULAR	0	0		90.03
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	IFCC	5,060	5		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	14,665	961		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	14,665	961		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0191	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 11/29/2021 1:30 pm	
				Component CCN: 14-S191			
				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	2,226,529	91,020,305	0.024462	0	0
51.00	05100	RECOVERY ROOM	116,237	13,666,064	0.008506	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,728	2,708,503	0.014668	0	0
53.00	05300	ANESTHESIOLOGY	105,194	18,019,173	0.005838	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,164,644	34,243,531	0.034011	6,536	222
54.01	03630	ULTRA SOUND	226,686	19,226,893	0.011790	1,316	16
54.02	05401	SPECIAL PROCEDURES	289,415	23,688,706	0.012217	0	0
56.00	05600	RADIOISOTOPE	112,458	8,706,413	0.012917	0	0
57.00	05700	CT SCAN	228,827	114,874,340	0.001992	4,037	8
58.00	05800	MRI	220,911	20,928,724	0.010555	6,160	65
59.00	05900	CARDIAC CATHETERIZATION	576,483	14,152,178	0.040735	0	0
60.00	06000	LABORATORY	1,084,777	207,342,614	0.005232	213,170	1,115
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	73,608	10,749,756	0.006847	0	0
65.00	06500	RESPIRATORY THERAPY	332,335	27,861,868	0.011928	7,820	93
65.01	03560	PULMONARY FUNCTION TESTING	14,276	1,024,116	0.013940	0	0
66.00	06600	PHYSICAL THERAPY	384,225	19,542,770	0.019661	3,126	61
67.00	06700	OCCUPATIONAL THERAPY	93,195	9,686,428	0.009621	618	6
68.00	06800	SPEECH PATHOLOGY	52,659	4,512,480	0.011670	0	0
69.00	06900	ELECTROCARDIOLOGY	314,796	24,106,360	0.013059	19,392	253
70.00	07000	ELECTROENCEPHALOGRAPHY	30,508	983,830	0.031009	1,245	39
70.01	03280	SLEEP LAB	18,416	1,056,576	0.017430	0	0
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	52,165	5,443,165	0.009584	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	543,988	13,475,566	0.040368	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	370,710	15,342,294	0.024163	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,502,594	198,558,948	0.007567	72,225	547
73.01	03190	INFUSION THERAPY	60,202	4,692,630	0.012829	0	0
73.03	07301	PHARMACY VACCINE	3,321	387,989	0.008560	0	0
73.04	03480	FCC INFUSION THERAPY	201,439	9,319,765	0.021614	0	0
74.00	07400	RENAL DIALYSIS	242,510	7,953,390	0.030491	0	0
76.97	07697	CARDIAC REHABILITATION	104,700	392,077	0.267039	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	94,522	6,747,462	0.014009	0	0
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0
	OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	228,369	4,567,199	0.050002	0	0
90.03	09002	RETINAL VASCULAR	174,243	687,278	0.253526	1,172	297
91.00	09100	EMERGENCY	950,752	131,198,081	0.007247	110,782	803
91.01	09101	IFCC	3,621,175	283,593,815	0.012769	5,101	65
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	16,505,825	0.000000	0	0
200.00		Total (lines 50 through 199)	15,856,597	1,366,967,112		452,700	3,590

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 1:30 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	16,237	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND		0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES		0	0	0	0	0	54.02
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	16,129	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	16,129	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
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
70.01	03280	SLEEP LAB		0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	0	70.02
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	278,054	73.00
73.01	03190	INFUSION THERAPY		0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE		0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY		0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS		0	0	0	0	16,237	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR		0	0	0	0	0	90.03
91.00	09100	EMERGENCY		0	0	0	0	547,123	91.00
91.01	09101	IFCC		0	0	0	0	0	91.01
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	889,909	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 1:30 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		16,237	16,237	91,020,305	0.000178	50.00
51.00	05100	RECOVERY ROOM	0		0	0	13,666,064	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	2,708,503	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	18,019,173	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		0	0	34,243,531	0.000000	54.00
54.01	03630	ULTRA SOUND	0		0	0	19,226,893	0.000000	54.01
54.02	05401	SPECIAL PROCEDURES	0		0	0	23,688,706	0.000000	54.02
56.00	05600	RADIOISOTOPE	0		0	0	8,706,413	0.000000	56.00
57.00	05700	CT SCAN	0		0	0	114,874,340	0.000000	57.00
58.00	05800	MRI	0		0	0	20,928,724	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		16,129	16,129	14,152,178	0.001140	59.00
60.00	06000	LABORATORY	0		0	0	207,342,614	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0		0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	10,749,756	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0		16,129	16,129	27,861,868	0.000579	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0		0	0	1,024,116	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0		0	0	19,542,770	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	9,686,428	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0		0	0	4,512,480	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	24,106,360	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	983,830	0.000000	70.00
70.01	03280	SLEEP LAB	0		0	0	1,056,576	0.000000	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		0	0	5,443,165	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	13,475,566	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	15,342,294	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		278,054	278,054	198,558,948	0.001400	73.00
73.01	03190	INFUSION THERAPY	0		0	0	4,692,630	0.000000	73.01
73.03	07301	PHARMACY VACCINE	0		0	0	387,989	0.000000	73.03
73.04	03480	FCC INFUSION THERAPY	0		0	0	9,319,765	0.000000	73.04
74.00	07400	RENAL DIALYSIS	0		16,237	16,237	7,953,390	0.002042	74.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	392,077	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	6,747,462	0.000000	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0		0	0	4,567,199	0.000000	90.02
90.03	09002	RETINAL VASCULAR	0		0	0	687,278	0.000000	90.03
91.00	09100	EMERGENCY	0		547,123	547,123	131,198,081	0.004170	91.00
91.01	09101	IFCC	0		0	0	283,593,815	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	16,505,825	0.000000	92.00
200.00		Total (lines 50 through 199)	0		889,909	889,909	1,366,967,112		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 1:30 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	0.000178	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	6,536	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0.000000	1,316	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0.000000	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	4,037	0	0	0	0	57.00
58.00	05800	MRI	0.000000	6,160	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.001140	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	213,170	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000579	7,820	5	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	3,126	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	618	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	19,392	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,245	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0.000000	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001400	72,225	101	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0.000000	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0.000000	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.000000	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0.002042	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0.000000	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0.000000	1,172	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.004170	110,782	462	0	0	0	91.00
91.01	09101	IFCC	0.000000	5,101	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		452,700	568	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0191	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 11/29/2021 1:30 pm		
				Component CCN: 14-T191				
				Title XVIII		Subprovider - IRF	PPS	
	Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,226,529	91,020,305	0.024462	135,567	3,316	50.00
51.00	05100	RECOVERY ROOM	116,237	13,666,064	0.008506	33,314	283	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,728	2,708,503	0.014668	0	0	52.00
53.00	05300	ANESTHESIOLOGY	105,194	18,019,173	0.005838	26,989	158	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,164,644	34,243,531	0.034011	185,334	6,303	54.00
54.01	03630	ULTRA SOUND	226,686	19,226,893	0.011790	72,663	857	54.01
54.02	05401	SPECIAL PROCEDURES	289,415	23,688,706	0.012217	108,256	1,323	54.02
56.00	05600	RADIOISOTOPE	112,458	8,706,413	0.012917	15,207	196	56.00
57.00	05700	CT SCAN	228,827	114,874,340	0.001992	237,115	472	57.00
58.00	05800	MRI	220,911	20,928,724	0.010555	85,151	899	58.00
59.00	05900	CARDIAC CATHETERIZATION	576,483	14,152,178	0.040735	0	0	59.00
60.00	06000	LABORATORY	1,084,777	207,342,614	0.005232	1,009,135	5,280	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	73,608	10,749,756	0.006847	78,943	541	63.00
65.00	06500	RESPIRATORY THERAPY	332,335	27,861,868	0.011928	536,114	6,395	65.00
65.01	03560	PULMONARY FUNCTION TESTING	14,276	1,024,116	0.013940	1,055	15	65.01
66.00	06600	PHYSICAL THERAPY	384,225	19,542,770	0.019661	2,956,851	58,135	66.00
67.00	06700	OCCUPATIONAL THERAPY	93,195	9,686,428	0.009621	2,965,834	28,534	67.00
68.00	06800	SPEECH PATHOLOGY	52,659	4,512,480	0.011670	1,156,579	13,497	68.00
69.00	06900	ELECTROCARDIOLOGY	314,796	24,106,360	0.013059	49,491	646	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,508	983,830	0.031009	2,318	72	70.00
70.01	03280	SLEEP LAB	18,416	1,056,576	0.017430	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	52,165	5,443,165	0.009584	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	543,988	13,475,566	0.040368	80,712	3,258	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	370,710	15,342,294	0.024163	17,812	430	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,502,594	198,558,948	0.007567	1,429,551	10,817	73.00
73.01	03190	INFUSION THERAPY	60,202	4,692,630	0.012829	588	8	73.01
73.03	07301	PHARMACY VACCINE	3,321	387,989	0.008560	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	201,439	9,319,765	0.021614	0	0	73.04
74.00	07400	RENAL DIALYSIS	242,510	7,953,390	0.030491	448,060	13,662	74.00
76.97	07697	CARDIAC REHABILITATION	104,700	392,077	0.267039	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	94,522	6,747,462	0.014009	90,725	1,271	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	228,369	4,567,199	0.050002	0	0	90.02
90.03	09002	RETINAL VASCULAR	174,243	687,278	0.253526	0	0	90.03
91.00	09100	EMERGENCY	950,752	131,198,081	0.007247	23,620	171	91.00
91.01	09101	IFCC	3,621,175	283,593,815	0.012769	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	16,505,825	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	15,856,597	1,366,967,112		11,746,984	156,539	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-T191		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 1:30 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	16,237	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND		0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES		0	0	0	0	0	54.02
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	16,129	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	16,129	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
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
70.01	03280	SLEEP LAB		0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	0	70.02
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	278,054	73.00
73.01	03190	INFUSION THERAPY		0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE		0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY		0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS		0	0	0	0	16,237	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR		0	0	0	0	0	90.03
91.00	09100	EMERGENCY		0	0	0	0	547,123	91.00
91.01	09101	IFCC		0	0	0	0	0	91.01
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	889,909	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-T191		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 1:30 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		16,237	16,237	91,020,305	0.000178	50.00
51.00	05100	RECOVERY ROOM	0		0	0	13,666,064	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	2,708,503	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	18,019,173	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		0	0	34,243,531	0.000000	54.00
54.01	03630	ULTRA SOUND	0		0	0	19,226,893	0.000000	54.01
54.02	05401	SPECIAL PROCEDURES	0		0	0	23,688,706	0.000000	54.02
56.00	05600	RADIOISOTOPE	0		0	0	8,706,413	0.000000	56.00
57.00	05700	CT SCAN	0		0	0	114,874,340	0.000000	57.00
58.00	05800	MRI	0		0	0	20,928,724	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		16,129	16,129	14,152,178	0.001140	59.00
60.00	06000	LABORATORY	0		0	0	207,342,614	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0		0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	10,749,756	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0		16,129	16,129	27,861,868	0.000579	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0		0	0	1,024,116	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0		0	0	19,542,770	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	9,686,428	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0		0	0	4,512,480	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	24,106,360	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	983,830	0.000000	70.00
70.01	03280	SLEEP LAB	0		0	0	1,056,576	0.000000	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		0	0	5,443,165	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	13,475,566	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	15,342,294	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		278,054	278,054	198,558,948	0.001400	73.00
73.01	03190	INFUSION THERAPY	0		0	0	4,692,630	0.000000	73.01
73.03	07301	PHARMACY VACCINE	0		0	0	387,989	0.000000	73.03
73.04	03480	FCC INFUSION THERAPY	0		0	0	9,319,765	0.000000	73.04
74.00	07400	RENAL DIALYSIS	0		16,237	16,237	7,953,390	0.002042	74.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	392,077	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	6,747,462	0.000000	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0		0	0	4,567,199	0.000000	90.02
90.03	09002	RETINAL VASCULAR	0		0	0	687,278	0.000000	90.03
91.00	09100	EMERGENCY	0		547,123	547,123	131,198,081	0.004170	91.00
91.01	09101	IFCC	0		0	0	283,593,815	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	16,505,825	0.000000	92.00
200.00		Total (lines 50 through 199)	0		889,909	889,909	1,366,967,112		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-T191		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 1:30 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000178		135,567		24	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		33,314		0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0		0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		26,989		0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		185,334		0	0	54.00
54.01	03630	ULTRA SOUND	0.000000		72,663		0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0.000000		108,256		0	0	54.02
56.00	05600	RADIOISOTOPE	0.000000		15,207		0	0	56.00
57.00	05700	CT SCAN	0.000000		237,115		0	0	57.00
58.00	05800	MRI	0.000000		85,151		0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.001140		0		0	0	59.00
60.00	06000	LABORATORY	0.000000		1,009,135		0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000		0		0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		78,943		0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000579		536,114	310	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000		1,055		0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000		2,956,851		0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		2,965,834		0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		1,156,579		0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		49,491		0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		2,318		0	0	70.00
70.01	03280	SLEEP LAB	0.000000		0		0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		0		0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		80,712		0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		17,812		0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001400		1,429,551	2,001	0	0	73.00
73.01	03190	INFUSION THERAPY	0.000000		588		0	0	73.01
73.03	07301	PHARMACY VACCINE	0.000000		0		0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.000000		0		0	0	73.04
74.00	07400	RENAL DIALYSIS	0.002042		448,060	915	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		0		0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		90,725		0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000		0		0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0.000000		0		0	0	90.02
90.03	09002	RETINAL VASCULAR	0.000000		0		0	0	90.03
91.00	09100	EMERGENCY	0.004170		23,620	98	0	0	91.00
91.01	09101	IFCC	0.000000		0		0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		0		0	0	92.00
200.00		Total (lines 50 through 199)			11,746,984	3,348	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0191		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/29/2021 1:30 pm		
					Title XIX		Hospital		Cost		
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	487,242	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	0	86,036	0	31.00			
40.00	04000	SUBPROVIDER - IPF	0	0	0	6,451	0	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	0	45,113	0	41.00			
43.00	04300	NURSERY	0	0	0	0	0	43.00			
200.00	Total (lines 30 through 199)		0	0	0	624,842	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	487,242	66,334	7.35	2,657	30.00			
31.00	03100	INTENSIVE CARE UNIT		86,036	5,430	15.84	177	31.00			
40.00	04000	SUBPROVIDER - IPF	0	6,451	1,461	4.42	136	40.00			
41.00	04100	SUBPROVIDER - IRF	0	45,113	10,219	4.41	906	41.00			
43.00	04300	NURSERY		0	1,658	0.00	453	43.00			
200.00	Total (lines 30 through 199)			624,842	85,102		4,329	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	19,529								30.00
31.00	03100	INTENSIVE CARE UNIT	2,804								31.00
40.00	04000	SUBPROVIDER - IPF	601								40.00
41.00	04100	SUBPROVIDER - IRF	3,995								41.00
43.00	04300	NURSERY	0								43.00
200.00	Total (lines 30 through 199)		26,929								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/29/2021 1:30 pm

