

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 8:03 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date:	Time:
	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)

Officer or Administrator of Provider(s)

EVP/CFO

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	1,133,297	49,864	0	0	1.00
2.00	Subprovider - IPF	0	18,966	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	1,330,087	49,864	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 8:03 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		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		INGALLS MEMORIAL HOSPITAL	140191	16974	1	07/01/1966	N	P	O
4.00	Subprovider - IPF		PSYCH UNIT OF INGALLS MEMORIAL HOSPI	14S191	16974	4	01/01/1984	N	P	O
5.00	Subprovider - IRF		REHAB UNIT OF INGALLS MEMORIAL HOSPI	14T191	16974	5	11/02/1989	N	P	O
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTG									
12.00	Hospital-Based HHA		INGALLS HOME CARE	147435	16974		07/24/1985	N	P	N
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice		INGALLS HOME CARE HOSPICE	141535	16974		02/28/1990			
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2020	06/30/2021		
21.00	Type of Control (see instructions)						2			
							1.00	2.00		
							2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised 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.									
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			

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 8:03 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 8:03 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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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
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
		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

Health Financial Systems		INGALLS MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
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 8:03 pm	
			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 8:03 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 8:03 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	
						1.00		2.00	
						Title V		Title XIX	
						3.00		4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital		N		N		N		155.00
156.00	Subprovider - IPF		N		N		N		156.00
157.00	Subprovider - IRF		N		N		N		157.00
158.00	SUBPROVIDER								158.00
159.00	SNF		N		N		N		159.00
160.00	HOME HEALTH AGENCY		N		N		N		160.00
161.00	CMHC				N		N		161.00
						1.00			
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N		165.00	
		Name		County		State		Zip Code	
		0		1.00		2.00		3.00	
								4.00	
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 8:03 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 8:03 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:
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		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
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Part II
Date/Time Prepared:
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		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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

Health Financial Systems		INGALLS MEMORIAL HOSPITAL		Non-CMS HFS Worksheet	
HFS Supplemental Information		Provider CCN: 14-0191	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part IX Date/Time Prepared: 11/29/2021 8:03 pm	
			Title V	Title XIX	
			1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)		Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?		N	N	3.01
3.02	Does Title XIX transfer managed care (HMO) days from Worksheet S-3, Part I, column 7, sum of lines 2, 3, and 4 to Worksheet E-4, column 2, line 26?			Y	3.02
			Inpatient	Outpatient	
			1.00	2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)		Y	Y	6.00
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)		Y	Y	7.00
RHC					
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	8.00
FQHC					
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	9.00
			State		
			1.00		
STATE MEDICAID FORMS					
10.00	Select the state when using state Medicaid forms.				10.00

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 8:03 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	30.00	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	177	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)		177	82,855	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00
8.01 CHILDREN'S HOSPITAL	31.01	0	0	0.00	0	8.01
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)		193	88,695	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	82	29,930		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)		327				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 8:03 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	1,655	43,837			1.00
2.00	HMO and other (see instructions)	11,739	19,115				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	1,655	43,837			7.00
8.00	INTENSIVE CARE UNIT	1,635	177	5,430			8.00
8.01	CHILDREN'S HOSPITAL	0	406	1,569			8.01
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		55	216			13.00
14.00	Total (see instructions)	17,610	2,293	51,052	0.00	1,354.55	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	497	1,138	13,187	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	0	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 8:03 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	368	9,704	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
8.01 CHILDREN'S HOSPITAL						8.01
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	368	9,704	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	55	187	1,941	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 8:03 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	4,344,258	15,264,903	331,927.00	45.99
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 8:03 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 8:03 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	4,344,258	15,264,903	331,927.00	45.99	2.00
3.00	Subtotal salaries (line 1 minus line 2)	111,719,167	-4,344,258	107,374,909	3,334,484.00	32.20	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	18.97	5.00
6.00	Total (sum of lines 3 thru 5)	167,763,883	-4,344,258	163,419,625	3,674,185.00	44.48	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 8:03 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 06/30/2021Worksheet S-3
Part V
Date/Time Prepared:
11/29/2021 8:03 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 8:03 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County	COOK COUNTY				0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	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 8:03 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 8:03 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)	
			1.00	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 8:03 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		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	-10,085,714	25,151,305	30.00
31.00	03100	INTENSIVE CARE UNIT	3,030,882	5,869,562	8,900,444	25,869	8,926,313	31.00
31.01	03101	CHILDREN'S HOSPITAL	805,832	2,353,641	3,159,473	-37,131	3,122,342	31.01
40.00	04000	SUBPROVIDER - IPF	489,540	1,199,281	1,688,821	6,689,710	8,378,531	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	0	0	0	455,538	455,538	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 8:03 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	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 8:03 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	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	-1,377,551	23,773,754	30.00
31.00	03100	INTENSIVE CARE UNIT	-748,101	8,178,212	31.00
31.01	03101	CHILDREN'S HOSPITAL	-2,016,754	1,105,588	31.01
40.00	04000	SUBPROVIDER - IPF	-550,550	7,827,981	40.00
41.00	04100	SUBPROVIDER - IRF	-1,111,914	4,304,175	41.00
43.00	04300	NURSERY	-302,094	153,444	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

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 8:03 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
101.00	10100	HOME HEALTH AGENCY	-6,757	7,136,705	101.00
		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

COST CENTERS USED IN COST REPORT

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet Non-CMS W
Date/Time Prepared:
11/29/2021 8:03 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
12.00	MAINTENANCE OF PERSONNEL	01200		12.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	02200		22.00
23.00	PARAMED ED PRGM-PHARMACY	02300		23.00
23.01	PARAMED ED PRGM - EMS	02301		23.01
23.02	PARAMED ED PRGM - DIETETICS	02302		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
31.01	CHILDREN'S HOSPITAL	03101		31.01
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	ULTRA SOUND	03630	ULTRA SOUND	54.01
54.02	SPECIAL PROCEDURES	05401		54.02
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
62.30	BLOOD CLOTTING FOR HEMOPH.	06250		62.30
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
65.01	PULMONARY FUNCTION TESTING	03560	PULMONARY FUNCTION TESTING	65.01
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
70.01	SLEEP LAB	03280	EKG AND EEG	70.01
70.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
73.01	INFUSION THERAPY	03190	CHEMOTHERAPY	73.01
73.03	PHARMACY VACCINE	07301		73.03
73.04	FCC INFUSION THERAPY	03480	ONCOLOGY	73.04
74.00	RENAL DIALYSIS	07400		74.00
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	LITHOTRIPS	07699	LITHOTRIPS	76.99
OUTPATIENT SERVICE COST CENTERS				
90.02	PSYCH ANCILLARY	09001		90.02
90.03	RETINAL VASCULAR	09002		90.03
91.00	EMERGENCY	09100		91.00
91.01	IFCC	09101		91.01

COST CENTERS USED IN COST REPORT

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet Non-CMS W
Date/Time Prepared:
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Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	09200		92.00
100.00	I&R SERVICES-NOT APPRVD PRGM	10000		100.00
101.00	HOME HEALTH AGENCY	10100		101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	INTEREST EXPENSE	11300		113.00
116.00	HOSPICE	11600		116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	REFERENCE LAB	19201		192.01
192.02	OP PHARMACY	19202		192.02
192.03	RETINAL VASCULAR GRANTS	19203		192.03
192.04	OTHER NRCC	19204		192.04
200.00	TOTAL (SUM OF LINES 118 through 199)			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 8:03 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	CHILDREN'S HOSPITAL	31.01	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

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	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	CHILDREN'S HOSPITAL	31.01	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	
	T - RECLASS PSYCH FOR MEDICAID CR				
1.00	SUBPROVIDER - IPF	40.00	3,467,888	3,208,622	1.00
	TOTALS		3,467,888	3,208,622	
	U - RECLASSIFY CHOLDRENS HOSP COSTS				
1.00	CHILDREN'S HOSPITAL	31.01	32,702	33,524	1.00
3.00	NURSERY	43.00	143,241	312,297	3.00
	TOTALS		175,943	345,821	
500.00	Grand Total: Increases		7,620,550	54,566,576	500.00

RECLASSIFICATIONS

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
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		Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	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 - RECLASS 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:
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	Decreases				wkst. A-7 Ref.			
	Cost Center	Line #	Salary	Other				
	6.00	7.00	8.00	9.00			10.00	
5.00		0.00	0	0			0	5.00
	TOTALS		509,615	165,926				
	T - RECLASS PSYCH FOR MEDICAID CR							
1.00	ADULTS & PEDIATRICS	30.00	3,467,888	3,208,622			0	1.00
	TOTALS		3,467,888	3,208,622				
	U - RECLASSIFY CHOLDRENS HOSP COSTS							
1.00	ADULTS & PEDIATRICS	30.00	32,702	33,524			0	1.00
3.00	CHILDREN'S HOSPITAL	31.01	143,241	312,297			0	3.00
	TOTALS		175,943	345,821				
500.00	Grand Total: Decreases		7,620,550	54,566,576				500.00

RECLASSIFICATIONS

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/29/2021 8:03 pm

Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
A - RECLASS NON CAP INSURANCE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,583,829	ADMINISTRATIVE & GENERAL	5.00	0	2,331,208	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	747,379		0.00	0	0	2.00
	TOTALS		0	2,331,208	TOTALS		0	2,331,208	
B - RECALLS CAFETERIA COSTS									
1.00	CAFETERIA	11.00	0	1,912,616	DIETARY	10.00	0	1,912,616	1.00
	TOTALS		0	1,912,616	TOTALS		0	1,912,616	
C - INTEREST EXPENSE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,294,167	INTEREST EXPENSE	113.00	0	4,294,167	1.00
	TOTALS		0	4,294,167	TOTALS		0	4,294,167	
D - RECLASS CHARGEABLE MEDICAL SUPPLIES									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	9,496,486	CENTRAL SERVICES & SUPPLY	14.00	0	1,816,239	1.00
2.00		0.00	0	0	OPERATING ROOM	50.00	0	4,798,084	2.00
3.00		0.00	0	0	SPECIAL PROCEDURES	54.02	0	1,750,009	3.00
4.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	907,703	4.00
5.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	161,798	5.00
6.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	62,653	6.00
	TOTALS		0	9,496,486	TOTALS		0	9,496,486	
E - RECLASS DRUGS CHARGED TO PATIENTS									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	22,211,342	PHARMACY	15.00	0	22,211,342	1.00
	TOTALS		0	22,211,342	TOTALS		0	22,211,342	
F - POB COST OFFSET									
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	60,783	291,820	MAINTENANCE & REPAIRS	6.00	0	39,908	1.00
2.00		0.00	0	0	OPERATION OF PLANT	7.00	60,783	24,078	2.00
3.00		0.00	0	0	HOUSEKEEPING	9.00	0	227,834	3.00
	TOTALS		60,783	291,820	TOTALS		60,783	291,820	
G - LAB ADMIN									
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	27,143	54,972	LABORATORY	60.00	27,143	54,972	1.00
	TOTALS		27,143	54,972	TOTALS		27,143	54,972	
H - RECLASS RECOVERY COSTS									
1.00	OPERATING ROOM	50.00	329,001	279,306	ADULTS & PEDIATRICS	30.00	329,001	279,306	1.00
	TOTALS		329,001	279,306	TOTALS		329,001	279,306	
I - RECLASS EMT PRECEPTOR COSTS									
1.00	PARAMED ED PRGM - EMS	23.01	276,526	0	ADULTS & PEDIATRICS	30.00	72,944	0	1.00
2.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	23,190	0	2.00
3.00		0.00	0	0	RESPIRATORY THERAPY	65.00	5,155	0	3.00
4.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	6,992	0	4.00
5.00		0.00	0	0	EMERGENCY	91.00	168,245	0	5.00
	TOTALS		276,526	0	TOTALS		276,526	0	
J - RECLASS PSYCH ANCILLARY SERVICES									
1.00	PSYCH ANCILLARY	90.02	82,593	107,525	ADULTS & PEDIATRICS	30.00	833,857	634,100	1.00
2.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	70.02	751,264	526,575		0.00	0	0	2.00
	TOTALS		833,857	634,100	TOTALS		833,857	634,100	
K - RECLASS VACCINE DRUG COSTS									
1.00	PHARMACY VACCINE	73.03	0	49,367	DRUGS CHARGED TO PATIENTS	73.00	0	49,367	1.00
	TOTALS		0	49,367	TOTALS		0	49,367	
M - RECLASS FCC ADMIN COSTS									
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	311,398	1,840,118	IFCC	91.01	311,398	1,840,118	1.00
	TOTALS		311,398	1,840,118	TOTALS		311,398	1,840,118	
N - PHARMACY RESIDENCY									
1.00	PARAMED ED PRGM-PHARMACY	23.00	136,332	31,239	PHARMACY	15.00	136,332	31,239	1.00
	TOTALS		136,332	31,239	TOTALS		136,332	31,239	
O - RECLASS LABOR AND DELIVERY EXPENSES									
1.00	DELIVERY ROOM & LABOR ROOM	52.00	734,202	108,818	ADULTS & PEDIATRICS	30.00	1,480,341	219,405	1.00
2.00	CHILDREN'S HOSPITAL	31.01	293,676	43,526		0.00	0	0	2.00
3.00	EMERGENCY	91.00	452,463	67,061		0.00	0	0	3.00
	TOTALS		1,480,341	219,405	TOTALS		1,480,341	219,405	
P - IMPLANT RECLASS									
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,985,324	OPERATING ROOM	50.00	0	5,832,948	1.00

RECLASSIFICATIONS

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/29/2021 8:03 pm

Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
2.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	1,152,376	2.00
	TOTALS		0	6,985,324	TOTALS		0	6,985,324	
Q - HHA MANAGEMENT FEE									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	147,926	HOME HEALTH AGENCY	101.00	0	147,926	1.00
	TOTALS		0	147,926	TOTALS		0	147,926	
R - DIETARY INTERNS									
1.00	PARAMED ED PRGM - DIETETICS	23.02	11,723	66,811	DIETARY	10.00	0	66,811	1.00
2.00		0.00	0	0	ADMINISTRATIVE & GENERAL	5.00	8,462	0	2.00
3.00		0.00	0	0	CARDIAC REHABILITATION	76.97	3,261	0	3.00
	TOTALS		11,723	66,811	TOTALS		11,723	66,811	
S - NURSING ADMN RECLASS									
1.00	ADULTS & PEDIATRICS	30.00	381,698	124,278	NURSING ADMINISTRATION	13.00	509,615	165,926	1.00
2.00	INTENSIVE CARE UNIT	31.00	37,009	12,050		0.00	0	0	2.00
3.00	CHILDREN'S HOSPITAL	31.01	11,300	3,679		0.00	0	0	3.00
4.00	SUBPROVIDER - IPF	40.00	9,958	3,242		0.00	0	0	4.00
5.00	SUBPROVIDER - IRF	41.00	69,650	22,677		0.00	0	0	5.00
	TOTALS		509,615	165,926	TOTALS		509,615	165,926	
T - RECLASS PSYCH FOR MEDICAID CR									
1.00	SUBPROVIDER - IPF	40.00	3,467,888	3,208,622	ADULTS & PEDIATRICS	30.00	3,467,888	3,208,622	1.00
	TOTALS		3,467,888	3,208,622	TOTALS		3,467,888	3,208,622	
U - RECLASSIFY CHILDRENS HOSP COSTS									
1.00	CHILDREN'S HOSPITAL	31.01	32,702	33,524	ADULTS & PEDIATRICS	30.00	32,702	33,524	1.00
3.00	NURSERY	43.00	143,241	312,297	CHILDREN'S HOSPITAL	31.01	143,241	312,297	3.00
	TOTALS		175,943	345,821	TOTALS		175,943	345,821	
500.00	Grand Total: Increases		7,620,550	54,566,576	Grand Total: Decreases		7,620,550	54,566,576	500.00

