

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: 14-0252	Period: From 10/01/2020 To 09/30/2021	Worksheet S Parts I-III Date/Time Prepared: 4/22/2022 1:03 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by NORTHWEST COMMUNITY HOSPITAL (14-0252) for the cost reporting period beginning 10/01/2020 and ending 09/30/2021 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.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	Chrissie Erdmann	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Chrissie Erdmann		2
3	Signatory Title	EXECUTIVE VP/CFD		3
4	Date	(Dated when report is electronica		4

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	4,323,188	-308,060	0	0	1.00
2.00 Subprovider - IPF	0	63,420	-12		0	2.00
3.00 Subprovider - IRF	0	78,274	-35		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	4,464,882	-308,107	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: 14-0252		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 4/22/2022 1:03 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 800 WEST CENTRAL ROAD			PO Box:				1.00			
2.00	City: ARLINGTON HEIGHTS			State: IL		Zip Code: 60005		County: COOK 2.00			
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
							V	XVIII	XIX		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		NORTHWEST COMMUNITY HOSPITAL	140252	16984	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		NWCH PSYCHIATRIC UNIT	14S252	16984	4	11/01/1985	N	P	O	4.00
5.00	Subprovider - IRF		NWC REHAB	14T252	16984	5	10/01/2015	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		NORTHWEST COMMUNITY HOME CARE SERVIC	147094	16984		07/01/1966	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
17.20	Hospital-Based (OPT) I										17.20
17.30	Hospital-Based (OOT) I										17.30
17.40	Hospital-Based (OSP) I										17.40
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:		To:			
						1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					10/01/2020		09/30/2021		20.00	
21.00	Type of Control (see instructions)					2				21.00	
						1.00		2.00		3.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	N				22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N		N		22.03	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N		N		22.04	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				1	N				23.00	

Worksheet S-2
Part I
Date/Time Prepared:
4/22/2022 1:03 pm

MCRIF32 - 17.4.174.0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0252		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 4/22/2022 1:03 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.		N	N		60.00	
			Y/N	IME	Direct GME	IME	Direct GME
			1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
			1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					0.00	62.00
62.01	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	62.01
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)						
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings					N	63.00
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)						
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.					0.00	64.00
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	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part I
Date/Time Prepared:
4/22/2022 1:03 pm

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00
			1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS					
	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		N	N	0	71.00
	Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0252	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part I Date/Time Prepared: 4/22/2022 1:03 pm	
			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.	N	N	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.	N	N	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.	N	N	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.	N	N	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.	N	N	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	
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.				
		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