			Title XIX		Hospital		Cost	
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	16,237	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.02
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	16,129	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	16,129	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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
70.01	03280	SLEEP LAB	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	70.02
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	278,054	73.00
73.01	03190	INFUSION THERAPY	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0	16,237	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	547,123	91.00
91.01	09101	IFCC	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	78,179	92.00
200.00	Total (lines 50 through 199)		0	0	0	0	968,088	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0191		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 1:30 pm	
			Title XIX		Hospital		Cost	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	16,237	16,237	91,020,305	0.000178	50.00
51.00	05100	RECOVERY ROOM	0	0	0	13,666,064	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,708,503	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	18,019,173	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	34,243,531	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	19,226,893	0.000000	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	23,688,706	0.000000	54.02
56.00	05600	RADIOISOTOPE	0	0	0	8,706,413	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	114,874,340	0.000000	57.00
58.00	05800	MRI	0	0	0	20,928,724	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	16,129	16,129	14,152,178	0.001140	59.00
60.00	06000	LABORATORY	0	0	0	207,342,614	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	10,749,756	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	16,129	16,129	27,861,868	0.000579	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	1,024,116	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	19,542,770	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	9,686,428	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,512,480	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	24,106,360	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	983,830	0.000000	70.00
70.01	03280	SLEEP LAB	0	0	0	1,056,576	0.000000	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	5,443,165	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,475,566	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,342,294	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	278,054	278,054	198,558,948	0.001400	73.00
73.01	03190	INFUSION THERAPY	0	0	0	4,692,630	0.000000	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	387,989	0.000000	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	9,319,765	0.000000	73.04
74.00	07400	RENAL DIALYSIS	0	16,237	16,237	7,953,390	0.002042	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	392,077	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	6,747,462	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	0	0	4,567,199	0.000000	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	687,278	0.000000	90.03
91.00	09100	EMERGENCY	0	547,123	547,123	131,198,081	0.004170	91.00
91.01	09101	IFCC	0	0	0	283,593,815	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	78,179	78,179	16,505,825	0.004736	92.00
200.00		Total (lines 50 through 199)	0	968,088	968,088	1,366,967,112		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/29/2021 1:30 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000178	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	54.00
54.01	03630	ULTRA SOUND	0.000000	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0.000000	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.001140	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000579	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
70.01	03280	SLEEP LAB	0.000000	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001400	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0.000000	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0.000000	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.000000	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0.002042	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	0.000000	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0.000000	0	0	0	90.03
91.00	09100	EMERGENCY	0.004170	0	0	0	91.00
91.01	09101	IFCC	0.000000	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.004736	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 1:30 pm	
				Title XIX		Subprovider - IPF		Cost	
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	16,237	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND		0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES		0	0	0	0	0	54.02
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	16,129	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	16,129	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
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
70.01	03280	SLEEP LAB		0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	0	70.02
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	278,054	73.00
73.01	03190	INFUSION THERAPY		0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE		0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY		0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS		0	0	0	0	16,237	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR		0	0	0	0	0	90.03
91.00	09100	EMERGENCY		0	0	0	0	547,123	91.00
91.01	09101	IFCC		0	0	0	0	0	91.01
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	889,909	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 1:30 pm	
				Title XIX		Subprovider - IPF		Cost	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		16,237	16,237	91,020,305	0.000178	50.00
51.00	05100	RECOVERY ROOM	0		0	0	13,666,064	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	2,708,503	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	18,019,173	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		0	0	34,243,531	0.000000	54.00
54.01	03630	ULTRA SOUND	0		0	0	19,226,893	0.000000	54.01
54.02	05401	SPECIAL PROCEDURES	0		0	0	23,688,706	0.000000	54.02
56.00	05600	RADIOISOTOPE	0		0	0	8,706,413	0.000000	56.00
57.00	05700	CT SCAN	0		0	0	114,874,340	0.000000	57.00
58.00	05800	MRI	0		0	0	20,928,724	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		16,129	16,129	14,152,178	0.001140	59.00
60.00	06000	LABORATORY	0		0	0	207,342,614	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0		0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	10,749,756	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0		16,129	16,129	27,861,868	0.000579	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0		0	0	1,024,116	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0		0	0	19,542,770	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	9,686,428	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0		0	0	4,512,480	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	24,106,360	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	983,830	0.000000	70.00
70.01	03280	SLEEP LAB	0		0	0	1,056,576	0.000000	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		0	0	5,443,165	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	13,475,566	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	15,342,294	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		278,054	278,054	198,558,948	0.001400	73.00
73.01	03190	INFUSION THERAPY	0		0	0	4,692,630	0.000000	73.01
73.03	07301	PHARMACY VACCINE	0		0	0	387,989	0.000000	73.03
73.04	03480	FCC INFUSION THERAPY	0		0	0	9,319,765	0.000000	73.04
74.00	07400	RENAL DIALYSIS	0		16,237	16,237	7,953,390	0.002042	74.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	392,077	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	6,747,462	0.000000	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0		0	0	4,567,199	0.000000	90.02
90.03	09002	RETINAL VASCULAR	0		0	0	687,278	0.000000	90.03
91.00	09100	EMERGENCY	0		547,123	547,123	131,198,081	0.004170	91.00
91.01	09101	IFCC	0		0	0	283,593,815	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	16,505,825	0.000000	92.00
200.00		Total (lines 50 through 199)	0		889,909	889,909	1,366,967,112		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 1:30 pm	
				Title XIX		Subprovider - IPF		Cost	
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	0.000178	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0.000000	0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0.000000	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.001140	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000579	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0.000000	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001400	0	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0.000000	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0.000000	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.000000	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0.002042	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0.000000	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0.000000	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.004170	0	0	0	0	0	91.00
91.01	09101	IFCC	0.000000	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	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: 14-0191 Component CCN: 14-T191		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 1:30 pm	
				Title XIX		Subprovider - IRF		Cost	
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	16,237	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND		0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES		0	0	0	0	0	54.02
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	16,129	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	16,129	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
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
70.01	03280	SLEEP LAB		0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	0	70.02
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	278,054	73.00
73.01	03190	INFUSION THERAPY		0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE		0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY		0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS		0	0	0	0	16,237	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR		0	0	0	0	0	90.03
91.00	09100	EMERGENCY		0	0	0	0	547,123	91.00
91.01	09101	IFCC		0	0	0	0	0	91.01
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	889,909	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-T191		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 1:30 pm	
				Title XIX		Subprovider - IRF		Cost	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		16,237	16,237	91,020,305	0.000178	50.00
51.00	05100	RECOVERY ROOM	0		0	0	13,666,064	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	2,708,503	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	18,019,173	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		0	0	34,243,531	0.000000	54.00
54.01	03630	ULTRA SOUND	0		0	0	19,226,893	0.000000	54.01
54.02	05401	SPECIAL PROCEDURES	0		0	0	23,688,706	0.000000	54.02
56.00	05600	RADIOISOTOPE	0		0	0	8,706,413	0.000000	56.00
57.00	05700	CT SCAN	0		0	0	114,874,340	0.000000	57.00
58.00	05800	MRI	0		0	0	20,928,724	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		16,129	16,129	14,152,178	0.001140	59.00
60.00	06000	LABORATORY	0		0	0	207,342,614	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0		0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	10,749,756	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0		16,129	16,129	27,861,868	0.000579	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0		0	0	1,024,116	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0		0	0	19,542,770	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	9,686,428	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0		0	0	4,512,480	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	24,106,360	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	983,830	0.000000	70.00
70.01	03280	SLEEP LAB	0		0	0	1,056,576	0.000000	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		0	0	5,443,165	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	13,475,566	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	15,342,294	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		278,054	278,054	198,558,948	0.001400	73.00
73.01	03190	INFUSION THERAPY	0		0	0	4,692,630	0.000000	73.01
73.03	07301	PHARMACY VACCINE	0		0	0	387,989	0.000000	73.03
73.04	03480	FCC INFUSION THERAPY	0		0	0	9,319,765	0.000000	73.04
74.00	07400	RENAL DIALYSIS	0		16,237	16,237	7,953,390	0.002042	74.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	392,077	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	6,747,462	0.000000	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0		0	0	4,567,199	0.000000	90.02
90.03	09002	RETINAL VASCULAR	0		0	0	687,278	0.000000	90.03
91.00	09100	EMERGENCY	0		547,123	547,123	131,198,081	0.004170	91.00
91.01	09101	IFCC	0		0	0	283,593,815	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	16,505,825	0.000000	92.00
200.00		Total (lines 50 through 199)	0		889,909	889,909	1,366,967,112		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-T191		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 1:30 pm	
				Title XIX		Subprovider - IRF		Cost	
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	0.000178	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0.000000	0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0.000000	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.001140	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000579	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0.000000	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001400	0	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0.000000	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0.000000	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.000000	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0.002042	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0.000000	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0.000000	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.004170	0	0	0	0	0	91.00
91.01	09101	IFCC	0.000000	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 1:30 pm
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		66,334	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		66,334	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)		55,690	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)		15,975	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)		65,706,681	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)		65,706,681	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)		65,706,681	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)		990.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,823,877	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)		15,823,877	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0191