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 8:03 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 8:03 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 8:03 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 8:03 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 8:03 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 8:03 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 8:03 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 8:03 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	1,377,551	1,377,551	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	550,550	550,550	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	1,110,842	1,110,842	0	0	0	5.00
6.00	31.01	CHILDREN'S HOSPITAL	2,016,754	2,016,754	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
20.00	43.00	NURSERY	302,094	302,094	0	0	0	20.00
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 8:03 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	31.01	CHILDREN'S HOSPITAL	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
20.00	43.00	NURSERY	0	0	0	0	0	20.00
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 8:03 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	1,377,551		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	550,550		4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	1,110,842		5.00
6.00	31.01	CHILDREN'S HOSPITAL	0	0	0	2,016,754		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
20.00	43.00	NURSERY	0	0	0	302,094		20.00
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 8:03 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	28,548	0	23,612,081	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	56,887,851	5,441,030	3,242,589	4,072,926	5.00
6.00	00600	MAINTENANCE & REPAIRS	4,290,710	14,881	8,423	0	6.00
7.00	00700	OPERATION OF PLANT	10,401,840	1,560,227	51,908	603,165	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,187,653	57,749	1,168	8,869	8.00
9.00	00900	HOUSEKEEPING	5,738,274	119,699	31,960	0	9.00
10.00	01000	DIETARY	2,886,870	217,142	53,824	0	10.00
11.00	01100	CAFETERIA	1,912,616	101,793	874	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,394,815	52,166	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	118,317	249,143	910,299	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,880,362	328,513	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	14,003	17,364	98,289	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	103,986	43,186	0	26,047	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	23,773,754	1,317,021	381,477	2,808,162	30.00
31.00	03100	INTENSIVE CARE UNIT	8,178,212	127,727	120,925	672,785	31.00
31.01	03101	CHILDREN'S HOSPITAL	1,105,588	13,406	6,117	221,028	31.01
40.00	04000	SUBPROVIDER - IPF	7,827,981	701,015	6,249	876,669	40.00
41.00	04100	SUBPROVIDER - IRF	4,304,175	462,103	9,366	755,859	41.00
43.00	04300	NURSERY	153,444	1,998	916	31,652	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,872,978	836,229	500,052	791,876	50.00
51.00	05100	RECOVERY ROOM	736,842	31,087	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	6,964	72,173	9,569	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,332,989	179,315	630,921	491,670	54.00
54.01	03630	ULTRA SOUND	1,324,087	63,294	63,820	271,061	54.01
54.02	05401	SPECIAL PROCEDURES	1,223,347	34,224	169,518	209,052	54.02
56.00	05600	RADIOISOTOPE	926,435	14,619	47,608	103,061	56.00
57.00	05700	CT SCAN	996,821	34,317	84,208	167,982	57.00
58.00	05800	MRI	566,557	112,772	22,533	104,394	58.00
59.00	05900	CARDIAC CATHETERIZATION	775,667	119,736	349,892	145,144	59.00
60.00	06000	LABORATORY	11,724,535	215,293	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	9,746	2,148	76,077	63.00
65.00	06500	RESPIRATORY THERAPY	3,897,469	38,555	49,951	280,203	65.00
65.01	03560	PULMONARY FUNCTION TESTING	41,795	4,556	5,105	8,888	65.01
66.00	06600	PHYSICAL THERAPY	2,068,478	154,333	53,608	440,684	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,256,204	19,754	1,238	258,474	67.00
68.00	06800	SPEECH PATHOLOGY	455,495	13,518	9,540	99,776	68.00
69.00	06900	ELECTROCARDIOLOGY	1,527,207	61,875	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	9,279	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	117,664	0	111,316	73.04
74.00	07400	RENAL DIALYSIS	1,289,998	106,834	23,685	120,270	74.00
76.97	07697	CARDIAC REHABILITATION	295,260	37,528	13,401	59,045	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	929,560	34,018	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	128,810	0	18,250	90.02
90.03	09002	RETINAL VASCULAR	244,930	64,713	18,417	42,245	90.03
91.00	09100	EMERGENCY	10,778,818	222,089	82,012	1,087,613	91.00

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 8:03 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	
91.01	09101	IFCC	18,515,952	0	1,824,400	2,799,145	23,139,497	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	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	53,903	0	338,451	3,072,543	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	311,853,811	13,448,350	8,701,457	23,517,909	311,695,431	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	30,209	0	0	30,209	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	16,505	0	0	16,505	192.01
192.02	19202	OP PHARMACY	235	15,441	0	0	15,676	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	23,612,081	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 8:03 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	69,644,396					5.00
6.00	00600	MAINTENANCE & REPAIRS	1,224,684	5,538,698				6.00
7.00	00700	OPERATION OF PLANT	3,581,817	1,076,695	17,275,652			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	356,400	39,852	154,296	1,805,987		8.00
9.00	00900	HOUSEKEEPING	1,672,064	82,603	319,816	0	7,964,416	9.00
10.00	01000	DIETARY	896,462	149,847	580,169	0	275,017	10.00
11.00	01100	CAFETERIA	572,109	70,247	271,976	0	128,924	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,119,229	35,999	139,380	0	66,070	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	225,911	0	0	0	0	14.00
15.00	01500	PHARMACY	1,567,840	81,649	316,124	0	149,852	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,070,135	226,704	877,736	0	416,072	16.00
17.00	01700	SOCIAL SERVICE	114,994	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	56,918	1,933	7,483	0	3,547	23.00
23.01	02301	PARAMED ED PRGM - EMS	130,242	9,663	37,414	0	17,735	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	49,174	29,802	115,385	0	54,696	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,028,496	908,864	3,518,876	1,063,272	1,668,048	30.00
31.00	03100	INTENSIVE CARE UNIT	2,583,254	88,143	341,267	131,705	161,770	31.00
31.01	03101	CHILDREN'S HOSPITAL	382,149	9,251	35,818	38,056	16,979	31.01
40.00	04000	SUBPROVIDER - IPF	2,671,901	483,764	1,873,001	319,852	887,857	40.00
41.00	04100	SUBPROVIDER - IRF	1,570,311	318,893	1,234,666	247,863	585,268	41.00
43.00	04300	NURSERY	53,373	1,379	5,338	5,239	2,530	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,271,402	577,074	2,234,272	0	1,059,110	50.00
51.00	05100	RECOVERY ROOM	265,656	21,453	83,059	0	39,373	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	285,377	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	122,712	4,806	18,607	0	8,820	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,883,547	123,743	479,100	0	227,107	54.00
54.01	03630	ULTRA SOUND	488,924	43,679	169,112	0	80,164	54.01
54.02	05401	SPECIAL PROCEDURES	464,476	23,617	91,440	0	43,345	54.02
56.00	05600	RADIOISOTOPE	309,924	10,089	39,060	0	18,516	56.00
57.00	05700	CT SCAN	364,318	23,682	91,690	0	43,464	57.00
58.00	05800	MRI	228,884	77,823	301,308	0	142,829	58.00
59.00	05900	CARDIAC CATHETERIZATION	394,725	82,629	319,916	0	151,649	59.00
60.00	06000	LABORATORY	3,744,371	148,572	575,230	0	272,676	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	411,302	6,726	26,040	0	12,344	63.00
65.00	06500	RESPIRATORY THERAPY	1,211,104	26,607	103,014	0	48,831	65.00
65.01	03560	PULMONARY FUNCTION TESTING	17,131	3,144	12,172	0	5,770	65.01
66.00	06600	PHYSICAL THERAPY	771,345	106,504	412,354	0	195,468	66.00
67.00	06700	OCCUPATIONAL THERAPY	435,954	13,632	52,779	0	25,019	67.00
68.00	06800	SPEECH PATHOLOGY	164,179	9,328	36,117	0	17,121	68.00
69.00	06900	ELECTROCARDIOLOGY	555,807	42,699	165,321	0	78,367	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	61,229	0	0	0	0	70.00
70.01	03280	SLEEP LAB	37,074	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	409,886	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,695,910	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,983,029	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,291,452	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	135,044	6,404	24,793	0	11,753	73.01
73.03	07301	PHARMACY VACCINE	14,015	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	237,145	81,198	314,378	0	149,024	73.04
74.00	07400	RENAL DIALYSIS	437,406	73,725	285,445	0	135,309	74.00
76.97	07697	CARDIAC REHABILITATION	115,040	25,898	100,270	0	47,531	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	313,856	23,476	90,891	0	43,085	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	310,272	88,891	344,160	0	163,142	90.02
90.03	09002	RETINAL VASCULAR	105,124	44,658	172,903	0	81,961	90.03
91.00	09100	EMERGENCY	3,455,031	153,262	593,388	0	281,283	91.00
91.01	09101	IFCC	6,568,956	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	2,353,453	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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	872,249	37,198	144,019	0	68,269	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	68,714,772	5,495,805	17,109,583	1,805,987	7,885,695	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	8,576	20,847	80,715	0	38,261	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	911,912	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	4,686	11,390	44,099	0	20,904	192.01
192.02	19202	OP PHARMACY	4,450	10,656	41,255	0	19,556	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)	69,644,396	5,538,698	17,275,652	1,805,987	7,964,416	202.00

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	
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	5,059,331					10.00
11.00	01100	CAFETERIA	0	3,058,539				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	93,124	0	5,396,347		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	31,553	0	0	1,053,247	14.00
15.00	01500	PHARMACY	0	149,380	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	140,580	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	15,760	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	7,670	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - EMS	0	52,597	0	178,854	0	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	21,844	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,106,792	614,654	0	2,090,121	0	30.00
31.00	03100	INTENSIVE CARE UNIT	191,051	116,681	0	396,772	0	31.00
31.01	03101	CHILDREN'S HOSPITAL	6,831	37,331	0	126,943	0	31.01
40.00	04000	SUBPROVIDER - IPF	927,951	166,801	0	567,204	0	40.00
41.00	04100	SUBPROVIDER - IRF	719,096	166,676	0	566,778	0	41.00
43.00	04300	NURSERY	0	5,592	0	19,016	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	157,668	0	536,146	0	50.00
51.00	05100	RECOVERY ROOM	0	21,838	0	74,260	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	30,943	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,279	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	95,652	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	45,046	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	37,449	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	17,266	0	0	0	56.00
57.00	05700	CT SCAN	0	34,220	0	0	0	57.00
58.00	05800	MRI	0	19,241	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	20,983	0	0	0	59.00
60.00	06000	LABORATORY	0	260,532	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	15,763	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	54,211	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	1,881	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	87,529	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	62,296	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	17,031	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	45,484	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,824	0	0	0	70.00
70.01	03280	SLEEP LAB	0	3,710	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	384,675	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0	12,908	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	17,538	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	19,330	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	12,126	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	26,226	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	43,803	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	11,124	0	0	0	90.03
91.00	09100	EMERGENCY	107,610	247,098	0	840,253	0	91.00
91.01	09101	IFCC	0	6,321	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

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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	
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	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,059,331	3,054,563	0	5,396,347	1,053,247	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	3,976	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)	5,059,331	3,058,539	0	5,396,347	1,053,247	202.00

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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	7,787,643					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,500,835				16.00
17.00	01700	SOCIAL SERVICE	0	0	535,826			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	486,380	315,467	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	84,767	39,076	0	0	31.00
31.01	03101	CHILDREN'S HOSPITAL	0	17,620	11,291	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	13,619	94,898	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	69,701	73,540	0	0	41.00
43.00	04300	NURSERY	0	1,169	1,554	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	392,753	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	58,969	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,687	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	77,753	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	147,761	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	82,964	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	102,217	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	37,568	0	0	0	56.00
57.00	05700	CT SCAN	0	495,683	0	0	0	57.00
58.00	05800	MRI	0	90,307	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	61,067	0	0	0	59.00
60.00	06000	LABORATORY	0	894,683	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	46,385	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	120,224	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	4,419	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	84,327	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	41,797	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	19,471	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	104,019	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,245	0	0	0	70.00
70.01	03280	SLEEP LAB	0	4,559	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	58,147	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	66,202	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,770,373	856,782	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0	20,249	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	17,270	1,674	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	40,215	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	34,319	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	29,115	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	43,195	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	2,966	0	0	0	90.03
91.00	09100	EMERGENCY	0	566,120	0	0	0	91.00
91.01	09101	IFCC	0	1,224,045	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 - 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	
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		0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,787,643	6,500,835	535,826	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					0	200.00
201.00		Negative Cost Centers	0	0	0		0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,787,643	6,500,835	535,826	0	0	202.00

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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			278,048			23.00
23.01	02301	PARAMED ED PRGM - EMS				885,290		23.01
23.02	02302	PARAMED ED PRGM - DIETETICS					444,120	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	241,401	245,817	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	64,412	21,629	31.00
31.01	03101	CHILDREN'S HOSPITAL	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	6,449	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	45,101	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	16,233	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	16,132	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	16,132	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	278,048	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	16,233	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	547,213	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	278,048	885,290	351,462	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	92,658	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	278,048	885,290	444,120	202.00