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		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	11,550,546	0	0 118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0252	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part I Date/Time Prepared: 4/22/2022 1:03 pm	
1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				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	N
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N	146.00
				1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N	149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N
161.20	OUTPATIENT PHYSICAL THERAPY		N	N	N
161.30	OUTPATIENT OCCUPATIONAL THERAPY		N	N	N
161.40	OUTPATIENT SPEECH PATHOLOGY		N	N	N
				1.00	
Multicampus					
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
					4.00
					5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
				1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99	169.00
		Beginning	Ending		
		1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				170.00
		1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			N	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0252	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part II Date/Time Prepared: 4/22/2022 1:03 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	01/10/2022	Y
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0252	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part II Date/Time Prepared: 4/22/2022 1:03 pm
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?			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: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part II
Date/Time Prepared:
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		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CONSULTANT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
4/22/2022 1:03 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	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	356	129,940	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)		356	129,940	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	60	21,900	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	8	2,920	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		424	154,760	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	52	18,980		0	16.00
17.00 SUBPROVIDER - IRF	41.00	33	12,045		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						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
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)		509				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: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
4/22/2022 1:03 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)	29,444	2,143	67,570			1.00
2.00	HMO and other (see instructions)	12,037	8,210				2.00
3.00	HMO IPF Subprovider	781	3,349				3.00
4.00	HMO IRF Subprovider	1,090	118				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)	29,444	2,143	67,570			7.00
8.00	INTENSIVE CARE UNIT	3,726	334	7,367			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	67	3,595			12.00
13.00	NURSERY		208	4,301			13.00
14.00	Total (see instructions)	33,170	2,752	82,833	0.00	2,521.62	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,740	652	12,211	0.00	73.59	16.00
17.00	SUBPROVIDER - IRF	5,809	245	8,864	0.00	38.71	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	25,003	0	36,901	0.00	60.61	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			1,661			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	2,694.53	27.00
28.00	Observation Bed Days		0	2,081			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	147	923			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: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
4/22/2022 1:03 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	7,465	553	18,773	1.00
2.00 HMO and other (see instructions)			2,389	1,517		2.00
3.00 HMO IPF Subprovider				526		3.00
4.00 HMO IRF Subprovider				10		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	7,465	553	18,773	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	213	101	1,812	16.00
17.00 SUBPROVIDER - IRF	0.00	0	469	13	719	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						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
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: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
4/22/2022 1:03 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	212,346,609	0	212,346,609	5,393,734.00	39.37
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		869,923	0	869,923	6,029.00	144.29
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		47,278	0	47,278	328.00	144.14
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)		15,745,267	96,516	15,841,783	399,518.00	39.65
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		12,564,612	0	12,564,612	120,246.00	104.49
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		3,633,473	0	3,633,473	26,960.00	134.77
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		44,785,545	0	44,785,545		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		3,555,013	0	3,555,013		
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		93,661	0	93,661		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		5,092	0	5,092		
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: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
4/22/2022 1:03 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	2,130,044	0	2,130,044	38,346.00	55.55	26.00
27.00	Administrative & General	5.00	46,561,836	-81,662	46,480,174	970,116.00	47.91	27.00
28.00	Administrative & General under contract (see inst.)		4,170,460	0	4,170,460	36,436.00	114.46	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,887,406	0	2,887,406	70,858.00	40.75	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	3,555,136	0	3,555,136	211,993.00	16.77	32.00
33.00	Housekeeping under contract (see instructions)		747,195	0	747,195	10,400.00	71.85	33.00
34.00	Dietary	10.00	3,385,529	-980,940	2,404,589	124,771.00	19.27	34.00
35.00	Dietary under contract (see instructions)		1,063,138	0	1,063,138	17,773.00	59.82	35.00
36.00	Cafeteria	11.00	0	980,940	980,940	50,900.00	19.27	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	7,916,229	0	7,916,229	155,568.00	50.89	38.00
39.00	Central Services and Supply	14.00	3,183,652	0	3,183,652	116,590.00	27.31	39.00
40.00	Pharmacy	15.00	5,035,112	0	5,035,112	1,052,697.00	4.78	40.00
41.00	Medical Records & Medical Records Library	16.00	1,680,533	0	1,680,533	44,884.00	37.44	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part III
Date/Time Prepared:
4/22/2022 1:03 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)	218,280,124	0	218,280,124	5,458,015.00	39.99	1.00
2.00	Excluded area salaries (see instructions)	15,745,267	96,516	15,841,783	399,518.00	39.65	2.00
3.00	Subtotal salaries (line 1 minus line 2)	202,534,857	-96,516	202,438,341	5,058,497.00	40.02	3.00
4.00	Subtotal other wages & related costs (see inst.)	16,198,085	0	16,198,085	147,206.00	110.04	4.00
5.00	Subtotal wage-related costs (see inst.)	44,879,206	0	44,879,206	0.00	22.17	5.00
6.00	Total (sum of lines 3 thru 5)	263,612,148	-96,516	263,515,632	5,205,703.00	50.62	6.00
7.00	Total overhead cost (see instructions)	82,316,270	-81,662	82,234,608	2,901,332.00	28.34	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part IV
Date/Time Prepared:
4/22/2022 1:03 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	6,865,063	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)	23,631,533	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	810,095	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	411,068	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)	729,487	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,902,719	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	13,468,397	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	215,004	19.00
20.00	State or Federal Unemployment Taxes	97	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	405,847	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	48,439,310	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part V
Date/Time Prepared:
4/22/2022 1:03 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	12,564,612	48,439,310	1.00
2.00	Hospital	12,564,612	44,884,298	2.00
3.00	Subprovider - IPF	0	1,332,025	3.00
4.00	Subprovider - IRF	0	677,285	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	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	1,545,702	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0252 Component CCN: 14-7094		Period: From 10/01/2020 To 09/30/2021		Worksheet S-4 Date/Time Prepared: 4/22/2022 1:03 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			COOK		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	1,122	0	365	1,487	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,472.00	0.00	1,296.00	2,768.00	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		0.00	3.00	3.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			8.91	0.00	8.91	5.00
6.00	Direct Nursing Service			20.79	0.00	20.79	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			15.22	0.00	15.22	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			4.88	0.00	4.88	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.53	0.00	0.53	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.80	0.00	0.80	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.00	0.00	1.00	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
						CBSA Data	
						1.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					4	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
20.02						20994	20.02
20.03						29404	20.03
		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	11,101	219	362	67	11,749	21.00
22.00	Skilled Nursing Visit Charges	2,064,786	40,734	67,332	12,462	2,185,314	22.00
23.00	Physical Therapy Visits	8,804	208	180	51	9,243	23.00
24.00	Physical Therapy Visit Charges	2,359,472	55,744	48,240	13,668	2,477,124	24.00
25.00	Occupational Therapy Visits	2,752	113	14	18	2,897	25.00
26.00	Occupational Therapy Visit Charges	737,536	30,284	3,752	4,824	776,396	26.00
27.00	Speech Pathology Visits	191	13	0	0	204	27.00
28.00	Speech Pathology Visit Charges	51,188	3,484	0	0	54,672	28.00
29.00	Medical Social Service Visits	145	13	2	2	162	29.00
30.00	Medical Social Service Visit Charges	35,235	2,916	486	486	39,123	30.00
31.00	Home Health Aide Visits	722	20	1	5	748	31.00
32.00	Home Health Aide Visit Charges	97,470	2,700	135	675	100,980	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	23,715	586	559	143	25,003	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)	5,345,687	135,862	119,945	32,115	5,633,609	35.00
36.00	Total Number of Episodes (standard/non outlier)	2,790		321	31	3,142	36.00
37.00	Total Number of Outlier Episodes		30		0	30	37.00
38.00	Total Non-Routine Medical Supply Charges	449,691	5,902	25,830	1,957	483,380	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0252	Period: From 10/01/2020 To 09/30/2021	Worksheet S-10 Date/Time Prepared: 4/22/2022 1:03 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)			0.253337 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	23,942,429		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			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	150,582,145		6.00
7.00	Medicaid cost (line 1 times line 6)	38,148,029		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)	14,205,600		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)	14,205,600		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	25,544,793	2,087,189	27,631,982 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	6,471,441	2,087,189	8,558,630 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	6,471,441	2,087,189	8,558,630 23.00
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	18,134,170		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,590,000		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	2,446,155		27.01
28.00	Non-Medicare bad debt expense (see instructions)	15,688,015		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	4,830,510		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	13,389,140		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	27,594,740		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet A