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

Worksheet D-1

Date/Time Prepared:
11/29/2021 1:30 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)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	13,320,237	5,430	2,453.08	1,635	4,010,786
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)					24,046,173
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					43,880,836
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,582,763
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,857,086
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,439,849
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					40,440,987
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					10,644
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					990.54
89.00	Observation bed cost (line 87 x line 88) (see instructions)					10,543,308

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0191

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

Worksheet D-1

Date/Time Prepared:
11/29/2021 1:30 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	5,114,493	65,706,681	0.077838	10,543,308	820,670	90.00
91.00 Nursing School cost	0	65,706,681	0.000000	10,543,308	0	91.00
92.00 Allied health cost	487,242	65,706,681	0.007415	10,543,308	78,179	92.00
93.00 All other Medical Education	0	65,706,681	0.000000	10,543,308	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 1:30 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)		1,461	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,461	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)		1,461	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		497	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,385,252	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,385,252	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,385,252	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)		1,632.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		811,412	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)		811,412	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 1:30 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
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					58,982
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					870,394
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					63,482
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,158
52.00 Total Program excludable cost (sum of lines 50 and 51)					67,640
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					802,754
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 1:30 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	180,157	2,385,252	0.075530	0	0	90.00
91.00 Nursing School cost	0	2,385,252	0.000000	0	0	91.00
92.00 Allied health cost	6,451	2,385,252	0.002705	0	0	92.00
93.00 All other Medical Education	0	2,385,252	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 1:30 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,219	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,219	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)		10,219	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		4,526	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		11,130,313	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		11,130,313	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		11,130,313	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)		1,089.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,929,629	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)		4,929,629	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0191	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1	
				Component CCN: 14-T191		Date/Time Prepared: 11/29/2021 1:30 pm	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,408,515	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,338,144	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)					465,137	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					159,887	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					625,024	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,713,120	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: 14-0191 Component CCN: 14-T191		Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 1:30 pm	
			Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,005,176	11,130,313	0.090310	0	0	90.00
91.00	Nursing School cost	0	11,130,313	0.000000	0	0	91.00
92.00	Allied health cost	45,113	11,130,313	0.004053	0	0	92.00
93.00	All other Medical Education	0	11,130,313	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 1:30 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			66,334 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			66,334 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)			55,690 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			2,657 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)			1,658 15.00
16.00	Nursery days (title V or XIX only)			453 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)			65,706,681 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)			65,706,681 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)			65,706,681 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)			990.54 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,631,865 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)			2,631,865 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0191

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

Worksheet D-1

Date/Time Prepared:
11/29/2021 1:30 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2,205,394	1,658	1,330.15	453	602,558	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	13,320,237	5,430	2,453.08	177	434,195	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0 48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,668,618 49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0 53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0 54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)						0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0 57.00
58.00	Bonus payment (see instructions)						0 58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0 61.00
62.00	Relief payment (see instructions)						0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0 64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0 65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0 66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0 67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0 68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						10,644 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						990.54 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						10,543,308 89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0191