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	
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	50,568,602	0	50,568,602	30.00
31.00	03100	INTENSIVE CARE UNIT	13,320,176	0	13,320,176	31.00
31.01	03101	CHILDREN'S HOSPITAL	2,028,408	0	2,028,408	31.01
40.00	04000	SUBPROVIDER - IPF	17,425,211	0	17,425,211	40.00
41.00	04100	SUBPROVIDER - IRF	11,129,396	0	11,129,396	41.00
43.00	04300	NURSERY	283,200	0	283,200	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,245,793	0	15,245,793	50.00
51.00	05100	RECOVERY ROOM	1,500,396	0	1,500,396	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,333,263	0	1,333,263	52.00
53.00	05300	ANESTHESIOLOGY	668,235	0	668,235	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,591,805	0	9,591,805	54.00
54.01	03630	ULTRA SOUND	2,632,151	0	2,632,151	54.01
54.02	05401	SPECIAL PROCEDURES	2,398,685	0	2,398,685	54.02
56.00	05600	RADIOISOTOPE	1,524,146	0	1,524,146	56.00
57.00	05700	CT SCAN	2,336,385	0	2,336,385	57.00
58.00	05800	MRI	1,666,648	0	1,666,648	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,437,540	0	2,437,540	59.00
60.00	06000	LABORATORY	19,085,810	0	19,085,810	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,967,392	0	1,967,392	63.00
65.00	06500	RESPIRATORY THERAPY	5,846,301	0	5,846,301	65.00
65.01	03560	PULMONARY FUNCTION TESTING	104,861	0	104,861	65.01
66.00	06600	PHYSICAL THERAPY	4,374,630	0	4,374,630	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,167,147	0	2,167,147	67.00
68.00	06800	SPEECH PATHOLOGY	841,576	0	841,576	68.00
69.00	06900	ELECTROCARDIOLOGY	2,949,558	0	2,949,558	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	286,980	0	286,980	70.00
70.01	03280	SLEEP LAB	175,937	0	175,937	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,853,731	0	1,853,731	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,919,115	0	12,919,115	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,419,230	0	9,419,230	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,358,630	0	37,358,630	73.00
73.01	03190	INFUSION THERAPY	686,850	0	686,850	73.01
73.03	07301	PHARMACY VACCINE	82,326	0	82,326	73.03
73.04	03480	FCC INFUSION THERAPY	1,674,854	0	1,674,854	73.04
74.00	07400	RENAL DIALYSIS	2,542,554	0	2,542,554	74.00
76.97	07697	CARDIAC REHABILITATION	707,791	0	707,791	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,632,222	0	1,632,222	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	2,086,411	0	2,086,411	90.02
90.03	09002	RETINAL VASCULAR	789,041	0	789,041	90.03
91.00	09100	EMERGENCY	18,961,790	0	18,961,790	91.00
91.01	09101	IFCC	30,938,819	0	30,938,819	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	10,643,616	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	4,194,278	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	310,381,490	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	178,608	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,128,147	0	192.00
192.01	19201	REFERENCE LAB	97,584	0	192.01
192.02	19202	OP PHARMACY	91,593	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	192.03
192.04	19204	OTHER NRCC	92,658	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

COST ALLOCATION STATISTICS

Provider CCN: 14-0191

Period:

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

Worksheet Non-CMS W

Date/Time Prepared:
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Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	P	TOTAL PATI ENT DAYS	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	5	MEALS SERVED	10.00
11.00	CAFETERIA	6	FTES/HOURS	11.00
12.00	MAINTENANCE OF PERSONNEL	7	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	8	DIRECT NRSING HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	9	COSTED REQUIS.	14.00
15.00	PHARMACY	10	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	20	WS C CHARG ES	16.00
17.00	SOCIAL SERVICE	P	TOTAL PATI ENT DAYS	17.00
19.00	NONPHYSICIAN ANESTHETISTS	13	ASSIGNED TIME	19.00
20.00	NURSING SCHOOL	14	ASSIGNED TIME	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	15	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	16	ASSIGNED TIME	22.00
23.00	PARAMED ED PRGM-PHARMACY	17	ASSIGNED TIME	23.00

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	28,548	0	50,318	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	109,630	5,441,030	3,242,589	8,793,249	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	14,881	8,423	23,304	6.00
7.00	00700	OPERATION OF PLANT	40	1,560,227	51,908	1,612,175	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	57,749	1,168	58,917	8.00
9.00	00900	HOUSEKEEPING	200	119,699	31,960	151,859	9.00
10.00	01000	DIETARY	0	217,142	53,824	270,966	10.00
11.00	01100	CAFETERIA	0	101,793	874	102,667	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	52,166	0	52,166	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	202,263	0	78,151	280,414	14.00
15.00	01500	PHARMACY	0	118,317	249,143	367,460	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,700	328,513	4,514	338,727	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	14,003	17,364	31,367	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	43,186	0	43,186	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	100	1,317,021	381,477	1,698,598	30.00
31.00	03100	INTENSIVE CARE UNIT	0	127,727	120,925	248,652	31.00
31.01	03101	CHILDREN'S HOSPITAL	0	13,406	6,117	19,523	31.01
40.00	04000	SUBPROVIDER - IPF	0	701,015	6,249	707,264	40.00
41.00	04100	SUBPROVIDER - IRF	14,829	462,103	9,366	486,298	41.00
43.00	04300	NURSERY	0	1,998	916	2,914	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	186,117	836,229	500,052	1,522,398	50.00
51.00	05100	RECOVERY ROOM	0	31,087	28,223	59,310	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	346	52.00
53.00	05300	ANESTHESIOLOGY	0	6,964	72,173	79,137	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,504	179,315	630,921	830,740	54.00
54.01	03630	ULTRA SOUND	0	63,294	63,820	127,114	54.01
54.02	05401	SPECIAL PROCEDURES	0	34,224	169,518	203,742	54.02
56.00	05600	RADIOISOTOPE	0	14,619	47,608	62,227	56.00
57.00	05700	CT SCAN	0	34,317	84,208	118,525	57.00
58.00	05800	MRI	0	112,772	22,533	135,305	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	119,736	349,892	469,628	59.00
60.00	06000	LABORATORY	0	215,293	201,349	416,642	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	9,746	2,148	11,894	63.00
65.00	06500	RESPIRATORY THERAPY	58,937	38,555	49,951	147,443	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	4,556	5,105	9,661	65.01
66.00	06600	PHYSICAL THERAPY	0	154,333	53,608	207,941	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	19,754	1,238	20,992	67.00
68.00	06800	SPEECH PATHOLOGY	0	13,518	9,540	23,058	68.00
69.00	06900	ELECTROCARDIOLOGY	0	61,875	143,536	205,411	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	9,279	2,398	36,310	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	117,664	0	117,664	73.04
74.00	07400	RENAL DIALYSIS	7,780	106,834	23,685	138,299	74.00
76.97	07697	CARDIAC REHABILITATION	22,619	37,528	13,401	73,548	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	34,018	1,877	35,895	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	0	128,810	0	128,810	90.02
90.03	09002	RETINAL VASCULAR	50,000	64,713	18,417	133,130	90.03
91.00	09100	EMERGENCY	0	222,089	82,012	304,101	91.00
91.01	09101	IFCC	843,261	0	1,824,400	2,667,661	91.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

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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	
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	0	0	0	0	2,459	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	53,903	0	53,903	721	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,568,383	13,448,350	8,701,457	23,718,190	50,117	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	30,209	0	30,209	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,053	2,053	201	192.00
192.01	19201	REFERENCE LAB	0	16,505	0	16,505	0	192.01
192.02	19202	OP PHARMACY	0	15,441	0	15,441	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				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,568,383	13,510,505	8,703,510	23,782,398	50,318	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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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	8,801,919					5.00
6.00	00600	MAINTENANCE & REPAIRS	154,783	178,087				6.00
7.00	00700	OPERATION OF PLANT	452,690	34,622	2,100,773			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	45,044	1,281	18,763	124,024		8.00
9.00	00900	HOUSEKEEPING	211,325	2,656	38,891	0	404,731	9.00
10.00	01000	DIETARY	113,300	4,818	70,550	0	13,976	10.00
11.00	01100	CAFETERIA	72,306	2,259	33,073	0	6,552	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	141,455	1,157	16,949	0	3,358	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,552	0	0	0	0	14.00
15.00	01500	PHARMACY	198,152	2,625	38,442	0	7,615	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	135,250	7,289	106,735	0	21,144	16.00
17.00	01700	SOCIAL SERVICE	14,534	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	7,194	62	910	0	180	23.00
23.01	02301	PARAMED ED PRGM - EMS	16,461	311	4,550	0	901	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	6,215	958	14,031	0	2,780	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,014,548	29,223	427,905	73,019	84,767	30.00
31.00	03100	INTENSIVE CARE UNIT	326,486	2,834	41,499	9,045	8,221	31.00
31.01	03101	CHILDREN'S HOSPITAL	48,298	297	4,356	2,613	863	31.01
40.00	04000	SUBPROVIDER - IPF	337,690	15,555	227,763	21,965	45,119	40.00
41.00	04100	SUBPROVIDER - IRF	198,465	10,253	150,139	17,022	29,742	41.00
43.00	04300	NURSERY	6,746	44	649	360	129	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	287,073	18,555	271,694	0	53,821	50.00
51.00	05100	RECOVERY ROOM	33,575	690	10,100	0	2,001	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	36,068	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	15,509	155	2,263	0	448	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	238,053	3,979	58,260	0	11,541	54.00
54.01	03630	ULTRA SOUND	61,793	1,404	20,565	0	4,074	54.01
54.02	05401	SPECIAL PROCEDURES	58,703	759	11,119	0	2,203	54.02
56.00	05600	RADIOISOTOPE	39,170	324	4,750	0	941	56.00
57.00	05700	CT SCAN	46,045	761	11,150	0	2,209	57.00
58.00	05800	MRI	28,928	2,502	36,640	0	7,258	58.00
59.00	05900	CARDIAC CATHETERIZATION	49,888	2,657	38,903	0	7,706	59.00
60.00	06000	LABORATORY	473,235	4,777	69,950	0	13,857	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	51,983	216	3,167	0	627	63.00
65.00	06500	RESPIRATORY THERAPY	153,066	855	12,527	0	2,481	65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,165	101	1,480	0	293	65.01
66.00	06600	PHYSICAL THERAPY	97,487	3,424	50,143	0	9,933	66.00
67.00	06700	OCCUPATIONAL THERAPY	55,098	438	6,418	0	1,271	67.00
68.00	06800	SPEECH PATHOLOGY	20,750	300	4,392	0	870	68.00
69.00	06900	ELECTROCARDIOLOGY	70,246	1,373	20,103	0	3,982	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,738	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	51,804	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	340,724	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	250,626	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	795,150	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	17,068	206	3,015	0	597	73.01
73.03	07301	PHARMACY VACCINE	1,771	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	29,972	2,611	38,229	0	7,573	73.04
74.00	07400	RENAL DIALYSIS	55,282	2,371	34,711	0	6,876	74.00
76.97	07697	CARDIAC REHABILITATION	14,539	833	12,193	0	2,415	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	39,667	755	11,053	0	2,189	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	39,214	2,858	41,851	0	8,290	90.02
90.03	09002	RETINAL VASCULAR	13,286	1,436	21,026	0	4,165	90.03
91.00	09100	EMERGENCY	436,667	4,928	72,158	0	14,294	91.00
91.01	09101	IFCC	830,222	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	297,443	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:
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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	110,240	1,196	17,513	0	3,469	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,684,428	176,708	2,080,578	124,024	400,731	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	1,084	670	9,815	0	1,944	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	115,253	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	592	366	5,363	0	1,062	192.01
192.02	19202	OP PHARMACY	562	343	5,017	0	994	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)	8,801,919	178,087	2,100,773	124,024	404,731	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			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	473,610					10.00
11.00	01100	CAFETERIA	0	216,857				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	6,603	0	222,744		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,237	0	0	311,388	14.00
15.00	01500	PHARMACY	0	10,591	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,967	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	3,729	0	7,383	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	290,831	43,581	0	86,273	0	30.00
31.00	03100	INTENSIVE CARE UNIT	17,885	8,273	0	16,378	0	31.00
31.01	03101	CHILDREN'S HOSPITAL	639	2,647	0	5,240	0	31.01
40.00	04000	SUBPROVIDER - IPF	86,867	11,827	0	23,412	0	40.00
41.00	04100	SUBPROVIDER - IRF	67,315	11,818	0	23,395	0	41.00
43.00	04300	NURSERY	0	396	0	785	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	11,179	0	22,130	0	50.00
51.00	05100	RECOVERY ROOM	0	1,548	0	3,065	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,194	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	232	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,782	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	3,194	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	1,488	0	0	0	59.00
60.00	06000	LABORATORY	0	18,472	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	1,118	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,844	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	133	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	6,206	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,417	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,208	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,225	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	197,660	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	1,371	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	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	3,106	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	789	0	0	0	90.03
91.00	09100	EMERGENCY	10,073	17,520	0	34,683	0	91.00
91.01	09101	IFCC	0	448	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00