Date/Time Prepared:
4/22/2022 1:03 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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		13,892,911	13,892,911	7,645,625	21,538,536	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		23,063,209	23,063,209	0	23,063,209	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,130,044	31,636,921	33,766,965	0	33,766,965	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	46,561,836	76,576,547	123,138,383	-6,269,047	116,869,336	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,887,406	14,689,972	17,577,378	38,504	17,615,882	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,555,136	3,777,282	7,332,418	37,081	7,369,499	9.00
10.00	01000	DIETARY	3,385,529	3,191,754	6,577,283	-1,905,734	4,671,549	10.00
11.00	01100	CAFETERIA	0	0	0	1,905,734	1,905,734	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	7,916,229	921,555	8,837,784	0	8,837,784	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,183,652	-156,585	3,027,067	2,593,102	5,620,169	14.00
15.00	01500	PHARMACY	5,035,112	11,629,836	16,664,948	-10,874,898	5,790,050	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,680,533	2,353,671	4,034,204	0	4,034,204	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 PROGRAM	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-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,083,681	5,802,802	36,886,483	-4,087,894	32,798,589	30.00
31.00	03100	INTENSIVE CARE UNIT	7,370,344	2,913,290	10,283,634	-1,027,807	9,255,827	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,253,627	817,362	3,070,989	-1,427,937	1,643,052	35.00
40.00	04000	SUBPROVIDER - IPF	5,597,108	1,064,435	6,661,543	19,550	6,681,093	40.00
41.00	04100	SUBPROVIDER - IRF	2,574,729	4,411,405	6,986,134	-3,703,079	3,283,055	41.00
43.00	04300	NURSERY	0	0	0	2,847,093	2,847,093	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,484,217	25,956,517	38,440,734	-22,478,427	15,962,307	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,317,843	1,561,227	4,879,070	-659,481	4,219,589	52.00
53.00	05300	ANESTHESIOLOGY	361	482,252	482,613	-468,561	14,052	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,517,778	8,341,480	22,859,258	-3,683,878	19,175,380	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	1,696,010	547,477	2,243,487	-81,411	2,162,076	54.01
56.01	03480	ONCOLOGY	2,020,955	8,359,524	10,380,479	-70,832	10,309,647	56.01
60.00	06000	LABORATORY	8,620,749	15,229,197	23,849,946	-1,213,028	22,636,918	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	471,309	2,353,608	2,824,917	-37,181	2,787,736	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,219,377	501,227	2,720,604	-274,447	2,446,157	65.00
66.00	06600	PHYSICAL THERAPY	9,503,362	1,486,705	10,990,067	-182,343	10,807,724	66.00
66.01	06601	IP REHAB THERAPIES	0	0	0	3,703,060	3,703,060	66.01
69.00	06900	ELECTROCARDIOLOGY	4,767,219	2,680,977	7,448,196	-367,466	7,080,730	69.00
69.01	03630	CARDIAC CATH LAB	2,380,670	12,480,112	14,860,782	-12,202,597	2,658,185	69.01
69.02	03160	CARDIAC REHABILITATION	0	0	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	31,201,404	31,201,404	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,100,237	18,100,237	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,684,077	10,684,077	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0	0	0	179,865	179,865	73.01
73.02	07302	COVID 19 VACCINE	1,222,018	299,731	1,521,749	-25,195	1,496,554	73.02
74.00	07400	RENAL DIALYSIS	265	1,774,158	1,774,423	-18,063	1,756,360	74.00
76.97	07697	CARDIAC REHABILITATION	644,660	86,996	731,656	-14,872	716,784	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								
90.01	09001	OUTPATIENT TREATMENT CENTERS	3,189,094	2,292,177	5,481,271	-294,953	5,186,318	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	1,407,484	117,838	1,525,322	-2,159	1,523,163	90.02
91.00	09100	EMERGENCY	8,384,524	4,746,406	13,130,930	-1,904,708	11,226,222	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,710,318	350,843	3,061,161	-141,149	2,920,012	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	4,664,364	2,138,968	6,803,332	1,203	6,804,535	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		5,964,885	5,964,885	-5,964,885	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	209,437,543	294,338,672	503,776,215	-425,497	503,350,718	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	126,072	96,403	222,475	0	222,475	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet A