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

Worksheet D-1

Date/Time Prepared:
11/29/2021 1:30 pm

		Title XIX		Hospital		Cost	
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	5,114,493	65,706,681	0.077838	10,543,308	820,670	90.00
91.00	Nursing School cost	0	65,706,681	0.000000	10,543,308	0	91.00
92.00	Allied health cost	487,242	65,706,681	0.007415	10,543,308	78,179	92.00
93.00	All other Medical Education	0	65,706,681	0.000000	10,543,308	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 1:30 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			1,461 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			1,461 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)			1,461 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			136 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)			1,658 15.00
16.00	Nursery days (title V or XIX only)			453 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			2,385,252 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			2,385,252 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			2,385,252 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)			1,632.62 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			222,036 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)			222,036 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0191	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1	
				Component CCN: 14-S191		Date/Time Prepared: 11/29/2021 1:30 pm	
				Title XIX		Subprovider - IPF	Cost
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
			1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)		0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT		0	0	0.00	0	0
44.00	CORONARY CARE UNIT						
45.00	BURN INTENSIVE CARE UNIT						
46.00	SURGICAL INTENSIVE CARE UNIT						
47.00	OTHER SPECIAL CARE (SPECIFY)						
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						222,036
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0
52.00	Total Program excludable cost (sum of lines 50 and 51)						0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0
55.00	Target amount per discharge						0.00
56.00	Target amount (line 54 x line 55)						0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0
58.00	Bonus payment (see instructions)						0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0
62.00	Relief payment (see instructions)						0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						
72.00	Program routine service cost (line 9 x line 71)						
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						
76.00	Per diem capital-related costs (line 75 ÷ line 2)						
77.00	Program capital-related costs (line 9 x line 76)						
78.00	Inpatient routine service cost (line 74 minus line 77)						
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						
81.00	Inpatient routine service cost per diem limitation						
82.00	Inpatient routine service cost limitation (line 9 x line 81)						
83.00	Reasonable inpatient routine service costs (see instructions)						
84.00	Program inpatient ancillary services (see instructions)						
85.00	Utilization review - physician compensation (see instructions)						
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 1:30 pm	
		Title XIX		Subprovider - IPF	Cost	
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	180,157	2,385,252	0.075530	0	0	90.00
91.00 Nursing School cost	0	2,385,252	0.000000	0	0	91.00
92.00 Allied health cost	6,451	2,385,252	0.002705	0	0	92.00
93.00 All other Medical Education	0	2,385,252	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 1:30 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,219	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,219	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)		10,219	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)		906	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)		1,658	15.00
16.00	Nursery days (title V or XIX only)		453	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		11,130,313	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		11,130,313	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		11,130,313	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)		1,089.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		986,797	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)		986,797	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0191	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1	
				Component CCN: 14-T191		Date/Time Prepared: 11/29/2021 1:30 pm	
				Title XIX		Subprovider - IRF	Cost
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
			1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)		0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT		0	0	0.00	0	0
44.00	CORONARY CARE UNIT						
45.00	BURN INTENSIVE CARE UNIT						
46.00	SURGICAL INTENSIVE CARE UNIT						
47.00	OTHER SPECIAL CARE (SPECIFY)						
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						986,797
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0
52.00	Total Program excludable cost (sum of lines 50 and 51)						0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0
55.00	Target amount per discharge						0.00
56.00	Target amount (line 54 x line 55)						0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0
58.00	Bonus payment (see instructions)						0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0
62.00	Relief payment (see instructions)						0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						
72.00	Program routine service cost (line 9 x line 71)						
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						
76.00	Per diem capital-related costs (line 75 ÷ line 2)						
77.00	Program capital-related costs (line 9 x line 76)						
78.00	Inpatient routine service cost (line 74 minus line 77)						
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						
81.00	Inpatient routine service cost per diem limitation						
82.00	Inpatient routine service cost limitation (line 9 x line 81)						
83.00	Reasonable inpatient routine service costs (see instructions)						
84.00	Program inpatient ancillary services (see instructions)						
85.00	Utilization review - physician compensation (see instructions)						
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0191 Component CCN: 14-T191		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/29/2021 1:30 pm	
				Title XIX		Subprovider - IRF		Cost	
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	1,005,176	11,130,313	0.090310	0	0	90.00		
91.00	Nursing School cost	0	11,130,313	0.000000	0	0	91.00		
92.00	Allied health cost	45,113	11,130,313	0.004053	0	0	92.00		
93.00	All other Medical Education	0	11,130,313	0.000000	0	0	93.00		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0191	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/29/2021 1:30 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		32,624,958	30.00
31.00	03100	INTENSIVE CARE UNIT		6,155,430	31.00
40.00	04000	SUBPROVIDER - IPF		37,945	40.00
41.00	04100	SUBPROVIDER - IRF		8,697	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.167521	13,628,559	50.00
51.00	05100	RECOVERY ROOM	0.109792	2,113,754	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.492250	0	52.00
53.00	05300	ANESTHESIOLOGY	0.037087	2,317,981	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.280122	3,094,222	54.00
54.01	03630	ULTRA SOUND	0.136910	1,650,113	54.01
54.02	05401	SPECIAL PROCEDURES	0.101264	4,250,201	54.02
56.00	05600	RADIOISOTOPE	0.175066	988,696	56.00
57.00	05700	CT SCAN	0.020340	14,906,214	57.00
58.00	05800	MRI	0.079651	2,978,267	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.172263	2,364,508	59.00
60.00	06000	LABORATORY	0.092054	25,489,750	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.183021	2,274,375	63.00
65.00	06500	RESPIRATORY THERAPY	0.209837	8,479,934	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.102404	11,075	65.01
66.00	06600	PHYSICAL THERAPY	0.223872	1,419,261	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.223736	1,119,706	67.00
68.00	06800	SPEECH PATHOLOGY	0.186509	708,776	68.00
69.00	06900	ELECTROCARDIOLOGY	0.125400	4,518,770	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.291698	293,928	70.00
70.01	03280	SLEEP LAB	0.166516	281,917	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.340563	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.958713	2,614,551	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613943	3,312,102	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188152	20,427,465	73.00
73.01	03190	INFUSION THERAPY	0.146374	16,571	73.01
73.03	07301	PHARMACY VACCINE	0.212192	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.179747	36,340	73.04
74.00	07400	RENAL DIALYSIS	0.319723	2,735,011	74.00
76.97	07697	CARDIAC REHABILITATION	1.805508	1,982	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.241917	247,010	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001	PSYCH ANCILLARY	0.456906	286	90.02
90.03	09002	RETINAL VASCULAR	1.148337	1,576	90.03
91.00	09100	EMERGENCY	0.144511	10,503,034	91.00
91.01	09101	IFCC	0.109099	3,131,180	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.638763	2,609,041	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		138,526,156	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)		138,526,156	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/29/2021 1:30 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
31.00	03100 INTENSIVE CARE UNIT				31.00
40.00	04000 SUBPROVIDER - IPF		1,062,495		40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.167521	0	0	50.00
51.00	05100 RECOVERY ROOM	0.109792	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.492250	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.037087	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.280122	6,536	1,831	54.00
54.01	03630 ULTRA SOUND	0.136910	1,316	180	54.01
54.02	05401 SPECIAL PROCEDURES	0.101264	0	0	54.02
56.00	05600 RADIOISOTOPE	0.175066	0	0	56.00
57.00	05700 CT SCAN	0.020340	4,037	82	57.00
58.00	05800 MRI	0.079651	6,160	491	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.172263	0	0	59.00
60.00	06000 LABORATORY	0.092054	213,170	19,623	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.183021	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.209837	7,820	1,641	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.102404	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.223872	3,126	700	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.223736	618	138	67.00
68.00	06800 SPEECH PATHOLOGY	0.186509	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.125400	19,392	2,432	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.291698	1,245	363	70.00
70.01	03280 SLEEP LAB	0.166516	0	0	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.340563	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.958713	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.613943	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.188152	72,225	13,589	73.00
73.01	03190 INFUSION THERAPY	0.146374	0	0	73.01
73.03	07301 PHARMACY VACCINE	0.212192	0	0	73.03
73.04	03480 FCC INFUSION THERAPY	0.179747	0	0	73.04
74.00	07400 RENAL DIALYSIS	0.319723	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	1.805508	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.241917	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001 PSYCH ANCILLARY	0.456906	0	0	90.02
90.03	09002 RETINAL VASCULAR	1.148337	1,172	1,346	90.03
91.00	09100 EMERGENCY	0.144511	110,782	16,009	91.00
91.01	09101 IFCC	0.109099	5,101	557	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.638763	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		452,700	58,982	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)		452,700		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/29/2021 1:30 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF		7,189,636		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.167521	135,567	22,710	50.00
51.00	05100 RECOVERY ROOM	0.109792	33,314	3,658	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.492250	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.037087	26,989	1,001	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.280122	185,334	51,916	54.00
54.01	03630 ULTRA SOUND	0.136910	72,663	9,948	54.01
54.02	05401 SPECIAL PROCEDURES	0.101264	108,256	10,962	54.02
56.00	05600 RADIOISOTOPE	0.175066	15,207	2,662	56.00
57.00	05700 CT SCAN	0.020340	237,115	4,823	57.00
58.00	05800 MRI	0.079651	85,151	6,782	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.172263	0	0	59.00
60.00	06000 LABORATORY	0.092054	1,009,135	92,895	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.183021	78,943	14,448	63.00
65.00	06500 RESPIRATORY THERAPY	0.209837	536,114	112,497	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.102404	1,055	108	65.01
66.00	06600 PHYSICAL THERAPY	0.223872	2,956,851	661,956	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.223736	2,965,834	663,564	67.00
68.00	06800 SPEECH PATHOLOGY	0.186509	1,156,579	215,712	68.00
69.00	06900 ELECTROCARDIOLOGY	0.125400	49,491	6,206	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.291698	2,318	676	70.00
70.01	03280 SLEEP LAB	0.166516	0	0	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.340563	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.958713	80,712	77,380	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.613943	17,812	10,936	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.188152	1,429,551	268,973	73.00
73.01	03190 INFUSION THERAPY	0.146374	588	86	73.01
73.03	07301 PHARMACY VACCINE	0.212192	0	0	73.03
73.04	03480 FCC INFUSION THERAPY	0.179747	0	0	73.04
74.00	07400 RENAL DIALYSIS	0.319723	448,060	143,255	74.00
76.97	07697 CARDIAC REHABILITATION	1.805508	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.241917	90,725	21,948	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001 PSYCH ANCILLARY	0.456906	0	0	90.02
90.03	09002 RETINAL VASCULAR	1.148337	0	0	90.03
91.00	09100 EMERGENCY	0.144511	23,620	3,413	91.00
91.01	09101 IFCC	0.109099	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.638763	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		11,746,984	2,408,515	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)		11,746,984	0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 1:30 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)		8,141,689	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		24,160,485	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)		140,098	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		515,135	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)		213.84	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)		8.30	30.00
31.00	Percentage of Medicaid patient days (see instructions)		33.92	31.00
32.00	Sum of lines 30 and 31		42.22	32.00
33.00	Allowable disproportionate share percentage (see instructions)		24.05	33.00
34.00	Disproportionate share adjustment (see instructions)		1,942,168	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 1:30 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)		0.000447990	0.000414314	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,740,985	3,434,669	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		940,356	2,568,944	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,509,300		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)		38,408,875		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			38,408,875	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,765,001	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			49,422	53.00
54.00	Special add-on payments for new technologies			351,678	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).			143,314	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			100,369	58.00
59.00	Total (sum of amounts on lines 49 through 58)			41,818,659	59.00
60.00	Primary payer payments			15,725	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			41,802,934	61.00
62.00	Deductibles billed to program beneficiaries			2,978,772	62.00
63.00	Coinsurance billed to program beneficiaries			268,189	63.00
64.00	Allowable bad debts (see instructions)			1,737,110	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,129,122	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,142,381	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			39,685,095	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)			-140,163	70.93
70.94	HRR adjustment amount (see instructions)			-143,790	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 1:30 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)		412,416	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		38,988,726	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		37,925,649	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		1,063,077	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		1,109,432	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2021 1:30 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,141,689	0	8,141,689		8,141,689
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	24,160,485	0		24,160,485	24,160,485
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	140,098	0	140,098		140,098
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	515,135	0		515,135	515,135
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2405	0.2405	0.2405	0.2405	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,942,168	0	489,519	1,452,649	1,942,168
11.01	Uncompensated care payments	36.00	3,509,300	0	0	5,186,449	5,186,449
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	38,408,875	0	8,771,306	29,637,569	38,408,875
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	38,408,875	0	8,771,306	29,637,569	38,408,875
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,765,001	0	716,259	2,048,742	2,765,001