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	
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	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	473,610	216,575	0	222,744	311,388	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)	473,610	216,857	0	222,744	311,388	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
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Part II
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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	626,825					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	620,298				16.00
17.00	01700	SOCIAL SERVICE	0	0	15,807			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	9,306			30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,094	1,153			31.00
31.01	03101	CHILDREN'S HOSPITAL	0	1,682	333			31.01
40.00	04000	SUBPROVIDER - IPF	0	1,300	2,800			40.00
41.00	04100	SUBPROVIDER - IRF	0	6,655	2,169			41.00
43.00	04300	NURSERY	0	112	46			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	625,435	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	116,466	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			100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
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To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/29/2021 8:03 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
101.00	10100	HOME HEALTH AGENCY	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)	626,825	620,298	15,807	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
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		0 201.00
202.00		TOTAL (sum lines 118 through 201)	626,825	620,298	15,807	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
Date/Time Prepared:
11/29/2021 8:03 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						
									23.00	23.01
GENERAL SERVICE COST CENTERS										
1.00	00100	CAP REL COSTS-BLDG & FIXT							1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP							2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT							4.00	
5.00	00500	ADMINISTRATIVE & GENERAL							5.00	
6.00	00600	MAINTENANCE & REPAIRS							6.00	
7.00	00700	OPERATION OF PLANT							7.00	
8.00	00800	LAUNDRY & LINEN SERVICE							8.00	
9.00	00900	HOUSEKEEPING							9.00	
10.00	01000	DIETARY							10.00	
11.00	01100	CAFETERIA							11.00	
12.00	01200	MAINTENANCE OF PERSONNEL							12.00	
13.00	01300	NURSING ADMINISTRATION							13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY							14.00	
15.00	01500	PHARMACY							15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY							16.00	
17.00	01700	SOCIAL SERVICE							17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS							19.00	
20.00	02000	NURSING 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			11,755				23.00	
23.01	02301	PARAMED ED PRGM - EMS				64,912			23.01	
23.02	02302	PARAMED ED PRGM - DIETETICS					68,775		23.02	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS							30.00	
31.00	03100	INTENSIVE CARE UNIT							31.00	
31.01	03101	CHILDREN'S HOSPITAL							31.01	
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 8:03 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	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	11,755	64,912	68,775	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	11,755	64,912	68,775	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 8:03 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	3,810,477	0	3,810,477	30.00
31.00	03100	INTENSIVE CARE UNIT	689,954	0	689,954	31.00
31.01	03101	CHILDREN'S HOSPITAL	86,962	0	86,962	31.01
40.00	04000	SUBPROVIDER - IPF	1,483,431	0	1,483,431	40.00
41.00	04100	SUBPROVIDER - IRF	1,004,882	0	1,004,882	41.00
43.00	04300	NURSERY	12,248	0	12,248	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,226,038	0	2,226,038	50.00
51.00	05100	RECOVERY ROOM	116,217	0	116,217	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,724	0	39,724	52.00
53.00	05300	ANESTHESIOLOGY	105,188	0	105,188	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,164,511	0	1,164,511	54.00
54.01	03630	ULTRA SOUND	226,643	0	226,643	54.01
54.02	05401	SPECIAL PROCEDURES	289,387	0	289,387	54.02
56.00	05600	RADIOISOTOPE	112,443	0	112,443	56.00
57.00	05700	CT SCAN	228,802	0	228,802	57.00
58.00	05800	MRI	220,843	0	220,843	58.00
59.00	05900	CARDIAC CATHETERIZATION	576,410	0	576,410	59.00
60.00	06000	LABORATORY	1,084,593	0	1,084,593	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	73,596	0	73,596	63.00
65.00	06500	RESPIRATORY THERAPY	332,292	0	332,292	65.00
65.01	03560	PULMONARY FUNCTION TESTING	14,274	0	14,274	65.01
66.00	06600	PHYSICAL THERAPY	384,125	0	384,125	66.00
67.00	06700	OCCUPATIONAL THERAPY	93,176	0	93,176	67.00
68.00	06800	SPEECH PATHOLOGY	52,650	0	52,650	68.00
69.00	06900	ELECTROCARDIOLOGY	314,752	0	314,752	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,506	0	30,506	70.00
70.01	03280	SLEEP LAB	18,416	0	18,416	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	52,158	0	52,158	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	543,936	0	543,936	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	370,675	0	370,675	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,502,391	0	1,502,391	73.00
73.01	03190	INFUSION THERAPY	60,194	0	60,194	73.01
73.03	07301	PHARMACY VACCINE	3,321	0	3,321	73.03
73.04	03480	FCC INFUSION THERAPY	201,369	0	201,369	73.04
74.00	07400	RENAL DIALYSIS	242,443	0	242,443	74.00
76.97	07697	CARDIAC REHABILITATION	104,676	0	104,676	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	94,497	0	94,497	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	228,292	0	228,292	90.02
90.03	09002	RETINAL VASCULAR	174,205	0	174,205	90.03
91.00	09100	EMERGENCY	950,796	0	950,796	91.00
91.01	09101	IFCC	3,620,763	0	3,620,763	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 8:03 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	299,902	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	187,042	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,429,200	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	43,722	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	117,789	0	192.00
192.01	19201	REFERENCE LAB	23,888	0	192.01
192.02	19202	OP PHARMACY	22,357	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	145,442	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 8:03 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	723,616					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	-69,644,396	245,325,684	5.00
6.00	00600	MAINTENANCE & REPAIRS	797	8,184	0	0	4,314,014	6.00
7.00	00700	OPERATION OF PLANT	83,565	50,437	2,729,637	0	12,617,140	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,093	1,135	40,136	0	1,255,439	8.00
9.00	00900	HOUSEKEEPING	6,411	31,054	0	0	5,889,933	9.00
10.00	01000	DIETARY	11,630	52,299	0	0	3,157,836	10.00
11.00	01100	CAFETERIA	5,452	849	0	0	2,015,283	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	3,942,545	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	5,522,798	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,595	4,386	2,517,181	0	3,769,608	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	458,785	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	2,313	0	117,875	0	173,219	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	70,539	370,668	12,708,396	0	28,280,414	30.00
31.00	03100	INTENSIVE CARE UNIT	6,841	117,499	3,044,701	0	9,099,649	31.00
31.01	03101	CHILDREN'S HOSPITAL	718	5,944	1,000,269	0	1,346,139	31.01
40.00	04000	SUBPROVIDER - IPF	37,546	6,072	3,967,386	0	9,411,914	40.00
41.00	04100	SUBPROVIDER - IRF	24,750	9,101	3,420,658	0	5,531,503	41.00
43.00	04300	NURSERY	107	890	143,241	0	188,010	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,788	485,883	3,583,652	0	8,001,135	50.00
51.00	05100	RECOVERY ROOM	1,665	27,423	631,924	0	935,788	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	432,258	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,604	613,044	2,225,063	0	6,634,895	54.00
54.01	03630	ULTRA SOUND	3,390	62,012	1,226,694	0	1,722,262	54.01
54.02	05401	SPECIAL PROCEDURES	1,833	164,715	946,070	0	1,636,141	54.02
56.00	05600	RADIOISOTOPE	783	46,259	466,407	0	1,091,723	56.00
57.00	05700	CT SCAN	1,838	81,822	760,204	0	1,283,328	57.00
58.00	05800	MRI	6,040	21,895	472,438	0	806,256	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,413	339,978	656,851	0	1,390,439	59.00
60.00	06000	LABORATORY	11,531	195,644	4,745,320	0	13,189,746	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	1,448,832	63.00
65.00	06500	RESPIRATORY THERAPY	2,065	48,536	1,268,066	0	4,266,178	65.00
65.01	03560	PULMONARY FUNCTION TESTING	244	4,960	40,222	0	60,344	65.01
66.00	06600	PHYSICAL THERAPY	8,266	52,089	1,994,324	0	2,717,103	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,058	1,203	1,169,729	0	1,535,670	67.00
68.00	06800	SPEECH PATHOLOGY	724	9,270	451,539	0	578,329	68.00
69.00	06900	ELECTROCARDIOLOGY	3,314	139,469	1,019,343	0	1,957,861	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	475,699	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	835,356	73.04
74.00	07400	RENAL DIALYSIS	5,722	23,014	544,286	0	1,540,787	74.00
76.97	07697	CARDIAC REHABILITATION	2,010	13,021	267,208	0	405,234	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,822	1,824	634,106	0	1,105,573	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	1,092,948	90.02
90.03	09002	RETINAL VASCULAR	3,466	17,895	191,181	0	370,305	90.03
91.00	09100	EMERGENCY	11,895	79,688	4,922,014	0	12,170,532	91.00

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 8:03 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	
91.01	09101	IFCC	0	1,772,706	12,667,593	0	23,139,497	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	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	3,072,543	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	720,287	8,454,905	106,430,885	-69,644,396	242,051,035	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	1,618	0	0	0	30,209	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	16,505	192.01
192.02	19202	OP PHARMACY	827	0	0	0	15,676	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	23,612,081		69,644,396	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18.670821	1.029161	0.220969		0.283885	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			50,318		8,801,919	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000471		0.035879	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 8:03 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	429,871					6.00
7.00	00700	OPERATION OF PLANT	83,565	346,306				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	336,802		9.00
10.00	01000	DIETARY	11,630	11,630	0	11,630	282,187	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	70,539	70,539	43,837	70,539	173,283	30.00
31.00	03100	INTENSIVE CARE UNIT	6,841	6,841	5,430	6,841	10,656	31.00
31.01	03101	CHILDREN'S HOSPITAL	718	718	1,569	718	381	31.01
40.00	04000	SUBPROVIDER - IPF	37,546	37,546	13,187	37,546	51,757	40.00
41.00	04100	SUBPROVIDER - IRF	24,750	24,750	10,219	24,750	40,108	41.00
43.00	04300	NURSERY	107	107	216	107	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

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 8:03 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	
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
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)	426,542	342,977	74,458	333,473	282,187	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)	5,538,698	17,275,652	1,805,987	7,964,416	5,059,331	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.884558	49.885512	24.255110	23.647175	17.929001	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	178,087	2,100,773	124,024	404,731	473,610	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.414280	6.066233	1.665691	1.201688	1.678355	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 8:03 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	1,925,197					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	58,617	0	998,897			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	386,894	0	386,894	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	73,445	0	73,445	0	0	31.00
31.01	03101	CHILDREN'S HOSPITAL	23,498	0	23,498	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	104,993	0	104,993	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	104,914	0	104,914	0	0	41.00
43.00	04300	NURSERY	3,520	0	3,520	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 8:03 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)	1,922,694	0	998,897	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)	3,058,539	0	5,396,347	1,053,247	7,787,643
203.00		Unit cost multiplier (Wkst. B, Part I)	1.588689	0.000000	5.402306	0.055069	0.349838
204.00		Cost to be allocated (per Wkst. B, Part II)	216,857	0	222,744	311,388	626,825
205.00		Unit cost multiplier (Wkst. B, Part II)	0.112641	0.000000	0.222990	0.016281	0.028158
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 8:03 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	1,506,488,112					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	43,837	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	19,644,777	5,430	0	0	0	31.00
31.01	03101	CHILDREN'S HOSPITAL	4,083,453	1,569	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	3,156,218	13,187	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	16,153,077	10,219	0	0	0	41.00
43.00	04300	NURSERY	270,864	216	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

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 8:03 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	
91.01	09101	IFCC	283,593,815	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	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)	1,506,488,112	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)	6,500,835	535,826	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004315	7.196352	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	620,298	15,807	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000412	0.212294	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 8:03 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	0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	100			22.00
23.00	02300	PARAMED ED PRGM-PHARMACY					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
31.01	03101	CHILDREN'S HOSPITAL	0	0	0	0	31.01
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	LITHOTRIPS	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

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 8:03 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					
91.01	09101	IFCC	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		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	278,048	885,290	444,120		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	2,780.480000	115.227125	43.872370		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	11,755	64,912	68,775		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	117.550000	8.448783	6.793935		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 8:03 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	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	50,568,602		50,568,602	0	50,568,602	30.00
31.00	03100	INTENSIVE CARE UNIT	13,320,176		13,320,176	0	13,320,176	31.00
31.01	03101	CHILDREN'S HOSPITAL	2,028,408		2,028,408	0	2,028,408	31.01
40.00	04000	SUBPROVIDER - IPF	17,425,211		17,425,211	0	17,425,211	40.00
41.00	04100	SUBPROVIDER - IRF	11,129,396		11,129,396	0	11,129,396	41.00
43.00	04300	NURSERY	283,200		283,200	0	283,200	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,245,793		15,245,793	0	15,245,793	50.00
51.00	05100	RECOVERY ROOM	1,500,396		1,500,396	0	1,500,396	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,333,263		1,333,263	0	1,333,263	52.00
53.00	05300	ANESTHESIOLOGY	668,235		668,235	0	668,235	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,591,805		9,591,805	0	9,591,805	54.00
54.01	03630	ULTRA SOUND	2,632,151		2,632,151	0	2,632,151	54.01
54.02	05401	SPECIAL PROCEDURES	2,398,685		2,398,685	0	2,398,685	54.02
56.00	05600	RADIOISOTOPE	1,524,146		1,524,146	0	1,524,146	56.00
57.00	05700	CT SCAN	2,336,385		2,336,385	0	2,336,385	57.00
58.00	05800	MRI	1,666,648		1,666,648	0	1,666,648	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,437,540		2,437,540	0	2,437,540	59.00
60.00	06000	LABORATORY	19,085,810		19,085,810	0	19,085,810	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,967,392		1,967,392	0	1,967,392	63.00
65.00	06500	RESPIRATORY THERAPY	5,846,301	0	5,846,301	0	5,846,301	65.00
65.01	03560	PULMONARY FUNCTION TESTING	104,861	0	104,861	0	104,861	65.01
66.00	06600	PHYSICAL THERAPY	4,374,630	0	4,374,630	0	4,374,630	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,167,147	0	2,167,147	0	2,167,147	67.00
68.00	06800	SPEECH PATHOLOGY	841,576	0	841,576	0	841,576	68.00
69.00	06900	ELECTROCARDIOLOGY	2,949,558		2,949,558	73,177	3,022,735	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	286,980		286,980	0	286,980	70.00
70.01	03280	SLEEP LAB	175,937		175,937	0	175,937	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,853,731		1,853,731	0	1,853,731	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,919,115		12,919,115	0	12,919,115	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,419,230		9,419,230	0	9,419,230	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,358,630		37,358,630	0	37,358,630	73.00
73.01	03190	INFUSION THERAPY	686,850		686,850	0	686,850	73.01
73.03	07301	PHARMACY VACCINE	82,326		82,326	0	82,326	73.03
73.04	03480	FCC INFUSION THERAPY	1,674,854		1,674,854	0	1,674,854	73.04
74.00	07400	RENAL DIALYSIS	2,542,554		2,542,554	0	2,542,554	74.00
76.97	07697	CARDIAC REHABILITATION	707,791		707,791	0	707,791	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,632,222		1,632,222	0	1,632,222	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	2,086,411		2,086,411	0	2,086,411	90.02
90.03	09002	RETINAL VASCULAR	789,041		789,041	0	789,041	90.03
91.00	09100	EMERGENCY	18,961,790		18,961,790	0	18,961,790	91.00
91.01	09101	IFCC	30,938,819		30,938,819	0	30,938,819	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,879,654		9,879,654		9,879,654	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	10,643,616		10,643,616		10,643,616	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,194,278		4,194,278		4,194,278	116.00
200.00		Subtotal (see instructions)	320,261,144	0	320,261,144	73,177	320,334,321	200.00
201.00		Less Observation Beds	9,879,654		9,879,654		9,879,654	201.00
202.00		Total (see instructions)	310,381,490	0	310,381,490	73,177	310,454,667	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0191