Date/Time Prepared:
4/22/2022 1:03 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	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	DAY SURGERY CENTER	0	0	0	0	0	192.01
192.02	19202	RESIDENTIAL TREATMENT CENTER	941,915	80,036	1,021,951	0	1,021,951	192.02
192.03	19203	MOBILE DENTAL CLINIC	222,533	82,204	304,737	0	304,737	192.03
192.04	19204	EMS CONTINUING EDUCATION	0	0	0	0	0	192.04
194.00	07950	CORPORATE HEALTH	241,653	52,718	294,371	0	294,371	194.00
194.01	07951	MARKETING/COMMUNICATION	0	0	0	425,497	425,497	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	OTHER NRCC	917,874	2,371,810	3,289,684	0	3,289,684	194.03
194.04	07954	OP PHARMACY	459,019	3,904,190	4,363,209	0	4,363,209	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	212,346,609	300,926,033	513,272,642	0	513,272,642	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet A

Date/Time Prepared:
4/22/2022 1:03 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,168,603	23,707,139	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-733,106	22,330,103	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,450,620	31,316,345	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-30,264,083	86,605,253	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-4,485	17,611,397	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	0	7,369,499	9.00
10.00	01000	DIETARY	-784	4,670,765	10.00
11.00	01100	CAFETERIA	-1,005,468	900,266	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-353,364	8,484,420	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-81,303	5,538,866	14.00
15.00	01500	PHARMACY	-10,270	5,779,780	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,497	4,032,707	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING PROGRAM	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-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-745,001	32,053,588	30.00
31.00	03100	INTENSIVE CARE UNIT	-226,681	9,029,146	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-69,753	1,573,299	35.00
40.00	04000	SUBPROVIDER - IPF	-100,000	6,581,093	40.00
41.00	04100	SUBPROVIDER - IRF	0	3,283,055	41.00
43.00	04300	NURSERY	0	2,847,093	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-35,000	15,927,307	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-565,201	3,654,388	52.00
53.00	05300	ANESTHESIOLOGY	0	14,052	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-72,650	19,102,730	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	0	2,162,076	54.01
56.01	03480	ONCOLOGY	-21,152	10,288,495	56.01
60.00	06000	LABORATORY	-526,286	22,110,632	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,787,736	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	2,446,157	65.00
66.00	06600	PHYSICAL THERAPY	0	10,807,724	66.00
66.01	06601	IP REHAB THERAPIES	0	3,703,060	66.01
69.00	06900	ELECTROCARDIOLOGY	-1,309,628	5,771,102	69.00
69.01	03630	CARDIAC CATH LAB	0	2,658,185	69.01
69.02	03160	CARDIAC REHABILITATION	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	31,201,404	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,100,237	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,684,077	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0	179,865	73.01
73.02	07302	COVID 19 VACCINE	0	1,496,554	73.02
74.00	07400	RENAL DIALYSIS	0	1,756,360	74.00
76.97	07697	CARDIAC REHABILITATION	-3,080	713,704	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OUTPATIENT TREATMENT CENTERS	0	5,186,318	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	0	1,523,163	90.02
91.00	09100	EMERGENCY	-795,655	10,430,567	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	2,920,012	92.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	6,804,535	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-37,206,464	466,144,254	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	222,475	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	DAY SURGERY CENTER	0	0	192.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet A

Date/Time Prepared:
4/22/2022 1:03 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.02	19202	RESIDENTIAL TREATMENT CENTER	0	1,021,951	192.02
192.03	19203	MOBILE DENTAL CLINIC	-100,815	203,922	192.03
192.04	19204	EMS CONTINUING EDUCATION	0	0	192.04
194.00	07950	CORPORATE HEALTH	-74,918	219,453	194.00
194.01	07951	MARKETING/COMMUNICATION	0	425,497	194.01
194.02	07952	FOUNDATION	0	0	194.02
194.03	07953	OTHER NRCC	-450,241	2,839,443	194.03
194.04	07954	OP PHARMACY	0	4,363,209	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-37,832,438	475,440,204	200.00