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2021 1:30 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	351,678	0	0	351,678	351,678	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	9,487,565	32,037,989	41,525,554	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,472,677	0	643,677	1,829,000	2,472,677	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	71,514	0	15,102	56,412	71,514	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0893	0.0893	0.0893	0.0893		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	220,810	0	57,480	163,330	220,810	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,765,001	0	716,259	2,048,742	2,765,001	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2021 1:30 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,141,689	8,141,689		8,141,689	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	24,160,485		24,160,485	24,160,485	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	140,098	140,098		140,098	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	515,135		515,135	515,135	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2405	0.2405	0.2405		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,942,168	489,519	1,452,649	1,942,168	11.00
11.01	Uncompensated care payments	36.00	3,509,300	940,356	2,568,944	3,509,300	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	38,408,875	9,711,662	28,697,213	38,408,875	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	38,408,875	9,711,662	28,697,213	38,408,875	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,765,001	716,259	2,048,742	2,765,001	16.00
17.00	Special add-on payments for new technologies	54.00	351,678	0	351,678	351,678	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			10,427,921	31,097,633	41,525,554	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2021 1:30 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,472,677	643,677	1,829,000	2,472,677	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	71,514	15,102	56,412	71,514	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0893	0.0893	0.0893		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	220,810	57,480	163,330	220,810	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,765,001	716,259	2,048,742	2,765,001	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-140,163	-15,537	-124,626	-140,163	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-143,790	-4,071	-139,719	-143,790	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		104,083	308,333	412,416	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/29/2021 1:30 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15,626	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		29,030,281	2.00
3.00	OPPS payments		23,460,182	3.00
4.00	Outlier payment (see instructions)		56,307	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		123,697	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,626	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		144,065	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)		144,065	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)		144,065	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		128,439	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)		15,626	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)		23,640,186	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)		4,224,136	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)		19,431,676	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)		19,431,676	30.00
31.00	Primary payer payments		257	31.00
32.00	Subtotal (line 30 minus line 31)		19,431,419	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)		990,417	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		643,771	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		564,362	36.00
37.00	Subtotal (see instructions)		20,075,190	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)		20,075,190	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		20,026,788	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)		48,402	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		175,000	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: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
11/29/2021 1:30 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		36,592,182		19,292,250	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,233,478		741,011	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	02/22/2021	99,989		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	02/22/2021	6,473	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)		99,989		-6,473	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)		37,925,649		20,026,788	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,063,077		48,402	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		38,988,726		20,075,190	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: 14-0191

Period:

Worksheet E-1

Component CCN: 14-S191

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 1:30 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		428,030		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		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)		428,030		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		20,919		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		448,949		0	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: 14-0191

Period:

Worksheet E-1

Component CCN: 14-T191

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 1:30 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				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		8,519,950		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	02/22/2021	84,315		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)		84,315		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)		8,604,265		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		177,824		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		8,782,089		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part II
Date/Time Prepared:
11/29/2021 1:30 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: 14-0191 Component CCN: 14-S191	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part II Date/Time Prepared: 11/29/2021 1:30 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)		472,818	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		4.002740	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)		472,818	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)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		472,818	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		472,818	18.00
19.00	Deductibles		41,820	19.00
20.00	Subtotal (line 18 minus line 19)		430,998	20.00
21.00	Coinurance		2,968	21.00
22.00	Subtotal (line 20 minus line 21)		428,030	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		27,929	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		18,154	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		8,184	25.00
26.00	Subtotal (sum of lines 22 and 24)		446,184	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		2,765	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)		448,949	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		428,030	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)		20,919	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part III Date/Time Prepared: 11/29/2021 1:30 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
	PART III - MEDICARE PART A SERVICES - IRF PPS			
1.00	Net Federal PPS Payment (see instructions)			7,987,902 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0328 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			607,879 3.00
4.00	Outlier Payments			228,352 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			27.997260 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			8,824,133 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			8,824,133 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			8,824,133 19.00
20.00	Deductibles			30,632 20.00
21.00	Subtotal (line 19 minus line 20)			8,793,501 21.00
22.00	Coinsurance			41,069 22.00
23.00	Subtotal (line 21 minus line 22)			8,752,432 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			9,768 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			6,349 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,364 26.00
27.00	Subtotal (sum of lines 23 and 25)			8,758,781 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			23,308 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			8,782,089 32.00
32.01	Sequestration adjustment (see instructions)			0 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			8,604,265 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			177,824 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			27,920 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			228,352 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2021 1:30 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	3,668,618			1.00
2.00	Medical and other services		0		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	3,668,618	0		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	3,668,618	0		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	0	0		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0		12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0		13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	0	0		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	3,668,618	0		18.00
19.00	Interns and Residents (see instructions)	0	0		19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0		21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0			28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0		29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	3,668,618	0		30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0		31.00
32.00	Deductibles	0			32.00
33.00	Coinurance	0			33.00
34.00	Allowable bad debts (see instructions)	0			34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	0	0		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0		40.00
41.00	Interim payments	0			41.00
42.00	Balance due provider/program (line 40 minus line 41)	0			42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0		43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2021 1:30 pm	
		Title XIX	Subprovider - IPF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	222,036			1.00
2.00	Medical and other services		0		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	222,036	0		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	222,036	0		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	0	0		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0		12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	0		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	222,036		0	18.00
19.00	Interns and Residents (see instructions)	0		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0		0	22.00
23.00	Outlier payments	0		0	23.00
24.00	Program capital payments	0		0	24.00
25.00	Capital exception payments (see instructions)	0		0	25.00
26.00	Routine and Ancillary service other pass through costs	0		0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	222,036		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0		0	31.00
32.00	Deductibles	0		0	32.00
33.00	Coinurance	0		0	33.00
34.00	Allowable bad debts (see instructions)	0		0	34.00
35.00	Utilization review	0		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		0	37.00
38.00	Subtotal (line 36 ± line 37)	0		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0		0	40.00
41.00	Interim payments	0		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0		0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2021 1:30 pm	
		Title XIX	Subprovider - IRF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		986,797		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		986,797	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		986,797	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		986,797	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		986,797	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0		41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0191	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/29/2021 1:30 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	0.00		17.00
18.00	Per resident amount	0.00	0.00		18.00
19.00	Approved amount for resident costs	0	0	0	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			0	25.00
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	22,633	13,467		26.00
27.00	Total Inpatient Days (see instructions)	73,113	73,113		27.00
28.00	Ratio of inpatient days to total inpatient days	0.309562	0.184194		28.00
29.00	Program direct GME amount	0	0	0	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	0	30.00
31.00	Net Program direct GME amount			0	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0191	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/29/2021 1:30 pm	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			16,237	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			7,953,390	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.002042	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			52,089,374	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			15,725	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			52,073,649	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			29,169,604	42.00
43.00	Primary payer payments (see instructions)			257	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			29,169,347	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			81,242,996	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.640962	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.359038	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			0	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			0	50.00

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

Provider CCN: 14-0191

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

Worksheet G

Date/Time Prepared:
11/29/2021 1:30 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	23,603	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	172,816,085	0	0	0	4.00
5.00	Other receivable	1,628,939	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-129,990,757	0	0	0	6.00
7.00	Inventory	6,682,363	0	0	0	7.00
8.00	Prepaid expenses	2,655,131	0	0	0	8.00
9.00	Other current assets	115,505,074	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)	169,320,438	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,464,807	0	0	0	12.00
13.00	Land improvements	3,237,115	0	0	0	13.00
14.00	Accumulated depreciation	-1,506,758	0	0	0	14.00
15.00	Buildings	170,442,800	0	0	0	15.00
16.00	Accumulated depreciation	-28,772,060	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	166,371	0	0	0	21.00
22.00	Accumulated depreciation	-151,023	0	0	0	22.00
23.00	Major movable equipment	63,410,710	0	0	0	23.00
24.00	Accumulated depreciation	-33,477,084	0	0	0	24.00
25.00	Minor equipment depreciable	10,571,883	0	0	0	25.00
26.00	Accumulated depreciation	-7,543,432	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)	182,843,329	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	170,058,891	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	3,166,540	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	173,225,431	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	525,389,198	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,819,106	0	0	0	37.00
38.00	Salaries, wages, and fees payable	27,730,543	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,655,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	36,372,205	0	0	0	42.00
43.00	Due to other funds	3,091,149	0	0	0	43.00
44.00	Other current liabilities	53,577,180	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	136,245,183	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	102,534,129	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	14,244,546	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	116,778,675	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	253,023,858	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	272,365,340	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	272,365,340	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	525,389,198	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0191