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

Worksheet C
Part I
Date/Time Prepared:
11/29/2021 8:03 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	93,169,302		93,169,302		30.00
31.00	03100	INTENSIVE CARE UNIT	19,644,777		19,644,777		31.00
31.01	03101	CHILDREN'S HOSPITAL	4,083,453		4,083,453		31.01
40.00	04000	SUBPROVIDER - IPF	22,476,117		22,476,117		40.00
41.00	04100	SUBPROVIDER - IRF	16,153,077		16,153,077		41.00
43.00	04300	NURSERY	270,864		270,864		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	41,625,664	49,394,641	91,020,305	0.167499	50.00
51.00	05100	RECOVERY ROOM	6,303,032	7,363,032	13,666,064	0.109790	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,348,449	360,054	2,708,503	0.492251	52.00
53.00	05300	ANESTHESIOLOGY	9,580,296	8,438,877	18,019,173	0.037085	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,705,187	25,538,344	34,243,531	0.280106	54.00
54.01	03630	ULTRA SOUND	5,291,861	13,935,032	19,226,893	0.136899	54.01
54.02	05401	SPECIAL PROCEDURES	10,830,556	12,858,150	23,688,706	0.101259	54.02
56.00	05600	RADIOISOTOPE	2,786,578	5,919,835	8,706,413	0.175060	56.00
57.00	05700	CT SCAN	43,707,203	71,167,137	114,874,340	0.020339	57.00
58.00	05800	MRI	8,984,018	11,944,706	20,928,724	0.079634	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,585,973	6,566,205	14,152,178	0.172238	59.00
60.00	06000	LABORATORY	81,159,309	126,183,305	207,342,614	0.092050	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,412,767	3,336,989	10,749,756	0.183017	63.00
65.00	06500	RESPIRATORY THERAPY	25,664,413	2,197,455	27,861,868	0.209832	65.00
65.01	03560	PULMONARY FUNCTION TESTING	37,703	986,413	1,024,116	0.102392	65.01
66.00	06600	PHYSICAL THERAPY	10,158,184	9,384,586	19,542,770	0.223849	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,402,020	284,408	9,686,428	0.223730	67.00
68.00	06800	SPEECH PATHOLOGY	4,323,872	188,608	4,512,480	0.186500	68.00
69.00	06900	ELECTROCARDIOLOGY	12,900,049	11,206,311	24,106,360	0.122356	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	739,074	244,756	983,830	0.291697	70.00
70.01	03280	SLEEP LAB	943,124	113,452	1,056,576	0.166516	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,443,165	0	5,443,165	0.340561	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,035,808	6,439,758	13,475,566	0.958707	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,711,388	6,630,906	15,342,294	0.613939	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	65,822,809	132,736,139	198,558,948	0.188149	73.00
73.01	03190	INFUSION THERAPY	25,206	4,667,424	4,692,630	0.146368	73.01
73.03	07301	PHARMACY VACCINE	211,513	176,476	387,989	0.212186	73.03
73.04	03480	FCC INFUSION THERAPY	50,337	9,269,428	9,319,765	0.179710	73.04
74.00	07400	RENAL DIALYSIS	7,306,537	646,853	7,953,390	0.319682	74.00
76.97	07697	CARDIAC REHABILITATION	8,312	383,765	392,077	1.805235	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	713,714	6,033,748	6,747,462	0.241902	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	12,752	4,554,447	4,567,199	0.456825	90.02
90.03	09002	RETINAL VASCULAR	3,663	683,615	687,278	1.148067	90.03
91.00	09100	EMERGENCY	27,664,479	103,533,602	131,198,081	0.144528	91.00
91.01	09101	IFCC	10,121,926	273,471,889	283,593,815	0.109096	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,632,780	10,873,045	16,505,825	0.598556	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	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 8:03 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
31.01	03101	CHILDREN'S HOSPITAL				31.01
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	0.167499			50.00
51.00	05100	RECOVERY ROOM	0.109790			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.492251			52.00
53.00	05300	ANESTHESIOLOGY	0.037085			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.280106			54.00
54.01	03630	ULTRA SOUND	0.136899			54.01
54.02	05401	SPECIAL PROCEDURES	0.101259			54.02
56.00	05600	RADIOISOTOPE	0.175060			56.00
57.00	05700	CT SCAN	0.020339			57.00
58.00	05800	MRI	0.079634			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.172238			59.00
60.00	06000	LABORATORY	0.092050			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.183017			63.00
65.00	06500	RESPIRATORY THERAPY	0.209832			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.102392			65.01
66.00	06600	PHYSICAL THERAPY	0.223849			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.223730			67.00
68.00	06800	SPEECH PATHOLOGY	0.186500			68.00
69.00	06900	ELECTROCARDIOLOGY	0.125392			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.291697			70.00
70.01	03280	SLEEP LAB	0.166516			70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.340561			70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.958707			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613939			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188149			73.00
73.01	03190	INFUSION THERAPY	0.146368			73.01
73.03	07301	PHARMACY VACCINE	0.212186			73.03
73.04	03480	FCC INFUSION THERAPY	0.179710			73.04
74.00	07400	RENAL DIALYSIS	0.319682			74.00
76.97	07697	CARDIAC REHABILITATION	1.805235			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.241902			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0.456825			90.02
90.03	09002	RETINAL VASCULAR	1.148067			90.03
91.00	09100	EMERGENCY	0.144528			91.00
91.01	09101	IFCC	0.109096			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.598556			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 8:03 pm

			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	50,568,602		50,568,602	0
31.00	03100	INTENSIVE CARE UNIT	13,320,176		13,320,176	0
31.01	03101	CHILDREN'S HOSPITAL	2,028,408		2,028,408	0
40.00	04000	SUBPROVIDER - IPF	17,425,211		17,425,211	0
41.00	04100	SUBPROVIDER - IRF	11,129,396		11,129,396	0
43.00	04300	NURSERY	283,200		283,200	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,245,793		15,245,793	0
51.00	05100	RECOVERY ROOM	1,500,396		1,500,396	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,333,263		1,333,263	0
53.00	05300	ANESTHESIOLOGY	668,235		668,235	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,591,805		9,591,805	0
54.01	03630	ULTRA SOUND	2,632,151		2,632,151	0
54.02	05401	SPECIAL PROCEDURES	2,398,685		2,398,685	0
56.00	05600	RADIOISOTOPE	1,524,146		1,524,146	0
57.00	05700	CT SCAN	2,336,385		2,336,385	0
58.00	05800	MRI	1,666,648		1,666,648	0
59.00	05900	CARDIAC CATHETERIZATION	2,437,540		2,437,540	0
60.00	06000	LABORATORY	19,085,810		19,085,810	0
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0		0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,967,392		1,967,392	0
65.00	06500	RESPIRATORY THERAPY	5,846,301	0	5,846,301	0
65.01	03560	PULMONARY FUNCTION TESTING	104,861	0	104,861	0
66.00	06600	PHYSICAL THERAPY	4,374,630	0	4,374,630	0
67.00	06700	OCCUPATIONAL THERAPY	2,167,147	0	2,167,147	0
68.00	06800	SPEECH PATHOLOGY	841,576	0	841,576	0
69.00	06900	ELECTROCARDIOLOGY	2,949,558		2,949,558	73,177
70.00	07000	ELECTROENCEPHALOGRAPHY	286,980		286,980	0
70.01	03280	SLEEP LAB	175,937		175,937	0
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,853,731		1,853,731	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,919,115		12,919,115	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,419,230		9,419,230	0
73.00	07300	DRUGS CHARGED TO PATIENTS	37,358,630		37,358,630	0
73.01	03190	INFUSION THERAPY	686,850		686,850	0
73.03	07301	PHARMACY VACCINE	82,326		82,326	0
73.04	03480	FCC INFUSION THERAPY	1,674,854		1,674,854	0
74.00	07400	RENAL DIALYSIS	2,542,554		2,542,554	0
76.97	07697	CARDIAC REHABILITATION	707,791		707,791	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,632,222		1,632,222	0
76.99	07699	LITHOTRIPSY	0		0	0
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	2,086,411		2,086,411	0
90.03	09002	RETINAL VASCULAR	789,041		789,041	0
91.00	09100	EMERGENCY	18,961,790		18,961,790	0
91.01	09101	IFCC	30,938,819		30,938,819	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,879,654		9,879,654	0
OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0
101.00	10100	HOME HEALTH AGENCY	10,643,616		10,643,616	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
116.00	11600	HOSPICE	4,194,278		4,194,278	
200.00		Subtotal (see instructions)	320,261,144	0	320,261,144	73,177
201.00		Less Observation Beds	9,879,654		9,879,654	
202.00		Total (see instructions)	310,381,490	0	310,381,490	73,177

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 8:03 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	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	93,169,302		93,169,302			30.00	
31.00	03100	INTENSIVE CARE UNIT	19,644,777		19,644,777			31.00	
31.01	03101	CHILDREN'S HOSPITAL	4,083,453		4,083,453			31.01	
40.00	04000	SUBPROVIDER - IPF	22,476,117		22,476,117			40.00	
41.00	04100	SUBPROVIDER - IRF	16,153,077		16,153,077			41.00	
43.00	04300	NURSERY	270,864		270,864			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	41,625,664	49,394,641	91,020,305	0.167499	0.000000	50.00	
51.00	05100	RECOVERY ROOM	6,303,032	7,363,032	13,666,064	0.109790	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,348,449	360,054	2,708,503	0.492251	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	9,580,296	8,438,877	18,019,173	0.037085	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,705,187	25,538,344	34,243,531	0.280106	0.000000	54.00	
54.01	03630	ULTRA SOUND	5,291,861	13,935,032	19,226,893	0.136899	0.000000	54.01	
54.02	05401	SPECIAL PROCEDURES	10,830,556	12,858,150	23,688,706	0.101259	0.000000	54.02	
56.00	05600	RADIOISOTOPE	2,786,578	5,919,835	8,706,413	0.175060	0.000000	56.00	
57.00	05700	CT SCAN	43,707,203	71,167,137	114,874,340	0.020339	0.000000	57.00	
58.00	05800	MRI	8,984,018	11,944,706	20,928,724	0.079634	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	7,585,973	6,566,205	14,152,178	0.172238	0.000000	59.00	
60.00	06000	LABORATORY	81,159,309	126,183,305	207,342,614	0.092050	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,412,767	3,336,989	10,749,756	0.183017	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	25,664,413	2,197,455	27,861,868	0.209832	0.000000	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	37,703	986,413	1,024,116	0.102392	0.000000	65.01	
66.00	06600	PHYSICAL THERAPY	10,158,184	9,384,586	19,542,770	0.223849	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	9,402,020	284,408	9,686,428	0.223730	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	4,323,872	188,608	4,512,480	0.186500	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	12,900,049	11,206,311	24,106,360	0.122356	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	739,074	244,756	983,830	0.291697	0.000000	70.00	
70.01	03280	SLEEP LAB	943,124	113,452	1,056,576	0.166516	0.000000	70.01	
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,443,165	0	5,443,165	0.340561	0.000000	70.02	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,035,808	6,439,758	13,475,566	0.958707	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,711,388	6,630,906	15,342,294	0.613939	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	65,822,809	132,736,139	198,558,948	0.188149	0.000000	73.00	
73.01	03190	INFUSION THERAPY	25,206	4,667,424	4,692,630	0.146368	0.000000	73.01	
73.03	07301	PHARMACY VACCINE	211,513	176,476	387,989	0.212186	0.000000	73.03	
73.04	03480	FCC INFUSION THERAPY	50,337	9,269,428	9,319,765	0.179710	0.000000	73.04	
74.00	07400	RENAL DIALYSIS	7,306,537	646,853	7,953,390	0.319682	0.000000	74.00	
76.97	07697	CARDIAC REHABILITATION	8,312	383,765	392,077	1.805235	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	713,714	6,033,748	6,747,462	0.241902	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	12,752	4,554,447	4,567,199	0.456825	0.000000	90.02	
90.03	09002	RETINAL VASCULAR	3,663	683,615	687,278	1.148067	0.000000	90.03	
91.00	09100	EMERGENCY	27,664,479	103,533,602	131,198,081	0.144528	0.000000	91.00	
91.01	09101	IFCC	10,121,926	273,471,889	283,593,815	0.109096	0.000000	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,632,780	10,873,045	16,505,825	0.598556	0.000000	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	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 8:03 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
31.01	03101	CHILDREN'S HOSPITAL				31.01
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 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/29/2021 8:03 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	3,810,477	0	3,810,477	54,481	69.94	30.00
31.00	INTENSIVE CARE UNIT	689,954		689,954	5,430	127.06	31.00
31.01	CHILDREN'S HOSPITAL	86,962		86,962	1,569	55.43	31.01
40.00	SUBPROVIDER - IPF	1,483,431	0	1,483,431	13,187	112.49	40.00
41.00	SUBPROVIDER - IRF	1,004,882	0	1,004,882	10,219	98.33	41.00
43.00	NURSERY	12,248		12,248	216	56.70	43.00
200.00	Total (lines 30 through 199)	7,087,954		7,087,954	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	1,117,292				30.00
31.00	INTENSIVE CARE UNIT	1,635	207,743				31.00
31.01	CHILDREN'S HOSPITAL	0	0				31.01
40.00	SUBPROVIDER - IPF	497	55,908				40.00
41.00	SUBPROVIDER - IRF	4,526	445,042				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	22,633	1,825,985				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part II
Date/Time Prepared:
11/29/2021 8:03 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	2,226,038	91,020,305	0.024456	13,628,559	333,300	50.00
51.00	05100	RECOVERY ROOM	116,217	13,666,064	0.008504	2,113,754	17,975	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,724	2,708,503	0.014666	0	0	52.00
53.00	05300	ANESTHESIOLOGY	105,188	18,019,173	0.005838	2,317,981	13,532	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,164,511	34,243,531	0.034007	3,094,222	105,225	54.00
54.01	03630	ULTRA SOUND	226,643	19,226,893	0.011788	1,650,113	19,452	54.01
54.02	05401	SPECIAL PROCEDURES	289,387	23,688,706	0.012216	4,250,201	51,920	54.02
56.00	05600	RADIOISOTOPE	112,443	8,706,413	0.012915	988,696	12,769	56.00
57.00	05700	CT SCAN	228,802	114,874,340	0.001992	14,906,214	29,693	57.00
58.00	05800	MRI	220,843	20,928,724	0.010552	2,978,267	31,427	58.00
59.00	05900	CARDIAC CATHETERIZATION	576,410	14,152,178	0.040729	2,364,508	96,304	59.00
60.00	06000	LABORATORY	1,084,593	207,342,614	0.005231	25,489,750	133,337	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	73,596	10,749,756	0.006846	2,274,375	15,570	63.00
65.00	06500	RESPIRATORY THERAPY	332,292	27,861,868	0.011926	8,479,934	101,132	65.00
65.01	03560	PULMONARY FUNCTION TESTING	14,274	1,024,116	0.013938	11,075	154	65.01
66.00	06600	PHYSICAL THERAPY	384,125	19,542,770	0.019656	1,419,261	27,897	66.00
67.00	06700	OCCUPATIONAL THERAPY	93,176	9,686,428	0.009619	1,119,706	10,770	67.00
68.00	06800	SPEECH PATHOLOGY	52,650	4,512,480	0.011668	708,776	8,270	68.00
69.00	06900	ELECTROCARDIOLOGY	314,752	24,106,360	0.013057	4,518,770	59,002	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,506	983,830	0.031007	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	52,158	5,443,165	0.009582	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	543,936	13,475,566	0.040365	2,614,551	105,536	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	370,675	15,342,294	0.024160	3,312,102	80,020	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,502,391	198,558,948	0.007566	20,427,465	154,554	73.00
73.01	03190	INFUSION THERAPY	60,194	4,692,630	0.012827	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	201,369	9,319,765	0.021607	36,340	785	73.04
74.00	07400	RENAL DIALYSIS	242,443	7,953,390	0.030483	2,735,011	83,371	74.00
76.97	07697	CARDIAC REHABILITATION	104,676	392,077	0.266978	1,982	529	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	94,497	6,747,462	0.014005	247,010	3,459	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	228,292	4,567,199	0.049985	286	14	90.02
90.03	09002	RETINAL VASCULAR	174,205	687,278	0.253471	1,576	399	90.03
91.00	09100	EMERGENCY	950,796	131,198,081	0.007247	10,503,034	76,115	91.00
91.01	09101	IFCC	3,620,763	283,593,815	0.012767	3,131,180	39,976	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	744,462	16,505,825	0.045103	2,609,041	117,676	92.00
200.00		Total (lines 50 through 199)	16,598,764	1,366,967,112		138,526,156	1,744,404	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 8:03 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	487,218	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	86,041	0	31.00		
31.01	03101	CHILDREN'S HOSPITAL	0	0	0	0	0	31.01		
40.00	04000	SUBPROVIDER - IPF	0	0	0	6,449	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	45,101	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	624,809	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	487,218	54,481	8.94	15,975	30.00		
31.00	03100	INTENSIVE CARE UNIT		86,041	5,430	15.85	1,635	31.00		
31.01	03101	CHILDREN'S HOSPITAL		0	1,569	0.00	0	31.01		
40.00	04000	SUBPROVIDER - IPF	0	6,449	13,187	0.49	497	40.00		
41.00	04100	SUBPROVIDER - IRF	0	45,101	10,219	4.41	4,526	41.00		
43.00	04300	NURSERY		0	216	0.00	0	43.00		
200.00		Total (lines 30 through 199)		624,809	85,102		22,633	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost						
			9.00	13.00						
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	142,817	0	30.00					
31.00	03100	INTENSIVE CARE UNIT	25,915	0	31.00					
31.01	03101	CHILDREN'S HOSPITAL	0	0	31.01					
40.00	04000	SUBPROVIDER - IPF	244	0	40.00					
41.00	04100	SUBPROVIDER - IRF	19,960	0	41.00					
43.00	04300	NURSERY	0	0	43.00					
200.00		Total (lines 30 through 199)	188,936	0	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 8:03 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		16,233	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	16,132	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	16,132	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	278,048	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	16,233	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	547,213	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	95,190	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	985,181	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 8:03 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	16,233	16,233	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	16,132	16,132	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	16,132	16,132	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	278,048	278,048	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	16,233	16,233	7,953,390	0.002041	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	547,213	547,213	131,198,081	0.004171	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	95,190	95,190	16,505,825	0.005767	92.00
200.00		Total (lines 50 through 199)	0	985,181	985,181	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 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/29/2021 8:03 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	0.002041	2,735,011	5,582	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	0.004171	10,503,034	43,808	8,569,395	35,743	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	0.005767	2,609,041	15,046	1,410,142	8,132	92.00	
200.00		Total (lines 50 through 199)		138,526,156	103,066	173,996,728	125,160	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 8:03 pm