RECLASSIFICATIONS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-6

Date/Time Prepared:
4/22/2022 1:03 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - SHARED EXPENSES					
1.00	CAFETERIA	11.00	980,940	924,794	1.00	
	TOTALS		980,940	924,794		
	B - FLOAT POOL					
1.00	INTENSIVE CARE UNIT	31.00	42,907	16,848	1.00	
2.00	SUBPROVIDER - IPF	40.00	14,110	5,541	2.00	
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	3,744	1,470	3.00	
4.00	OPERATING ROOM	50.00	864	339	4.00	
5.00	EMERGENCY	91.00	4,320	1,696	5.00	
6.00	HOME HEALTH AGENCY	101.00	864	339	6.00	
	TOTALS		66,809	26,233		
	D - COST OF MEDICAL SUPPLIES SOLD					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	33,794,506	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	18,100,354	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,593,102	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
	TOTALS		0	54,487,962		
	E - COST OF DRUGS SOLD					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	10,684,077	1.00	
	TOTALS		0	10,684,077		
	F - PARAMEDICAL EDUCATION					
1.00		0.00	0	0	1.00	
	TOTALS		0	0		
	H - SALT CREEK OCCUPANCY COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	159,948	1.00	
2.00	OPERATION OF PLANT	7.00	0	38,504	2.00	
3.00	HOUSEKEEPING	9.00	0	37,081	3.00	
	TOTALS		0	235,533		
	I - FLU VACCINES					
1.00	FLU VACCINE DRUGS CHG TO PATIENTS	73.01	41,069	138,796	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
	TOTALS		41,069	138,796		
	J - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,520,792	1.00	
	TOTALS		0	1,520,792		
	K - LDR COST ALLOCATION					
1.00	NURSERY	43.00	2,399,429	447,664	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		2,399,429	447,664		

RECLASSIFICATIONS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-6

Date/Time Prepared:
4/22/2022 1:03 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	M - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,964,885	1.00	
	TOTALS		0	5,964,885		
	O - MARKETING RECLASS					
1.00	MARKETING/COMMUNICATION	194.01	81,662	343,835	1.00	
	TOTALS		81,662	343,835		
	P - IP REHAB THERAPY					
1.00	IP REHAB THERAPIES	66.01	0	3,703,060	1.00	
	TOTALS		0	3,703,060		
500.00	Grand Total: Increases		3,569,909	78,477,631	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet A-6
Date/Time Prepared:
4/22/2022 1:03 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - SHARED EXPENSES						
1.00	DIETARY	10.00	980,940	924,794	0		1.00
	TOTALS		980,940	924,794			
	B - FLOAT POOL						
1.00	ADULTS & PEDIATRICS	30.00	66,809	26,233	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
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	TOTALS		66,809	26,233			
	D - COST OF MEDICAL SUPPLIES SOLD						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,087,225	0		1.00
2.00		0.00	0	0	0		2.00
3.00	PHARMACY	15.00	0	52,025	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	2,314,520	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	1,087,485	0		5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	246,796	0		6.00
7.00	OPERATING ROOM	50.00	0	22,479,630	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	659,422	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	468,561	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,683,878	0		10.00
11.00	OFFSITE-DIAGNOSTIC SERVICES	54.01	0	81,411	0		11.00
12.00	ONCOLOGY	56.01	0	70,800	0		12.00
13.00	LABORATORY	60.00	0	1,213,028	0		13.00
14.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	37,181	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	274,447	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	182,343	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	367,466	0		17.00
18.00	CARDIAC CATH LAB	69.01	0	12,202,597	0		18.00
19.00	COVID 19 VACCINE	73.02	0	25,195	0		19.00
20.00	RENAL DIALYSIS	74.00	0	18,063	0		20.00
21.00	CARDIAC REHABILITATION	76.97	0	14,872	0		21.00
22.00	OUTPATIENT TREATMENT CENTERS	90.01	0	293,490	0		22.00
23.00	PARTIAL HOSPITALIZATION PROGRAM	90.02	0	2,159	0		23.00
24.00	EMERGENCY	91.00	0	1,891,243	0		24.00
25.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	140,906	0		25.00
26.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,593,102	0		26.00
27.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	117	0		27.00
	TOTALS		0	54,487,962			
	E - COST OF DRUGS SOLD						
1.00	PHARMACY	15.00	0	10,684,077	0		1.00
	TOTALS		0	10,684,077			
	F - PARAMEDICAL EDUCATION						
1.00		0.00	0	0	0		1.00
	TOTALS		0	0			
	H - SALT CREEK OCCUPANCY COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	159,948	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	38,504	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	37,081	0		3.00
	TOTALS		0	235,533			
	I - FLU VACCINES						
1.00	PHARMACY	15.00	0	138,796	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	18,781	0	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	77	0	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	813	0	0		4.00
5.00	SUBPROVIDER - IPF	40.00	101	0	0		5.00
6.00	SUBPROVIDER - IRF	41.00	19	0	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	59	0	0		7.00
8.00	ONCOLOGY	56.01	32	0	0		8.00
9.00	OUTPATIENT TREATMENT CENTERS	90.01	1,463	0	0		9.00
10.00	EMERGENCY	91.00	19,481	0	0		10.00
11.00	OBSERVATION BEDS (DISTINCT PART)	92.01	243	0	0		11.00
	TOTALS		41,069	138,796			
	J - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,520,792	12		1.00
	TOTALS		0	1,520,792			