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

Worksheet G-1

Date/Time Prepared:
11/29/2021 1:30 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		263,243,530		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		40,925,044				2.00
3.00	Total (sum of line 1 and line 2)		304,168,574		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)		304,168,574		0		11.00
12.00	TRANSFERS TO AFFILIATES	31,256,828		0		0	12.00
13.00	OTHER TRANSFERS/DEDUCTIONS	546,403		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)		31,803,231		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		272,365,343		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	TRANSFERS TO AFFILIATES		0				12.00
13.00	OTHER TRANSFERS/DEDUCTIONS		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: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2021 1:30 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	116,843,518		116,843,518	1.00
2.00	SUBPROVIDER - IPF	3,156,218		3,156,218	2.00
3.00	SUBPROVIDER - IRF	16,153,077		16,153,077	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	136,152,813		136,152,813	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	19,644,777		19,644,777	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	19,644,777		19,644,777	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	155,797,590		155,797,590	17.00
18.00	Ancillary services	439,253,720	0	439,253,720	18.00
19.00	Outpatient services	0	927,713,390	927,713,390	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		6,709,605	6,709,605	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	1,486,920	3,509,402	4,996,322	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
27.01	AMBULANCE REVENUE	0	12,480	12,480	27.01
27.02	MED/SERVICE CAR TRIPS	0	0	0	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	596,538,230	937,944,877	1,534,483,107	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		351,380,804		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		351,380,804		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0191

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

Worksheet G-3

Date/Time Prepared:
11/29/2021 1:30 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,534,483,107	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,223,591,715	2.00
3.00	Net patient revenues (line 1 minus line 2)	310,891,392	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	351,380,804	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-40,489,412	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	2,219,204	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	2,199,979	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER MISC REVENUE	3,185,865	24.00
24.01	LOSS ON DISPOSAL OF ASSET	-683,085	24.01
24.02	REALIZED & UNREALIZED GAINS & INVEST	49,519,100	24.02
24.03	INCENTIVE REVENUE	214,449	24.03
24.15	HHA & HOSPICE OTHER OPERATING	-77,959	24.15
24.50	COVID-19 PHE Funding	24,836,899	24.50
25.00	Total other income (sum of lines 6-24)	81,414,452	25.00
26.00	Total (line 5 plus line 25)	40,925,040	26.00
27.00	RECONCILING ITEM	-4	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-4	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	40,925,044	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0191
HHA CCN: 14-7435
Period: From 07/01/2020 To 06/30/2021
Worksheet H
Date/Time Prepared: 11/29/2021 1:30 pm

					Home Health Agency I	PPS
	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)
	1.00	2.00	3.00	4.00	5.00	6.00
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures		0		0	0
2.00	Capital Related - Movable Equipment		0		0	0
3.00	Plant Operation & Maintenance	0	0	0	0	0
4.00	Transportation	0	0	0	0	0
5.00	Administrative and General	1,982,926	371,021	-669	20,500	838,987
						3,212,765
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,181,983	206,986	50,702	51,503	0
7.00	Physical Therapy	529,599	89,964	2,371	2,057	0
8.00	Occupational Therapy	111,004	17,500	0	11,176	0
9.00	Speech Pathology	27,915	24,604	0	8,375	0
10.00	Medical Social Services	73,931	11,460	-44	-657	0
11.00	Home Health Aide	14,520	1,146	-132	0	0
12.00	Supplies (see instructions)	0	0	0	0	197,273
13.00	Drugs	0	0	0	0	0
14.00	DME	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0
17.00	Private Duty Nursing	1,298,119	150,159	1,041	0	16,068
18.00	Clinic	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0
24.00	Total (sum of lines 1-23)	5,219,997	872,840	53,269	92,954	1,052,328
						7,291,388
	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	0
2.00	Capital Related - Movable Equipment	0	0	0	0	0
3.00	Plant Operation & Maintenance	0	0	0	0	0
4.00	Transportation	0	0	0	0	0
5.00	Administrative and General	-147,926	3,064,839	-6,757	3,058,082	
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	0	1,491,174	0	1,491,174	0
7.00	Physical Therapy	0	623,991	0	623,991	0
8.00	Occupational Therapy	0	139,680	0	139,680	0
9.00	Speech Pathology	0	60,894	0	60,894	0
10.00	Medical Social Services	0	84,690	0	84,690	0
11.00	Home Health Aide	0	15,534	0	15,534	0
12.00	Supplies (see instructions)	0	197,273	0	197,273	0
13.00	Drugs	0	0	0	0	0
14.00	DME	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0
17.00	Private Duty Nursing	0	1,465,387	0	1,465,387	0
18.00	Clinic	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0
24.00	Total (sum of lines 1-23)	-147,926	7,143,462	-6,757	7,136,705	

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: 14-0191

Period:

Worksheet H-1

HHA CCN: 14-7435

From 07/01/2020

Part I

To 06/30/2021

Date/Time Prepared:

11/29/2021 1:30 pm

Home 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		4.00	
5.00	Administrative and General	3,058,082	0	0	0	0	3,058,082	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,491,174	0	0	0	0	1,491,174	6.00	
7.00	Physical Therapy	623,991	0	0	0	0	623,991	7.00	
8.00	Occupational Therapy	139,680	0	0	0	0	139,680	8.00	
9.00	Speech Pathology	60,894	0	0	0	0	60,894	9.00	
10.00	Medical Social Services	84,690	0	0	0	0	84,690	10.00	
11.00	Home Health Aide	15,534	0	0	0	0	15,534	11.00	
12.00	Supplies (see instructions)	197,273	0	0	0	0	197,273	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	1,465,387	0	0	0	0	1,465,387	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)	7,136,705	0	0	0	0	7,136,705	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	3,058,082						5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	902,315	2,393,489					6.00	
7.00	Physical Therapy	521,462	1,145,453					7.00	
8.00	Occupational Therapy	119,134	258,814					8.00	
9.00	Speech Pathology	22,242	83,136					9.00	
10.00	Medical Social Services	43,197	127,887					10.00	
11.00	Home Health Aide	37,930	53,464					11.00	
12.00	Supplies (see instructions)	102,354	299,627					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	1,309,448	2,774,835					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)		7,136,705					24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0191

Period:

Worksheet H-1

HHA CCN: 14-7435

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/29/2021 1:30 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	-3,058,082	5,894,018
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	247,910	1,739,084
7.00	Physical Therapy	0	0	0	0	381,052	1,005,043
8.00	Occupational Therapy	0	0	0	0	89,933	229,613
9.00	Speech Pathology	0	0	0	0	-18,026	42,868
10.00	Medical Social Services	0	0	0	0	-1,434	83,256
11.00	Home Health Aide	0	0	0	0	57,570	73,104
12.00	Supplies (see instructions)	0	0	0	0	0	197,273
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	1,058,390	2,523,777
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,242,687	5,894,018
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	3,058,082
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.518845

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0191

Period:

Worksheet H-2

HHA CCN: 14-7435

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 1:30 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	0	0	438,167	438,167	14,803	1.00
2.00	Skilled Nursing Care	2,393,489	0	0	261,182	2,654,671	692,682	2.00
3.00	Physical Therapy	1,145,453	0	0	117,025	1,262,478	400,311	3.00
4.00	Occupational Therapy	258,814	0	0	24,528	283,342	91,455	4.00
5.00	Speech Pathology	83,136	0	0	6,168	89,304	17,075	5.00
6.00	Medical Social Services	127,887	0	0	16,336	144,223	33,161	6.00
7.00	Home Health Aide	53,464	0	0	3,208	56,672	29,117	7.00
8.00	Supplies (see instructions)	299,627	0	0	0	299,627	69,687	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	2,774,835	0	0	286,844	3,061,679	1,005,228	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)	7,136,705	0	0	1,153,458	8,290,163	2,353,519	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0191

Period:

Worksheet H-2

HHA CCN: 14-7435

From 07/01/2020

Part I

To 06/30/2021

Date/Time Prepared:

11/29/2021 1:30 pm

Home Health
Agency I

PPS

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

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0191

Period:

Worksheet H-2

HHA CCN: 14-7435

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 1:30 pmHome Health
Agency I

PPS

Cost Center Description		PARAMED ED PRGM - DIETETICS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.02	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	452,970	0	452,970			1.00
2.00	Skilled Nursing Care	0	3,347,353	0	3,347,353	148,786	3,496,139	2.00
3.00	Physical Therapy	0	1,662,789	0	1,662,789	73,909	1,736,698	3.00
4.00	Occupational Therapy	0	374,797	0	374,797	16,659	391,456	4.00
5.00	Speech Pathology	0	106,379	0	106,379	4,728	111,107	5.00
6.00	Medical Social Services	0	177,384	0	177,384	7,885	185,269	6.00
7.00	Home Health Aide	0	85,789	0	85,789	3,813	89,602	7.00
8.00	Supplies (see instructions)	0	369,314	0	369,314	16,416	385,730	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	4,066,907	0	4,066,907	180,774	4,247,681	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	10,643,682	0	10,643,682	452,970	10,643,682	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.					0.044449		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: 14-0191