				Title XVIII	Hospital	PPS
Cost Center Description			PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
			21.00	24.00		
	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	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	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	0	0		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	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Total (lines 50 through 199)	0	0		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 8:03 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		0.167499	10,321,323	1	2	1,728,811	50.00
51.00	05100	RECOVERY ROOM		0.109790	1,695,861	0	0	186,189	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.492251	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.037085	1,775,323	0	0	65,838	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.280106	4,455,128	0	0	1,247,908	54.00
54.01	03630	ULTRA SOUND		0.136899	1,797,438	0	0	246,067	54.01
54.02	05401	SPECIAL PROCEDURES		0.101259	6,836,692	0	0	692,277	54.02
56.00	05600	RADIOISOTOPE		0.175060	1,371,172	452	0	240,037	56.00
57.00	05700	CT SCAN		0.020339	11,238,834	8	27	228,587	57.00
58.00	05800	MRI		0.079634	3,010,394	4	12	239,730	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.172238	2,547,411	0	1	438,761	59.00
60.00	06000	LABORATORY		0.092050	11,875,040	80,959	0	1,093,097	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.183017	594,236	3,038	0	108,755	63.00
65.00	06500	RESPIRATORY THERAPY		0.209832	208,455	0	0	43,741	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0.102392	409,022	0	0	41,881	65.01
66.00	06600	PHYSICAL THERAPY		0.223849	12,075	0	0	2,703	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.223730	1,423	0	0	318	67.00
68.00	06800	SPEECH PATHOLOGY		0.186500	5,494	0	0	1,025	68.00
69.00	06900	ELECTROCARDIOLOGY		0.122356	2,009,823	0	0	245,914	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.291697	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		0.340561	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.958707	2,502,002	0	0	2,398,687	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.613939	2,076,710	0	0	1,274,973	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.188149	54,582,176	8,063	5,069	10,269,582	73.00
73.01	03190	INFUSION THERAPY		0.146368	1,765,355	0	0	258,391	73.01
73.03	07301	PHARMACY VACCINE		0.212186	41,029	0	0	8,706	73.03
73.04	03480	FCC INFUSION THERAPY		0.179710	2,760,477	0	0	496,085	73.04
74.00	07400	RENAL DIALYSIS		0.319682	3,724	0	0	1,190	74.00
76.97	07697	CARDIAC REHABILITATION		1.805235	145,381	0	0	262,447	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.241902	2,399,423	0	0	580,425	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0.456825	600,268	0	0	274,217	90.02
90.03	09002	RETINAL VASCULAR		1.148067	284,165	0	0	326,240	90.03
91.00	09100	EMERGENCY		0.144528	8,569,395	0	0	1,238,518	91.00
91.01	09101	IFCC		0.109096	36,628,557	46,382	47	3,996,029	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.598556	1,410,142	0	0	844,049	92.00
200.00		Subtotal (see instructions)			173,996,728	138,907	5,158	29,096,247	200.00
201.00		Less PBP Clinic Lab. Services-Program				0	0		201.00
202.00		Only Charges							
202.00		Net Charges (line 200 - line 201)			173,996,728	138,907	5,158	29,096,247	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/29/2021 8:03 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	7,452	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)	14,664	961		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	14,664	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 8:03 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	2,226,038	91,020,305	0.024456	0	0	50.00	
51.00	05100	RECOVERY ROOM	116,217	13,666,064	0.008504	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,724	2,708,503	0.014666	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	105,188	18,019,173	0.005838	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,164,511	34,243,531	0.034007	6,536	222	54.00	
54.01	03630	ULTRA SOUND	226,643	19,226,893	0.011788	1,316	16	54.01	
54.02	05401	SPECIAL PROCEDURES	289,387	23,688,706	0.012216	0	0	54.02	
56.00	05600	RADIOISOTOPE	112,443	8,706,413	0.012915	0	0	56.00	
57.00	05700	CT SCAN	228,802	114,874,340	0.001992	4,037	8	57.00	
58.00	05800	MRI	220,843	20,928,724	0.010552	6,160	65	58.00	
59.00	05900	CARDIAC CATHETERIZATION	576,410	14,152,178	0.040729	0	0	59.00	
60.00	06000	LABORATORY	1,084,593	207,342,614	0.005231	213,170	1,115	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	73,596	10,749,756	0.006846	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	332,292	27,861,868	0.011926	7,820	93	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	14,274	1,024,116	0.013938	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	384,125	19,542,770	0.019656	3,126	61	66.00	
67.00	06700	OCCUPATIONAL THERAPY	93,176	9,686,428	0.009619	618	6	67.00	
68.00	06800	SPEECH PATHOLOGY	52,650	4,512,480	0.011668	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	314,752	24,106,360	0.013057	19,392	253	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	30,506	983,830	0.031007	1,245	39	70.00	
70.01	03280	SLEEP LAB	18,416	1,056,576	0.017430	0	0	70.01	
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	52,158	5,443,165	0.009582	0	0	70.02	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	543,936	13,475,566	0.040365	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	370,675	15,342,294	0.024160	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	1,502,391	198,558,948	0.007566	72,225	546	73.00	
73.01	03190	INFUSION THERAPY	60,194	4,692,630	0.012827	0	0	73.01	
73.03	07301	PHARMACY VACCINE	3,321	387,989	0.008560	0	0	73.03	
73.04	03480	FCC INFUSION THERAPY	201,369	9,319,765	0.021607	0	0	73.04	
74.00	07400	RENAL DIALYSIS	242,443	7,953,390	0.030483	0	0	74.00	
76.97	07697	CARDIAC REHABILITATION	104,676	392,077	0.266978	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	94,497	6,747,462	0.014005	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	228,292	4,567,199	0.049985	0	0	90.02	
90.03	09002	RETINAL VASCULAR	174,205	687,278	0.253471	1,172	297	90.03	
91.00	09100	EMERGENCY	950,796	131,198,081	0.007247	110,782	803	91.00	
91.01	09101	IFCC	3,620,763	283,593,815	0.012767	5,101	65	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)	15,854,302	1,366,967,112		452,700	3,589	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 8:03 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	16,233	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	16,132	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	16,132	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	278,048	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	16,233	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	547,213	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	889,991	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 8:03 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		16,233	16,233	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		16,132	16,132	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		16,132	16,132	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		278,048	278,048	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		16,233	16,233	7,953,390	0.002041	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		547,213	547,213	131,198,081	0.004171	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		889,991	889,991	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 8:03 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	0.002041	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	0.004171	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/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 8:03 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost					
			21.00	24.00					
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	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0					62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	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	0	0					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	0	0					91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
200.00		Total (lines 50 through 199)	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 8:03 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	2,226,038	91,020,305	0.024456	135,567	3,315	50.00
51.00	05100	RECOVERY ROOM	116,217	13,666,064	0.008504	33,314	283	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,724	2,708,503	0.014666	0	0	52.00
53.00	05300	ANESTHESIOLOGY	105,188	18,019,173	0.005838	26,989	158	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,164,511	34,243,531	0.034007	185,334	6,303	54.00
54.01	03630	ULTRA SOUND	226,643	19,226,893	0.011788	72,663	857	54.01
54.02	05401	SPECIAL PROCEDURES	289,387	23,688,706	0.012216	108,256	1,322	54.02
56.00	05600	RADIOISOTOPE	112,443	8,706,413	0.012915	15,207	196	56.00
57.00	05700	CT SCAN	228,802	114,874,340	0.001992	237,115	472	57.00
58.00	05800	MRI	220,843	20,928,724	0.010552	85,151	899	58.00
59.00	05900	CARDIAC CATHETERIZATION	576,410	14,152,178	0.040729	0	0	59.00
60.00	06000	LABORATORY	1,084,593	207,342,614	0.005231	1,009,135	5,279	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	73,596	10,749,756	0.006846	78,943	540	63.00
65.00	06500	RESPIRATORY THERAPY	332,292	27,861,868	0.011926	536,114	6,394	65.00
65.01	03560	PULMONARY FUNCTION TESTING	14,274	1,024,116	0.013938	1,055	15	65.01
66.00	06600	PHYSICAL THERAPY	384,125	19,542,770	0.019656	2,956,851	58,120	66.00
67.00	06700	OCCUPATIONAL THERAPY	93,176	9,686,428	0.009619	2,965,834	28,528	67.00
68.00	06800	SPEECH PATHOLOGY	52,650	4,512,480	0.011668	1,156,579	13,495	68.00
69.00	06900	ELECTROCARDIOLOGY	314,752	24,106,360	0.013057	49,491	646	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,506	983,830	0.031007	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	52,158	5,443,165	0.009582	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	543,936	13,475,566	0.040365	80,712	3,258	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	370,675	15,342,294	0.024160	17,812	430	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,502,391	198,558,948	0.007566	1,429,551	10,816	73.00
73.01	03190	INFUSION THERAPY	60,194	4,692,630	0.012827	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	201,369	9,319,765	0.021607	0	0	73.04
74.00	07400	RENAL DIALYSIS	242,443	7,953,390	0.030483	448,060	13,658	74.00
76.97	07697	CARDIAC REHABILITATION	104,676	392,077	0.266978	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	94,497	6,747,462	0.014005	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	228,292	4,567,199	0.049985	0	0	90.02
90.03	09002	RETINAL VASCULAR	174,205	687,278	0.253471	0	0	90.03
91.00	09100	EMERGENCY	950,796	131,198,081	0.007247	23,620	171	91.00
91.01	09101	IFCC	3,620,763	283,593,815	0.012767	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)	15,854,302	1,366,967,112		11,746,984	156,506	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 8:03 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	16,233	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	16,132	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	16,132	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	278,048	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	16,233	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	547,213	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	889,991	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 8:03 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		16,233	16,233	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		16,132	16,132	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		16,132	16,132	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		278,048	278,048	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		16,233	16,233	7,953,390	0.002041	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		547,213	547,213	131,198,081	0.004171	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		889,991	889,991	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 8:03 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	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000		2,956,851	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		2,965,834	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		1,156,579	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		49,491	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		2,318	0	0	0	70.00
70.01	03280	SLEEP LAB	0.000000		0	0	0	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		80,712	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		17,812	0	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	0	73.01
73.03	07301	PHARMACY VACCINE	0.000000		0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.000000		0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0.002041		448,060	914	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		90,725	0	0	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		0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0.000000		0	0	0	0	90.03
91.00	09100	EMERGENCY	0.004171		23,620	99	0	0	91.00
91.01	09101	IFCC	0.000000		0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		0	0	0	0	92.00
200.00		Total (lines 50 through 199)			11,746,984	3,348	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 8:03 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost					
			21.00	24.00					
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	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0					62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	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	0	0					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	0	0					91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
200.00		Total (lines 50 through 199)	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 8:03 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	487,218	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	0	86,041	0	31.00			
31.01	03101	CHILDREN'S HOSPITAL	0	0	0	0	0	31.01			
40.00	04000	SUBPROVIDER - IPF	0	0	0	6,449	0	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	0	45,101	0	41.00			
43.00	04300	NURSERY	0	0	0	0	0	43.00			
200.00		Total (lines 30 through 199)	0	0	0	624,809	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	487,218	54,481	8.94	1,655	30.00			
31.00	03100	INTENSIVE CARE UNIT		86,041	5,430	15.85	177	31.00			
31.01	03101	CHILDREN'S HOSPITAL		0	1,569	0.00	406	31.01			
40.00	04000	SUBPROVIDER - IPF	0	6,449	13,187	0.49	1,138	40.00			
41.00	04100	SUBPROVIDER - IRF	0	45,101	10,219	4.41	906	41.00			
43.00	04300	NURSERY		0	216	0.00	55	43.00			
200.00		Total (lines 30 through 199)		624,809	85,102		4,337	200.00			
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost							
			9.00	13.00							
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	14,796	0							30.00
31.00	03100	INTENSIVE CARE UNIT	2,805	0							31.00
31.01	03101	CHILDREN'S HOSPITAL	0	0							31.01
40.00	04000	SUBPROVIDER - IPF	558	0							40.00
41.00	04100	SUBPROVIDER - IRF	3,995	0							41.00
43.00	04300	NURSERY	0	0							43.00
200.00		Total (lines 30 through 199)	22,154	0							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 8:03 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	16,233	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	16,132	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	16,132	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	278,048	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	16,233	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	547,213	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	95,190	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	985,181	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 8:03 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	16,233	16,233	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	16,132	16,132	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	16,132	16,132	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	278,048	278,048	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	16,233	16,233	7,953,390	0.002041	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	547,213	547,213	131,198,081	0.004171	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	95,190	95,190	16,505,825	0.005767	92.00
200.00		Total (lines 50 through 199)	0	985,181	985,181	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 8:03 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	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0.000000	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0.000000	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.001140	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	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	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000579	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0.000000	0	0	0	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	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001400	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0.000000	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0.000000	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.000000	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0.002041	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0.000000	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.004171	0	0	0	0	91.00
91.01	09101	IFCC	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.005767	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 8:03 pm	
				Title XIX		Hospital		Cost	
Cost Center Description				PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost				
				21.00	24.00				
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	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0					62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	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	0	0					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	0	0					91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
200.00		Total (lines 50 through 199)	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 8:03 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	16,233	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	16,132	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	16,132	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	278,048	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	16,233	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	547,213	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	889,991	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 8:03 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		16,233	16,233	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		16,132	16,132	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		16,132	16,132	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		278,048	278,048	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		16,233	16,233	7,953,390	0.002041	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		547,213	547,213	131,198,081	0.004171	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		889,991	889,991	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 8:03 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	0.002041	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	0.004171	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-S191	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/29/2021 8:03 pm
				Title XIX	Subprovider - IPF	Cost
Cost Center Description				PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	
				21.00	24.00	
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	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	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	0	0		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	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Total (lines 50 through 199)	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 8:03 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	16,233	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	16,132	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	16,132	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	278,048	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	16,233	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	547,213	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	889,991	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 8:03 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		16,233	16,233	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		16,132	16,132	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		16,132	16,132	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		278,048	278,048	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		16,233	16,233	7,953,390	0.002041	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		547,213	547,213	131,198,081	0.004171	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		889,991	889,991	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 8:03 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	0.002041	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	0.004171	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 8:03 pm		
				Title XIX		Subprovider - IRF		Cost		
Cost Center Description				PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost					
				21.00	24.00					
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		0	0					56.00
57.00	05700	CT SCAN		0	0					57.00
58.00	05800	MRI		0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0					59.00
60.00	06000	LABORATORY		0	0					60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0	0					62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	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		0	0					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		0	0					91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0					92.00
200.00		Total (lines 50 through 199)		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 8:03 pm	
Title XVIII		Hospital	PPS		
Cost Center Description		1.00			
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	54,481			1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	54,481			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)	43,837			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)	50,568,602			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)	50,568,602			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)	50,568,602			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)	928.19			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	14,827,835			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	14,827,835			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 8:03 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	13,320,176	5,430	2,453.07	1,635	4,010,769
43.01	CHILDREN'S HOSPITAL	2,028,408	1,569	1,292.80	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)					23,940,465
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					42,779,069
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,493,767
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,847,470
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,341,237
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					39,437,832
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)					10,644
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					928.19
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,879,654