RECLASSIFICATIONS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-6

Date/Time Prepared:
4/22/2022 1:03 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	K - LDR COST ALLOCATION					
1.00	NEONATAL INTENSIVE CARE UNIT	35.00	946,029	239,513	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	1,453,400	208,151	0	2.00
	TOTALS		2,399,429	447,664		
	M - INTEREST EXPENSE					
1.00	INTEREST EXPENSE	113.00	0	5,964,885	11	1.00
	TOTALS		0	5,964,885		
	O - MARKETING RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	81,662	343,835	0	1.00
	TOTALS		81,662	343,835		
	P - IP REHAB THERAPY					
1.00	SUBPROVIDER - IRF	41.00	0	3,703,060	0	1.00
	TOTALS		0	3,703,060		
500.00	Grand Total: Decreases		3,569,909	78,477,631		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part I
Date/Time Prepared:
4/22/2022 1:03 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	89,072	0	0	0	0	1.00	
2.00	Land Improvements	15,570,855	306,104	0	306,104	0	2.00	
3.00	Buildings and Fixtures	320,165,563	0	0	0	91,061,983	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	221,288,135	0	0	0	147,274,738	5.00	
6.00	Movable Equipment	283,009,834	0	0	0	263,234,752	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	840,123,459	306,104	0	306,104	501,571,473	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	840,123,459	306,104	0	306,104	501,571,473	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	89,072	0				1.00	
2.00	Land Improvements	15,876,959	0				2.00	
3.00	Buildings and Fixtures	229,103,580	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	74,013,397	0				5.00	
6.00	Movable Equipment	19,775,082	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	338,858,090	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	338,858,090	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part II
Date/Time Prepared:
4/22/2022 1:03 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	13,892,911	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	23,063,209	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	36,956,120	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	13,892,911				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	23,063,209				2.00
3.00	Total (sum of lines 1-2)	0	36,956,120				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part III
Date/Time Prepared:
4/22/2022 1:03 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	245,069,612	0	245,069,612	0.723222	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	93,788,478	0	93,788,478	0.276778	0	2.00
3.00	Total (sum of lines 1-2)	338,858,090	0	338,858,090	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	16,061,514	159,948	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	22,330,103	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	38,391,617	159,948	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	5,964,885	1,520,792	0	0	23,707,139	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	22,330,103	2.00
3.00	Total (sum of lines 1-2)	5,964,885	1,520,792	0	0	46,037,242	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-8

Date/Time Prepared:
4/22/2022 1:03 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				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)	A	-50,277	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-4,485	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-3,852,040			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	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,005,468	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN 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	0	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-8