Period:

Worksheet H-2

HHA CCN: 14-7435

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/29/2021 1:30 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5A	5.00	6.00	
1.00	Administrative and General	0	0	1,982,926	-374,519	63,648	0	1.00
2.00	Skilled Nursing Care	0	0	1,181,983	323,594	2,978,265	0	2.00
3.00	Physical Therapy	0	0	529,599	458,706	1,721,184	0	3.00
4.00	Occupational Therapy	0	0	111,004	109,881	393,223	0	4.00
5.00	Speech Pathology	0	0	27,915	-15,890	73,414	0	5.00
6.00	Medical Social Services	0	0	73,931	-1,643	142,580	0	6.00
7.00	Home Health Aide	0	0	14,520	68,522	125,194	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	299,627	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	1,298,119	1,260,410	4,322,089	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	5,219,997		10,119,224	0	20.00
21.00	Total cost to be allocated	0	0	1,153,458		2,353,519	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.220969		0.232579	0.000000	22.00
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES/HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		7.00	8.00	9.00	10.00	11.00	12.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0191

Period:

Worksheet H-2

HHA CCN: 14-7435

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/29/2021 1:30 pmHome Health
Agency I

PPS

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (WS C CHARG ES)	SOCIAL SERVICE (TOTAL PATI ENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM - EMS (TIME SPENT)	PARAMED ED PRGM - DIETETICS (ASSIGNED TIME)	
		20.00	21.00	22.00	23.00	23.01	23.02	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet H-3

HHA CCN: 14-7435

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 1:30 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	3,496,139		3,496,139	12,115	288.58	1.00
2.00	Physical Therapy	3.00	1,736,698	510,130	2,246,828	7,297	307.91	2.00
3.00	Occupational Therapy	4.00	391,456	122,301	513,757	2,199	233.63	3.00
4.00	Speech Pathology	5.00	111,107	19,384	130,491	408	319.83	4.00
5.00	Medical Social Services	6.00	185,269		185,269	110	1,684.26	5.00
6.00	Home Health Aide	7.00	89,602		89,602	607	147.61	6.00
7.00	Total (sum of lines 1-6)		6,010,271	651,815	6,662,086	22,736		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		16974	0	3,172			8.00
8.01	Skilled Nursing Care		16984	0	2,972			8.01
9.00	Physical Therapy		16974	0	2,205			9.00
9.01	Physical Therapy		16984	0	1,665			9.01
10.00	Occupational Therapy		16974	0	622			10.00
10.01	Occupational Therapy		16984	0	574			10.01
11.00	Speech Pathology		16974	0	103			11.00
11.01	Speech Pathology		16984	0	95			11.01
12.00	Medical Social Services		16974	0	29			12.00
12.01	Medical Social Services		16984	0	38			12.01
13.00	Home Health Aide		16974	0	175			13.00
13.01	Home Health Aide		16984	0	169			13.01
14.00	Total (sum of lines 8-13)			0	11,819			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	385,730	0	385,730	279,412	1.380506	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				
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	6,144		0	1,773,036		1.00
2.00	Physical Therapy	0	3,870		0	1,191,612		2.00
3.00	Occupational Therapy	0	1,196		0	279,421		3.00
4.00	Speech Pathology	0	198		0	63,326		4.00
5.00	Medical Social Services	0	67		0	112,845		5.00
6.00	Home Health Aide	0	344		0	50,778		6.00
7.00	Total (sum of lines 1-6)	0	11,819		0	3,471,018		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet H-3

HHA CCN: 14-7435

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 1:30 pm

Title XVIII

Home Health
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PPS

Cost Center Description						Agency 1				
		6.00	7.00	8.00	9.00	10.00	11.00			
Limitation Cost Computation										
8.00	Skilled Nursing Care							8.00		
8.01	Skilled Nursing Care							8.01		
9.00	Physical Therapy							9.00		
9.01	Physical Therapy							9.01		
10.00	Occupational Therapy							10.00		
10.01	Occupational Therapy							10.01		
11.00	Speech Pathology							11.00		
11.01	Speech Pathology							11.01		
12.00	Medical Social Services							12.00		
12.01	Medical Social Services							12.01		
13.00	Home Health Aide							13.00		
13.01	Home Health Aide							13.01		
14.00	Total (sum of lines 8-13)							14.00		
Cost Center Description		Program Covered Charges			Cost of Services					
		Part A	Part B		Part A	Part B				
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
			6.00	7.00		8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations										
15.00	Cost of Medical Supplies	0	166,425	0	0	229,751	0	15.00		
16.00	Cost of Drugs		0	0		0	0	16.00		
Cost Center Description		Total Program Cost (sum of cols. 9-10)								
		12.00								
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION										
Cost Per Visit Computation										
1.00	Skilled Nursing Care	1,773,036							1.00	
2.00	Physical Therapy	1,191,612							2.00	
3.00	Occupational Therapy	279,421							3.00	
4.00	Speech Pathology	63,326							4.00	
5.00	Medical Social Services	112,845							5.00	
6.00	Home Health Aide	50,778							6.00	
7.00	Total (sum of lines 1-6)	3,471,018							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: 14-0191

Period:

Worksheet H-3

HHA CCN: 14-7435

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/29/2021 1:30 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	0.223872	2,278,670	510,130	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.223736	546,630	122,301	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.186509	103,930	19,384	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.958713	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.188152	0	0	col. 2, line 16.00		5.00
5.01 Cost of Drugs 1	73.01	0.146374	0	0	col. 2, line 16.01		5.01
5.03 Cost of Drugs 3	73.03	0.212192	0	0	col. 2, line 16.03		5.03
5.04 Cost of Drugs 4	73.04	0.179747	0	0	col. 2, line 16.04		5.04

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191 HHA CCN: 14-7435	Period: From 07/01/2020 To 06/30/2021	Worksheet H-4 Part I-II Date/Time Prepared: 11/29/2021 1:30 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	2,441,780	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	95,545	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	59,675	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	22,139	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	22,413	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	699	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,642,251	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	2,642,251	24.00
25.00	Coinsurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		0	2,642,251	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	2,642,251	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	2,642,251	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	2,642,251	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	35.00

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

Provider CCN: 14-0191

Period:

Worksheet H-5

HHA CCN: 14-7435

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 1:30 pmHome Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		2,642,251	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,642,251	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		2,642,251	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: 14-0191

Period:

Worksheet 0

Hospice CCN: 14-1535

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 1:30 pm

				Hospice I		11/20/2021 1:00 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*		18,000	18,000	0	18,000	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	63,252	63,252	0	63,252	3.00
4.00	ADMINISTRATIVE & GENERAL*	394,016	0	394,016	0	394,016	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0	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*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	62,187	62,187	0	62,187	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	19,594	19,594	0	19,594	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0	13.00
14.00	PHARMACY*	0	169,262	169,262	0	169,262	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	27,000	27,000	0	27,000	15.00
16.00	OTHER GENERAL SERVICE*	0	42,240	42,240	0	42,240	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	32,731	32,731	0	32,731	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	921,389	158,710	1,080,099	0	1,080,099	28.00
29.00	LPN/LVN**	41,719	10,738	52,457	0	52,457	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**	11,131	2,897	14,028	0	14,028	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	13,745	1,612	15,357	0	15,357	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	274,486	38,240	312,726	0	312,726	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	143,243	143,243	0	143,243	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	485	485	0	485	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	221,318	221,318	0	221,318	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	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*	11,233	961	12,194	0	12,194	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	1,667,719	1,012,470	2,680,189	0	2,680,189	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: 14-0191

Period:

Worksheet 0

Hospice CCN: 14-1535

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 1:30 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	18,000	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	63,252	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	394,016	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	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	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	62,187	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	19,594	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	169,262	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	27,000	15.00
16.00	OTHER GENERAL SERVICE*	0	42,240	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	32,731	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	1,080,099	28.00
29.00	LPN/LVN**	0	52,457	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	14,028	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	15,357	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	312,726	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	143,243	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	485	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	221,318	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	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	12,194	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	2,680,189	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: 14-0191

Period:

Worksheet 0-2

Hospice CCN: 14-1535

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 1:30 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						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	357,795	93,133	450,928	0	450,928	28.00	
29.00	LPN/LVN	40,877	10,640	51,517	0	51,517	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	11,131	2,897	14,028	0	14,028	33.00	
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	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	42,390	11,034	53,424	0	53,424	37.00	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	131,058	131,058	0	131,058	38.00	
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	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	221,318	221,318	0	221,318	46.00	
100.00	TOTAL *	452,193	470,080	922,273	0	922,273	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	450,928	28.00
29.00	LPN/LVN	0	51,517	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	14,028	33.00
34.00	SPIRITUAL COUNSELING	0	0	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	53,424	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	131,058	38.00
39.00	PATIENT TRANSPORTATION	0	0	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	221,318	46.00
100.00	TOTAL *	0	922,273	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: 14-0191

Period:

Worksheet 0-3

Hospice CCN: 14-1535

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 1:30 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	7,215	846	8,061	0	8,061	28.00
29.00	LPN/LVN	11	1	12	0	12	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	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	176	21	197	0	197	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	2,971	348	3,319	0	3,319	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	1,700	1,700	0	1,700	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	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	0	0	0	0	46.00
100.00	TOTAL *	10,373	2,916	13,289	0	13,289	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	8,061	28.00
29.00	LPN/LVN	0	12	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	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	197	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	3,319	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	1,700	38.00
39.00	PATIENT TRANSPORTATION	0	0	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	0	46.00
100.00	TOTAL *	0	13,289	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: 14-0191