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 8:03 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	3,810,477	50,568,602	0.075353	9,879,654	744,462	90.00
91.00 Nursing School cost	0	50,568,602	0.000000	9,879,654	0	91.00
92.00 Allied health cost	487,218	50,568,602	0.009635	9,879,654	95,190	92.00
93.00 All other Medical Education	0	50,568,602	0.000000	9,879,654	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 8:03 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)		13,187	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,187	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)		13,187	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)		17,425,211	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)		17,425,211	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)		17,425,211	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)		1,321.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		656,731	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)		656,731	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 8:03 pm	
				Title XVIII	Subprovider - IPF	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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	CHILDREN'S HOSPITAL	0	0	0.00	0	0	43.01
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)					58,982	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					715,713	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)					56,152	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,157	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					60,309	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					655,404	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-S191		Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 8:03 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	1,483,431	17,425,211	0.085131	0	0 90.00
91.00	Nursing School cost	0	17,425,211	0.000000	0	0 91.00
92.00	Allied health cost	6,449	17,425,211	0.000370	0	0 92.00
93.00	All other Medical Education	0	17,425,211	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 8:03 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)		11,129,396	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)		11,129,396	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)		11,129,396	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)		1,089.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,929,221	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)		4,929,221	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 8:03 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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	CHILDREN'S HOSPITAL	0	0	0.00	0	0	43.01
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)					2,408,380	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,337,601	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)					465,002	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					159,854	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					624,856	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,712,745	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 8:03 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	1,004,882	11,129,396	0.090291	0	0 90.00
91.00	Nursing School cost	0	11,129,396	0.000000	0	0 91.00
92.00	Allied health cost	45,101	11,129,396	0.004052	0	0 92.00
93.00	All other Medical Education	0	11,129,396	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 8:03 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)		54,481	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		54,481	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)		43,837	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,655	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)		216	15.00
16.00	Nursery days (title V or XIX only)		55	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)		50,568,602	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)		50,568,602	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)		50,568,602	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)		928.19	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,536,154	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,536,154	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 8:03 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)	283,200	216	1,311.11	55	72,111	42.00	
	Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	13,320,176	5,430	2,453.07	177	434,193	43.00	
43.01	CHILDREN'S HOSPITAL	2,028,408	1,569	1,292.80	406	524,877	43.01	
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)						2,567,335	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)						928.19	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						9,879,654	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 8:03 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	3,810,477	50,568,602	0.075353	9,879,654	744,462	90.00
91.00	Nursing School cost	0	50,568,602	0.000000	9,879,654	0	91.00
92.00	Allied health cost	487,218	50,568,602	0.009635	9,879,654	95,190	92.00
93.00	All other Medical Education	0	50,568,602	0.000000	9,879,654	0	93.00

Health Financial Systems		INGALLS MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191	Period: From 07/01/2020	Worksheet D-1	
		Component CCN: 14-S191	To 06/30/2021	Date/Time Prepared: 11/29/2021 8:03 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)			13,187	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			13,187	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)			13,187	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			1,138	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)			216	15.00
16.00	Nursery days (title V or XIX only)			55	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)			17,425,211	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)			17,425,211	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)			17,425,211	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)			1,321.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,503,742	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,503,742	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 8:03 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
43.01 CHILDREN'S HOSPITAL	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)					1,503,742
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)					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
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 8:03 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	1,483,431	17,425,211	0.085131	0	0	90.00
91.00 Nursing School cost	0	17,425,211	0.000000	0	0	91.00
92.00 Allied health cost	6,449	17,425,211	0.000370	0	0	92.00
93.00 All other Medical Education	0	17,425,211	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 8:03 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)		216	15.00
16.00	Nursery days (title V or XIX only)		55	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)		11,129,396	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)		11,129,396	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)		11,129,396	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)		1,089.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		986,716	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)		986,716	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 8:03 pm	
				Title XIX		Subprovider - IRF	Cost
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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	CHILDREN'S HOSPITAL	0	0	0.00	0	0	43.01
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)					986,716	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)					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 8:03 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	1,004,882	11,129,396	0.090291	0	0	90.00
91.00 Nursing School cost	0	11,129,396	0.000000	0	0	91.00
92.00 Allied health cost	45,101	11,129,396	0.004052	0	0	92.00
93.00 All other Medical Education	0	11,129,396	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 8:03 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		32,624,958	30.00
31.00	03100	INTENSIVE CARE UNIT		6,155,430	31.00
31.01	03101	CHILDREN'S HOSPITAL		0	31.01
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	0.167499	13,628,559	50.00
51.00	05100	RECOVERY ROOM	0.109790	2,113,754	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.492251	0	52.00
53.00	05300	ANESTHESIOLOGY	0.037085	2,317,981	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.280106	3,094,222	54.00
54.01	03630	ULTRA SOUND	0.136899	1,650,113	54.01
54.02	05401	SPECIAL PROCEDURES	0.101259	4,250,201	54.02
56.00	05600	RADIOISOTOPE	0.175060	988,696	56.00
57.00	05700	CT SCAN	0.020339	14,906,214	57.00
58.00	05800	MRI	0.079634	2,978,267	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.172238	2,364,508	59.00
60.00	06000	LABORATORY	0.092050	25,489,750	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.183017	2,274,375	63.00
65.00	06500	RESPIRATORY THERAPY	0.209832	8,479,934	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.102392	11,075	65.01
66.00	06600	PHYSICAL THERAPY	0.223849	1,419,261	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.223730	1,119,706	67.00
68.00	06800	SPEECH PATHOLOGY	0.186500	708,776	68.00
69.00	06900	ELECTROCARDIOLOGY	0.125392	4,518,770	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.291697	293,928	70.00
70.01	03280	SLEEP LAB	0.166516	281,917	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.340561	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.958707	2,614,551	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.613939	3,312,102	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188149	20,427,465	73.00
73.01	03190	INFUSION THERAPY	0.146368	16,571	73.01
73.03	07301	PHARMACY VACCINE	0.212186	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.179710	36,340	73.04
74.00	07400	RENAL DIALYSIS	0.319682	2,735,011	74.00
76.97	07697	CARDIAC REHABILITATION	1.805235	1,982	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.241902	247,010	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001	PSYCH ANCILLARY	0.456825	286	90.02
90.03	09002	RETINAL VASCULAR	1.148067	1,576	90.03
91.00	09100	EMERGENCY	0.144528	10,503,034	91.00
91.01	09101	IFCC	0.109096	3,131,180	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.598556	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 8:03 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
31.01	03101 CHILDREN'S HOSPITAL				31.01
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	0.167499	0	0	50.00
51.00	05100 RECOVERY ROOM	0.109790	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.492251	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.037085	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.280106	6,536	1,831	54.00
54.01	03630 ULTRA SOUND	0.136899	1,316	180	54.01
54.02	05401 SPECIAL PROCEDURES	0.101259	0	0	54.02
56.00	05600 RADIOISOTOPE	0.175060	0	0	56.00
57.00	05700 CT SCAN	0.020339	4,037	82	57.00
58.00	05800 MRI	0.079634	6,160	491	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.172238	0	0	59.00
60.00	06000 LABORATORY	0.092050	213,170	19,622	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.183017	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.209832	7,820	1,641	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.102392	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.223849	3,126	700	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.223730	618	138	67.00
68.00	06800 SPEECH PATHOLOGY	0.186500	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.125392	19,392	2,432	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.291697	1,245	363	70.00
70.01	03280 SLEEP LAB	0.166516	0	0	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.340561	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.958707	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.613939	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.188149	72,225	13,589	73.00
73.01	03190 INFUSION THERAPY	0.146368	0	0	73.01
73.03	07301 PHARMACY VACCINE	0.212186	0	0	73.03
73.04	03480 FCC INFUSION THERAPY	0.179710	0	0	73.04
74.00	07400 RENAL DIALYSIS	0.319682	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	1.805235	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.241902	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001 PSYCH ANCILLARY	0.456825	0	0	90.02
90.03	09002 RETINAL VASCULAR	1.148067	1,172	1,346	90.03
91.00	09100 EMERGENCY	0.144528	110,782	16,011	91.00
91.01	09101 IFCC	0.109096	5,101	556	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.598556	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	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 8:03 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
31.01	03101 CHILDREN'S HOSPITAL				31.01
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	0.167499	135,567	22,707	50.00
51.00	05100 RECOVERY ROOM	0.109790	33,314	3,658	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.492251	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.037085	26,989	1,001	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.280106	185,334	51,913	54.00
54.01	03630 ULTRA SOUND	0.136899	72,663	9,947	54.01
54.02	05401 SPECIAL PROCEDURES	0.101259	108,256	10,962	54.02
56.00	05600 RADIOISOTOPE	0.175060	15,207	2,662	56.00
57.00	05700 CT SCAN	0.020339	237,115	4,823	57.00
58.00	05800 MRI	0.079634	85,151	6,781	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.172238	0	0	59.00
60.00	06000 LABORATORY	0.092050	1,009,135	92,891	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.183017	78,943	14,448	63.00
65.00	06500 RESPIRATORY THERAPY	0.209832	536,114	112,494	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.102392	1,055	108	65.01
66.00	06600 PHYSICAL THERAPY	0.223849	2,956,851	661,888	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.223730	2,965,834	663,546	67.00
68.00	06800 SPEECH PATHOLOGY	0.186500	1,156,579	215,702	68.00
69.00	06900 ELECTROCARDIOLOGY	0.125392	49,491	6,206	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.291697	2,318	676	70.00
70.01	03280 SLEEP LAB	0.166516	0	0	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.340561	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.958707	80,712	77,379	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.613939	17,812	10,935	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.188149	1,429,551	268,969	73.00
73.01	03190 INFUSION THERAPY	0.146368	588	86	73.01
73.03	07301 PHARMACY VACCINE	0.212186	0	0	73.03
73.04	03480 FCC INFUSION THERAPY	0.179710	0	0	73.04
74.00	07400 RENAL DIALYSIS	0.319682	448,060	143,237	74.00
76.97	07697 CARDIAC REHABILITATION	1.805235	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.241902	90,725	21,947	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001 PSYCH ANCILLARY	0.456825	0	0	90.02
90.03	09002 RETINAL VASCULAR	1.148067	0	0	90.03
91.00	09100 EMERGENCY	0.144528	23,620	3,414	91.00
91.01	09101 IFCC	0.109096	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.598556	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		11,746,984	2,408,380	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		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A
Date/Time Prepared:
11/29/2021 8:03 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)			41.66	31.00
32.00	Sum of lines 30 and 31			49.96	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 8:03 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)			2,807,531	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).			168,732	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			103,066	58.00
59.00	Total (sum of amounts on lines 49 through 58)			41,889,304	59.00
60.00	Primary payer payments			15,725	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			41,873,579	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)			39,755,740	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 8:03 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)		412,841	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		39,058,946	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)		1,133,297	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
HVPB Adjustment for HSP Bonus Payment				
101.00	HVPB adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVPB adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0191

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

Worksheet DSH

Date/Time Prepared:
11/29/2021 8:03 pm

		Title XVIII		Hospital		PPS	
		Original .mcrcx Values	Adjusted .mcrcx Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	8.30	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	41.66	0.00			41.66	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	49.96	0.00			41.66	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	213.84	0.00			213.84	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	24.05	0.00			23.58	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	8.30	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	3.28	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	1,341	0			1,341	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	5,321	0			5,321	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	14,480	0			14,480	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	258	0			258	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	21,400	0			21,400	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	51,052	0			51,052	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	313	0			313	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	51,365	0			51,365	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	41.66	0.00			41.66	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE			Provider CCN: 14-0191		Period: From 07/01/2020 To 06/30/2021		Worksheet DSH Date/Time Prepared: 11/29/2021 8:03 pm	
			Title XVIII		Hospital		PPS	
			Original .mcrx Values		Adjusted .mcax Values		Revised	
			Condition	Percentage	Condition	Percentage	Condition	
			1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE								
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	30.43			0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00			0.00	False	29.00
30.00	Line 28 or 29 as applicable		30.43			0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		30.43			0.00		31.00
			Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
			1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE								
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False					False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False					False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False					False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False					False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban					Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0191