Date/Time Prepared:
4/22/2022 1:03 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A		Wkst. A-7 Ref.	
				To/From Which the Amount is to be Adjusted			
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
35.00	PHO EXPENSE	A	0	ADMINISTRATIVE & GENERAL	5.00	0	35.00
38.00	LOBBYING PORTION OF DUES	A	-66,830	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00	PROVIDER ASSESSMENT REBATE	A	-25,492,131	ADMINISTRATIVE & GENERAL	5.00	0	39.00
41.14	PARAMED EDUCATION TUITION INCOM	B	-360,621	EMERGENCY	91.00	0	41.14
41.88	PIANO DEPRECIATION	A	-1,371	CAP REL COSTS-MVBLE EQUIP	2.00	9	41.88
42.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	42.00
42.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	42.01
45.01	MISC OPERATING INCOME	B	-3,183,274	ADMINISTRATIVE & GENERAL	5.00	0	45.01
45.02	MISC OPERATING INCOME	B	-139,540	NURSING ADMINISTRATION	13.00	0	45.02
45.03	MISC OPERATING INCOME	B	-81,303	CENTRAL SERVICES & SUPPLY	14.00	0	45.03
45.04	MISC OPERATING INCOME	B	-1,497	MEDICAL RECORDS & LIBRARY	16.00	0	45.04
45.05	MISC OPERATING INCOME	B	-59,151	ADULTS & PEDIATRICS	30.00	0	45.05
45.06	MISC OPERATING INCOME	B	0	OPERATING ROOM	50.00	0	45.06
45.07	MISC OPERATING INCOME	B	-2,032	RADIOLOGY-DIAGNOSTIC	54.00	0	45.07
45.08	MISC OPERATING INCOME	B	-210	ONCOLOGY	56.01	0	45.08
45.09	MISC OPERATING INCOME	B	-228,187	LABORATORY	60.00	0	45.09
45.10	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.10
45.11	MISC OPERATING INCOME	B	-46,902	ELECTROCARDIOLOGY	69.00	0	45.11
45.14	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.14
45.16	PENSION COSTS/INCOME	B	-2,430,620	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.16
45.17	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.17
45.18	OFFSET RESEARCH COSTS	A	-210,321	NURSING ADMINISTRATION	13.00	0	45.18
45.26	NON ALLOWABLE TRAVEL	A	-4,574	ADMINISTRATIVE & GENERAL	5.00	0	45.26
45.32	CSM AND 901 DEPRECIATION	A	-433,613	CAP REL COSTS-BLDG & FIXT	1.00	9	45.32
45.33	AMORT OF DEPR EXP OF DEMOLISHED	A	0		0.00	0	45.33
45.35	MED VS BOOK DEP DIFF	A	2,602,216	CAP REL COSTS-BLDG & FIXT	1.00	9	45.35
45.36	MED VS BOOK DEPR DIFF	A	-731,735	CAP REL COSTS-MVBLE EQUIP	2.00	9	45.36
46.00	PT B NON PHY COST	A	-1,305,504	ADMINISTRATIVE & GENERAL	5.00	0	46.00
47.00	PROFESSIONAL COMPONENT	A	-100,815	MOBILE DENTAL CLINIC	192.03	0	47.00
47.01	PROFESSIONAL COMPONENT	A	-74,918	CORPORATE HEALTH	194.00	0	47.01
47.02	PROFESSIONAL COMPONENT	A	-370,241	OTHER NRCC	194.03	0	47.02
47.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.03
47.04	NON HOSP EXPENSES	A	-14,210	ADMINISTRATIVE & GENERAL	5.00	0	47.04
47.05	OFFSET DONATIONS	A	-82,000	ADMINISTRATIVE & GENERAL	5.00	0	47.05
47.06	OFFSET DONATIONS	A	-20,000	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.06
47.07	OFFSET COMMUNITY SUPPORT	A	-80,000	OTHER NRCC	194.03	0	47.07
47.08	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.08
47.09	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.09
47.10	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.10
47.11	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.11
47.12	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.12
47.13	OFFSET DONATIONS	A	-784	DIETARY	10.00	0	47.13
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-37,832,438				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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-8-2