Period:

Worksheet 0-4

Hospice CCN: 14-1535

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 1:30 pm

						Hospice I		11/20/2021 1:00 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		0	0	0	0	25.00		
26.00	PHYSICIAN SERVICES	0	32,731	32,731	0	32,731	26.00		
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00		
28.00	REGISTERED NURSE	556,379	64,731	621,110	0	621,110	28.00		
29.00	LPN/LVN	831	97	928	0	928	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	0	0	0	0	0	33.00		
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00		
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00		
36.00	COUNSELING - OTHER	13,569	1,591	15,160	0	15,160	36.00		
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	229,125	26,858	255,983	0	255,983	37.00		
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	10,485	10,485	0	10,485	38.00		
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00		
40.00	IMAGING SERVICES	0	0	0	0	0	40.00		
41.00	LABS & DIAGNOSTICS	0	485	485	0	485	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 *	799,904	136,978	936,882	0	936,882	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	32,731	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	621,110	28.00
29.00	LPN/LVN	0	928	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	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	15,160	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	255,983	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	10,485	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	485	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	936,882	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: 14-0191

Period:

Worksheet 0-5

Hospice CCN: 14-1535

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 1:30 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	18,000	53,916	71,916	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	63,252	338,451	401,703	3.00
4.00	ADMINISTRATIVE & GENERAL	394,016	872,277	1,266,293	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	181,317	181,317	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	68,309	68,309	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	62,187	0	62,187	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	19,594	0	19,594	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	169,262	0	169,262	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	27,000	0	27,000	15.00
16.00	OTHER GENERAL SERVICE	42,240	0	42,240	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	922,273	0	922,273	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	13,289	0	13,289	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	936,882	0	936,882	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	12,194	0	12,194	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	2,680,189	1,514,270	4,194,459	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 1:30 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	71,916	71,916					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	401,703	0	0	401,703			3.00
4.00	ADMINISTRATIVE & GENERAL	1,266,293	71,916	0	103,337	1,441,546		4.00
5.00	PLANT OPERATION & MAINTENANCE	181,317	0	0	0	181,317		5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0		6.00
7.00	HOUSEKEEPING	68,309	0	0	0	68,309		7.00
8.00	DIETARY	0	0	0	0	0		8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	62,187	0	0	0	62,187		10.00
11.00	MEDICAL RECORDS	0	0	0	0	0		11.00
12.00	STAFF TRANSPORTATION	19,594	0	0	0	19,594		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0		13.00
14.00	PHARMACY	169,262	0	0	0	169,262		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	27,000	0	0	0	27,000		15.00
16.00	OTHER GENERAL SERVICE	42,240	0	0	0	42,240		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	922,273			118,594	1,040,867		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	13,289	0	0	2,264	15,553		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	936,882	0	0	174,562	1,111,444		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0		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	12,194	0	0	2,946	15,140		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	4,194,459	71,916	0	401,703	4,194,459		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 1:30 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	1,441,546						4.00
5.00	PLANT OPERATION & MAINTENANCE	94,946	276,263					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	35,770	0			104,079		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	32,564	0			0		10.00
11.00	MEDICAL RECORDS	0	0			0		11.00
12.00	STAFF TRANSPORTATION	10,260	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0			0		13.00
14.00	PHARMACY	88,633	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	14,138	0			0		15.00
16.00	OTHER GENERAL SERVICE	22,119	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	545,044						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	8,144	38,534		0	14,517	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	582,000	237,729		0	89,562	0	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	7,928	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	0	0		0	0	0	99.00
100.00	TOTAL	1,441,546	276,263		0	104,079	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 1:30 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	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	94,751			10.00
11.00	MEDICAL RECORDS	0		0		11.00
12.00	STAFF TRANSPORTATION	0			29,854	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	13.00
14.00	PHARMACY	0			0	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
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	86,691	0	27,315	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	1,124	0	354	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	6,936	0	2,185	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	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			0	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					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	0	94,751	0	29,854	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 1:30 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	257,895					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	41,138				15.00
16.00	OTHER GENERAL SERVICE	0		64,359			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	235,958	37,639	58,884		2,032,398	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	3,060	488	764	0	82,538	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	18,877	3,011	4,711	0	2,056,455	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		23,068	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	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	257,895	41,138	64,359	0	4,194,459	100.00

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

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/29/2021 1:30 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	2,887					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,531,668			3.00
4.00	ADMINISTRATIVE & GENERAL	2,887	0	394,016	-1,441,546	2,752,913	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	181,317	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	68,309	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	62,187	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	19,594	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	169,262	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	27,000	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	42,240	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			452,193	0	1,040,867	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	8,631	0	15,553	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	665,595	0	1,111,444	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	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	11,233	0	15,140	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)	71,916	0	401,703		1,441,546	100.00
101.00	UNIT COST MULTIPLIER	24.910287	0.000000	0.262265		0.523644	101.00

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

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/29/2021 1:30 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	1,312				5.00
6.00	LAUNDRY & LINEN SERVICE	0	0			6.00
7.00	HOUSEKEEPING	0		1,312		7.00
8.00	DIETARY	0		0	0	8.00
9.00	NURSING ADMINISTRATION	0		0		0 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					0 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	183	0	183	0	0 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,129	0	1,129	0	0 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)	276,263	0	104,079	0	0 100.00
101.00	UNIT COST MULTIPLIER	210.566311	0.000000	79.328506	0.000000	0.000000 101.00

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

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/29/2021 1:30 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	15,424										10.00
11.00	MEDICAL RECORDS			0								11.00
12.00	STAFF TRANSPORTATION					15,424						12.00
13.00	VOLUNTEER SERVICE COORDINATION					0		0				13.00
14.00	PHARMACY					0		0		15,424		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		50.00
51.00	HOSPICE ROUTINE HOME CARE	14,112		0		14,112		0		14,112		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	183		0		183		0		183		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,129		0		1,129		0		1,129		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		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											99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	94,751		0		29,854		0		257,895		100.00
101.00	UNIT COST MULTIPLIER	6.143089		0.000000		1.935555		0.000000		16.720371		101.00

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

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/29/2021 1:30 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	15,424				15.00
16.00	OTHER GENERAL SERVICE		15,424			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	14,112	14,112			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	183	183	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,129	1,129	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					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	41,138	64,359	0		100.00
101.00	UNIT COST MULTIPLIER	2.667142	4.172653	0.000000		101.00

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

Provider CCN: 14-0191

Period:

Worksheet 0-7

Hospice CCN: 14-1535

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

Date/Time Prepared:
11/29/2021 1:30 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
	0	1.00	2.00	3.00	4.00
ANCILLARY SERVICE COST CENTERS					
1.00 PHYSICAL THERAPY	66.00	0.223872	0	0	0
2.00 OCCUPATIONAL THERAPY	67.00	0.223736	0	0	0
3.00 SPEECH PATHOLOGY	68.00	0.186509	0	0	0
4.00 DRUGS CHARGED TO PATIENTS	73.00	0.188152	0	0	0
4.01 INFUSION THERAPY	73.01	0.146374	0	0	0
4.03 PHARMACY VACCINE	73.03	0.212192	0	0	0
4.04 FCC INFUSION THERAPY	73.04	0.179747	0	0	0
5.00 DURABLE MEDICAL EQUIP-RENTED	96.00				
6.00 LABORATORY	60.00	0.092054	0	0	0
7.00 MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.958713	0	0	0
8.00 OTHER OUTPATIENT SERVICE COST CENTER	93.00				
9.00 RADIOLOGY-THERAPEUTIC	55.00				
10.97 CARDIAC REHABILITATION	76.97	1.805508	0	0	0
10.98 HYPERBARIC OXYGEN THERAPY	76.98	0.241917	0	0	0
10.99 LITHOTRIPSY	76.99	0.000000	0	0	0
11.00 Totals (sum of lines 1-11)					
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
2.00 OCCUPATIONAL THERAPY	0	0	0	0	0
3.00 SPEECH PATHOLOGY	0	0	0	0	0
4.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0
4.01 INFUSION THERAPY	0	0	0	0	0
4.03 PHARMACY VACCINE	0	0	0	0	0
4.04 FCC INFUSION THERAPY	0	0	0	0	0
5.00 DURABLE MEDICAL EQUIP-RENTED					
6.00 LABORATORY	0	0	0	0	0
7.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
8.00 OTHER OUTPATIENT SERVICE COST CENTER					
9.00 RADIOLOGY-THERAPEUTIC					
10.97 CARDIAC REHABILITATION	0	0	0	0	0
10.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
10.99 LITHOTRIPSY	0	0	0	0	0
11.00 Totals (sum of lines 1-11)		0	0	0	0

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0191

Period:

Worksheet 0-8

Hospice CCN: 14-1535

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 1:30 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)			2,032,398	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			14,112	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			144.02	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	11,927	559		9.00
10.00	Program cost (line 8 times line 9)	1,717,727	80,507		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)			82,538	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			183	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			451.03	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	133	11		14.00
15.00	Program cost (line 13 times line 14)	59,987	4,961		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)			2,056,455	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			1,129	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			1,821.48	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	806	70		19.00
20.00	Program cost (line 18 times line 19)	1,468,113	127,504		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			4,171,391	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			15,424	22.00
23.00	Average cost per diem (line 21 divided by line 22)			270.45	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0191	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/29/2021 1:30 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,472,677	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		71,514	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)		168.31	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)		8.30	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		33.92	8.00
9.00	Sum of lines 7 and 8		42.22	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.93	10.00
11.00	Disproportionate share adjustment (see instructions)		220,810	11.00
12.00	Total prospective capital payments (see instructions)		2,765,001	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