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

Worksheet DSH

Date/Time Prepared:
11/29/2021 8:03 pm

Title XVIII

Hospital

PPS

		Revised		
		Percentage		
		6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	23.58		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	23.58		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	23.58		31.00

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 8:03 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	2,807,531	0	727,331	2,080,200	2,807,531

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 8:03 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	9,498,637	32,069,447	41,568,084	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	0.1065	0.1065	0.1065	0.1065		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	263,340	0	68,552	194,788	263,340	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,807,531	0	727,331	2,080,200	2,807,531	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 8:03 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
1.02	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
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	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
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
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	140,098	140,098		140,098
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	515,135		515,135	515,135
3.00	Operating outlier reconciliation	2.01	0	0	0	0
4.00	Managed care simulated payments	3.00	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	5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	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	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	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
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
11.01	Uncompensated care payments	36.00	3,509,300	940,356	2,568,944	3,509,300
Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0
13.00	Subtotal (see instructions)	47.00	38,408,875	9,711,662	28,697,213	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
15.00	Total payment for inpatient operating costs (see instructions)	49.00	38,408,875	9,711,662	28,697,213	38,408,875
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,807,531	727,331	2,080,200	2,807,531
17.00	Special add-on payments for new technologies	54.00	351,678	0	351,678	351,678
17.01	Net organ acquisition cost					
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0
19.00	SUBTOTAL			10,438,993	31,129,091	41,568,084

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 8:03 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	0.1065	0.1065	0.1065		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	263,340	68,552	194,788	263,340	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,807,531	727,331	2,080,200	2,807,531	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		104,194	308,647	412,841	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 8:03 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15,625	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		28,971,087	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		125,160	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,625	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)		128,440	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)		15,625	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)		23,641,649	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)		19,433,138	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)		19,433,138	30.00
31.00	Primary payer payments		257	31.00
32.00	Subtotal (line 30 minus line 31)		19,432,881	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)		20,076,652	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)		20,076,652	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)		49,864	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

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0191

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part B
Date/Time Prepared:
11/29/2021 8:03 pm

Title XVIII

Hospital

PPS

Overrides

1.00

WORKSHEET OVERRIDE VALUES

112.00 Override of Ancillary service charges (line 12)

0 112.00

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 8:03 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		1,133,297		49,864	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		39,058,946		20,076,652	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 8:03 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		18,966		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		446,996		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 8:03 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 8:03 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
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

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 8:03 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)			36.128767 9.00
10.00	Teaching Adjustment Factor {(1 + (line 8/line 9)) raised to the power of .5150 -1}.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			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)			0 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	Coinsurance			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)			812 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)			446,996 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)			18,966 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 8:03 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 06/30/2021Worksheet E-3
Part VII
Date/Time Prepared:
11/29/2021 8:03 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		2,567,335		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)		2,567,335	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)		2,567,335	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)		2,567,335	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)		2,567,335	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	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
OVERRIDES					
109.00	Override Ancillary service charges (line 9)		0	0	109.00

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 8:03 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		1,503,742		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)		1,503,742	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)		1,503,742	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)		1,503,742	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)		1,503,742	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
OVERRIDES					
109.00	Override Ancillary service charges (line 9)		0	0	109.00

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 8:03 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		986,716		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)		986,716	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)		986,716	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)		986,716	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)		986,716	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
OVERRIDES					
109.00	Override Ancillary service charges (line 9)		0	0	109.00

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 8:03 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)	74,555	74,555		27.00
28.00	Ratio of inpatient days to total inpatient days	0.303575	0.180632		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 8:03 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)			16,233	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)			0.002041	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)			50,832,383	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)			50,816,658	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			29,111,872	42.00
43.00	Primary payer payments (see instructions)			257	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			29,111,615	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			79,928,273	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.635778	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.364222	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 8:03 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 8:03 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 8:03 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
11.01	CHILDREN'S HOSPITAL	0		0	11.01
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 8:03 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 8:03 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
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 8:03 pmHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
			0	1.00				
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	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 8:03 pmHome Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Agency 1 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	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	247,910	1,739,084	6.00	
7.00	Physical Therapy	0	0	0	0	381,052	1,005,043	7.00	
8.00	Occupational Therapy	0	0	0	0	89,933	229,613	8.00	
9.00	Speech Pathology	0	0	0	0	-18,026	42,868	9.00	
10.00	Medical Social Services	0	0	0	0	-1,434	83,256	10.00	
11.00	Home Health Aide	0	0	0	0	57,570	73,104	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	197,273	12.00	
13.00	Drugs	0	0	0		0	0	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	1,058,390	2,523,777	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)	0	0	0	0	-1,242,687	5,894,018	24.00	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		3,058,082	25.00	
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.518845	26.00	

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 8:03 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	692,661	2.00
3.00	Physical Therapy	1,145,453	0	0	117,025	1,262,478	400,299	3.00
4.00	Occupational Therapy	258,814	0	0	24,528	283,342	91,453	4.00
5.00	Speech Pathology	83,136	0	0	6,168	89,304	17,074	5.00
6.00	Medical Social Services	127,887	0	0	16,336	144,223	33,160	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	69,685	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	1,005,201	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	2,353,453	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
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 8:03 pmHome 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 8:03 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	3,347,332	0	3,347,332	148,789	3,496,121	2.00
3.00	Physical Therapy	0	1,662,777	0	1,662,777	73,910	1,736,687	3.00
4.00	Occupational Therapy	0	374,795	0	374,795	16,660	391,455	4.00
5.00	Speech Pathology	0	106,378	0	106,378	4,729	111,107	5.00
6.00	Medical Social Services	0	177,383	0	177,383	7,885	185,268	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	369,312	0	369,312	16,416	385,728	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	4,066,880	0	4,066,880	180,768	4,247,648	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	10,643,616	0	10,643,616	452,970	10,643,616	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.					0.044450		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 8:03 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	Agency 1	MAINTENANCE & REPAIRS (SQUARE FEET)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			ADMINISTRATIVE & GENERAL (ACCUM. COST)		
		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		2,353,453	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.220969		0.232572	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 8:03 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 8:03 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	3,496,121		3,496,121	12,115	288.58	1.00
2.00	Physical Therapy	3.00	1,736,687	510,078	2,246,765	7,297	307.90	2.00
3.00	Occupational Therapy	4.00	391,455	122,298	513,753	2,199	233.63	3.00
4.00	Speech Pathology	5.00	111,107	19,383	130,490	408	319.83	4.00
5.00	Medical Social Services	6.00	185,268		185,268	110	1,684.25	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)		6,010,240	651,759	6,661,999	22,736		7.00
				Program Visits				
				Part B				
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		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
		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	385,728	0	385,728	279,412	1.380499	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
				Program Visits		Cost of Services		
				Part B		Part B		
				Not Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance		
				Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance		
		6.00	7.00	8.00	9.00	10.00	11.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	6,144		0	1,773,036		1.00
2.00	Physical Therapy	0	3,870		0	1,191,573		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	3,470,979		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 8:03 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description						Agency 1				
		6.00	7.00	8.00	9.00	10.00	11.00			
Limitation Cost Computation										
8.00	Skilled Nursing Care							8.00		
8.01	Skilled Nursing Care							8.01		
9.00	Physical Therapy							9.00		
9.01	Physical Therapy							9.01		
10.00	Occupational Therapy							10.00		
10.01	Occupational Therapy							10.01		
11.00	Speech Pathology							11.00		
11.01	Speech Pathology							11.01		
12.00	Medical Social Services							12.00		
12.01	Medical Social Services							12.01		
13.00	Home Health Aide							13.00		
13.01	Home Health Aide							13.01		
14.00	Total (sum of lines 8-13)							14.00		
Cost Center Description		Program Covered Charges			Cost of Services					
		Part A	Part B		Part A	Part B				
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
			6.00	7.00	8.00	9.00	10.00	11.00		
Supplies and Drugs Cost Computations										
15.00	Cost of Medical Supplies	0	166,425	0	0	229,750	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	1,191,573								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)	3,470,979								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 8:03 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	0.223849	2,278,670	510,078	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.223730	546,630	122,298	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.186500	103,930	19,383	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.958707	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.188149	0	0	col. 2, line 16.00		5.00
5.01 Cost of Drugs 1	73.01	0.146368	0	0	col. 2, line 16.01		5.01
5.03 Cost of Drugs 3	73.03	0.212186	0	0	col. 2, line 16.03		5.03
5.04 Cost of Drugs 4	73.04	0.179710	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 8:03 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

Date/Time Prepared:

To 06/30/2021

11/29/2021 8:03 pm

Home Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		2,642,251	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 06/30/2021

Date/Time Prepared:
11/29/2021 8:03 pm

				Hospice I		11/20/2021 0:00 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 8:03 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 8:03 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 8:03 pm

				Hospice I		11/20/2021 3:00 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	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 8:03 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	0	25.00	
26.00	PHYSICIAN SERVICES	0	32,731	32,731	0	32,731	0	26.00	
27.00	NURSE PRACTITIONER	0	0	0	0	0	0	27.00	
28.00	REGISTERED NURSE	556,379	64,731	621,110	0	621,110	0	28.00	
29.00	LPN/LVN	831	97	928	0	928	0	29.00	
30.00	PHYSICAL THERAPY	0	0	0	0	0	0	30.00	
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	31.00	
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	0	32.00	
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	0	33.00	
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	0	34.00	
35.00	DIETARY COUNSELING	0	0	0	0	0	0	35.00	
36.00	COUNSELING - OTHER	13,569	1,591	15,160	0	15,160	0	36.00	
37.00	HOSPICE AIDE & HOME MAKER SERVICES	229,125	26,858	255,983	0	255,983	0	37.00	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	10,485	10,485	0	10,485	0	38.00	
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	0	39.00	
40.00	IMAGING SERVICES	0	0	0	0	0	0	40.00	
41.00	LABS & DIAGNOSTICS	0	485	485	0	485	0	41.00	
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	0	42.00	
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	42.50	
43.00	OUTPATIENT SERVICES	0	0	0	0	0	0	43.00	
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	0	44.00	
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	0	45.00	
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	0	46.00	
100.00	TOTAL *	799,904	136,978	936,882	0	936,882	0	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 & HOME MAKER 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 8:03 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	53,903	71,903	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	872,249	1,266,265	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	181,217	181,217	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	68,269	68,269	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	1,514,089	4,194,278	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
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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	71,903	71,903					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	1,266,265	71,903	0	103,337		1,441,505	4.00
5.00	PLANT OPERATION & MAINTENANCE	181,217	0	0	0		181,217	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0		0	6.00
7.00	HOUSEKEEPING	68,269	0	0	0		68,269	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	4,194,278	71,903	0	401,703		4,194,278	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

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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	1,441,505						4.00
5.00	PLANT OPERATION & MAINTENANCE	94,895	276,112					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	35,749	0			104,018		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	32,565	0			0		10.00
11.00	MEDICAL RECORDS	0	0			0		11.00
12.00	STAFF TRANSPORTATION	10,261	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0			0		13.00
14.00	PHARMACY	88,635	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	14,139	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	545,056						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	8,144	38,513		0	14,509	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	582,014	237,599		0	89,509	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	1,441,505	276,112		0	104,018	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:

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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	94,752				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			29,855		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						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	86,692	0	27,316	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	1,124	0	354	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	6,936	0	2,185	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	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	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	94,752	0	29,855	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0191

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Hospice CCN: 14-1535

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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	257,897					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	41,139				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	235,960	37,640	58,884		2,032,415	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	3,060	488	764	0	82,509	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	18,877	3,011	4,711	0	2,056,286	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		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	257,897	41,139	64,359	0	4,194,278	100.00

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

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

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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	-1,441,505	2,752,773	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	181,217	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	68,269	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)	71,903	0	401,703		1,441,505	100.00
101.00	UNIT COST MULTIPLIER	24.905785	0.000000	0.262265		0.523656	101.00

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

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

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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)	276,112	0	104,018	0	0	100.00
101.00	UNIT COST MULTIPLIER	210.451220	0.000000	79.282012	0.000000	0.000000	101.00

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

Provider CCN: 14-0191

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Cost Center Descriptions		Hospice I				
		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					0 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)	94,752	0	29,855	0	257,897 100.00
101.00	UNIT COST MULTIPLIER	6.143154	0.000000	1.935620	0.000000	16.720501 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 8:03 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)	41,139	64,359	0		100.00
101.00	UNIT COST MULTIPLIER	2.667207	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 8:03 pm

			Hospice I		
			Charges by LOC (from Provider Records)		
Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	HCHC	HRHC	HIRC
	0	1.00	2.00	3.00	4.00
ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.223849	0	0
2.00	OCCUPATIONAL THERAPY	67.00	0.223730	0	0
3.00	SPEECH PATHOLOGY	68.00	0.186500	0	0
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.188149	0	0
4.01	INFUSION THERAPY	73.01	0.146368	0	0
4.03	PHARMACY VACCINE	73.03	0.212186	0	0
4.04	FCC INFUSION THERAPY	73.04	0.179710	0	0
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			
6.00	LABORATORY	60.00	0.092050	0	0
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.958707	0	0
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			
9.00	RADIOLOGY-THERAPEUTIC	55.00			
10.97	CARDIAC REHABILITATION	76.97	1.805235	0	0
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.241902	0	0
10.99	LITHOTRIPSY	76.99	0.000000	0	0
11.00	Totals (sum of lines 1-11)				
			Shared Service Costs by LOC		
Cost Center Descriptions	Charges by LOC (from Provider Records)	HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)
		5.00	6.00	7.00	8.00
ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	0	0	0	0
2.00	OCCUPATIONAL THERAPY	0	0	0	0
3.00	SPEECH PATHOLOGY	0	0	0	0
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0
4.01	INFUSION THERAPY	0	0	0	0
4.03	PHARMACY VACCINE	0	0	0	0
4.04	FCC INFUSION THERAPY	0	0	0	0
5.00	DURABLE MEDICAL EQUIP-RENTED				
6.00	LABORATORY	0	0	0	0
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0
8.00	OTHER OUTPATIENT SERVICE COST CENTER				
9.00	RADIOLOGY-THERAPEUTIC				
10.97	CARDIAC REHABILITATION	0	0	0	0
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0
10.99	LITHOTRIPSY	0	0	0	0
11.00	Totals (sum of lines 1-11)		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 8:03 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)			2,032,415	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)			82,509	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)			450.87	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)	59,966	4,960		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)			2,056,286	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)			1,821.33	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)	1,467,992	127,493		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			4,171,210	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)			270.44	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 8:03 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)		140.13	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)		41.66	8.00
9.00	Sum of lines 7 and 8		49.96	9.00
10.00	Allowable disproportionate share percentage (see instructions)		10.65	10.00
11.00	Disproportionate share adjustment (see instructions)		263,340	11.00
12.00	Total prospective capital payments (see instructions)		2,807,531	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