Date/Time Prepared:
4/22/2022 1:03 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	476,793	-29,112	505,905	211,500	4,047	1.00
2.00	13.00	NURSING ADMINISTRATION	3,503	3,503	0	0	0	2.00
3.00	15.00	PHARMACY	10,270	10,270	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	685,850	685,850	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	1,215,240	0	1,215,240	211,500	9,722	5.00
6.00	35.00	NEONATAL INTENSIVE CARE UNIT	373,683	0	373,683	211,500	2,989	6.00
7.00	40.00	SUBPROVIDER - IPF	100,000	100,000	0	0	0	7.00
8.00	50.00	OPERATING ROOM	35,000	35,000	0	0	0	8.00
9.00	52.00	DELIVERY ROOM & LABOR ROOM	565,201	565,201	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	70,618	70,618	0	0	0	10.00
11.00	56.01	ONCOLOGY	46,464	0	46,464	211,500	251	11.00
12.00	60.00	LABORATORY	458,391	226,841	231,550	266,300	1,252	12.00
13.00	69.00	ELECTROCARDIOLOGY	1,262,726	1,262,726	0	0	0	13.00
14.00	76.97	CARDIAC REHABILITATION	3,080	3,080	0	0	0	14.00
15.00	91.00	EMERGENCY	1,576,727	0	1,576,727	211,500	11,228	15.00
200.00			6,883,546	2,933,977	3,949,569		29,489	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	411,510	20,576	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	15.00	PHARMACY	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	988,559	49,428	0	0	0	5.00
6.00	35.00	NEONATAL INTENSIVE CARE UNIT	303,930	15,197	0	0	0	6.00
7.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	7.00
8.00	50.00	OPERATING ROOM	0	0	0	0	0	8.00
9.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	10.00
11.00	56.01	ONCOLOGY	25,522	1,276	0	0	0	11.00
12.00	60.00	LABORATORY	160,292	8,015	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	13.00
14.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	1,141,693	57,085	0	0	0	15.00
200.00			3,031,506	151,577	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	411,510	94,395	65,283		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	3,503		2.00
3.00	15.00	PHARMACY	0	0	0	10,270		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	685,850		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	988,559	226,681	226,681		5.00
6.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	303,930	69,753	69,753		6.00
7.00	40.00	SUBPROVIDER - IPF	0	0	0	100,000		7.00
8.00	50.00	OPERATING ROOM	0	0	0	35,000		8.00
9.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	565,201		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	70,618		10.00
11.00	56.01	ONCOLOGY	0	25,522	20,942	20,942		11.00
12.00	60.00	LABORATORY	0	160,292	71,258	298,099		12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	1,262,726		13.00
14.00	76.97	CARDIAC REHABILITATION	0	0	0	3,080		14.00
15.00	91.00	EMERGENCY	0	1,141,693	435,034	435,034		15.00
200.00			0	3,031,506	918,063	3,852,040		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
4/22/2022 1:03 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	23,707,139	23,707,139			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	22,330,103		22,330,103		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	31,316,345	349,260	4,189	31,669,794	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	86,605,253	5,486,571	13,519,415	7,002,413	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	17,611,397	3,218,860	213,017	434,996	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	7,369,499	0	7,556	535,592	9.00
10.00	01000	DIETARY	4,670,765	284,429	67,991	362,259	10.00
11.00	01100	CAFETERIA	900,266	187,046	0	147,782	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	8,484,420	232,202	130,133	1,192,604	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,538,866	423,928	363,228	479,627	14.00
15.00	01500	PHARMACY	5,779,780	169,045	142,390	758,555	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,032,707	143,871	4,783	253,177	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	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- (SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	32,053,588	3,112,460	669,535	4,450,996	30.00
31.00	03100	INTENSIVE CARE UNIT	9,029,146	877,607	178,161	1,116,817	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,573,299	68,042	89,505	197,435	35.00
40.00	04000	SUBPROVIDER - IPF	6,581,093	580,779	88,633	845,332	40.00
41.00	04100	SUBPROVIDER - IRF	3,283,055	409,650	42,999	387,888	41.00
43.00	04300	NURSERY	2,847,093	137,962	0	361,481	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,927,307	2,140,066	2,237,253	1,880,915	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,654,388	320,021	100,331	499,834	52.00
53.00	05300	ANESTHESIOLOGY	14,052	17,830	91,900	54	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,102,730	1,168,526	1,764,663	2,187,147	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	2,162,076	0	313,180	255,509	54.01
56.01	03480	ONCOLOGY	10,288,495	579,447	66,788	304,458	56.01
60.00	06000	LABORATORY	22,110,632	460,784	251,412	1,298,742	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,787,736	31,766	30,002	71,004	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,446,157	108,040	72,926	334,356	65.00
66.00	06600	PHYSICAL THERAPY	10,807,724	335,358	108,480	1,431,710	66.00
66.01	06601	IP REHAB THERAPIES	3,703,060	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	5,771,102	183,494	506,227	718,196	69.00
69.01	03630	CARDIAC CATH LAB	2,658,185	81,534	683,858	358,655	69.01
69.02	03160	CARDIAC REHABILITATION	0	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,201,404	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,100,237	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,684,077	0	0	0	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	179,865	0	0	6,187	73.01
73.02	07302	COVID 19 VACCINE	1,496,554	0	0	184,101	73.02
74.00	07400	RENAL DIALYSIS	1,756,360	0	76,959	40	74.00
76.97	07697	CARDIAC REHABILITATION	713,704	300,995	19,380	97,120	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT TREATMENT CENTERS	5,186,318	737,835	195,914	480,226	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	1,523,163	165,800	0	212,042	90.02
91.00	09100	EMERGENCY	10,430,567	552,394	147,269	1,260,870	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,920,012	0	28,053	408,281	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	6,804,535	176,799	23,805	702,831	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	466,144,254	23,042,401	22,239,935	31,219,232	464,938,786

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
4/22/2022 1:03 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
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	222,475	193,502	0	18,993	434,970 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01	19201	DAY SURGERY CENTER	0	0	0	0	0 192.01
192.02	19202	RESIDENTIAL TREATMENT CENTER	1,021,951	0	10,282	141,902	1,174,135 192.02
192.03	19203	MOBILE DENTAL CLINIC	203,922	0	50,162	33,525	287,609 192.03
192.04	19204	EMS CONTINUING EDUCATION	0	0	0	0	0 192.04
194.00	07950	CORPORATE HEALTH	219,453	92,942	8,791	36,406	357,592 194.00
194.01	07951	MARKETING/COMMUNICATION	425,497	68,861	0	12,303	506,661 194.01
194.02	07952	FOUNDATION	0	30,708	0	0	30,708 194.02
194.03	07953	OTHER NRCC	2,839,443	278,725	20,933	138,280	3,277,381 194.03
194.04	07954	OP PHARMACY	4,363,209	0	0	69,153	4,432,362 194.04
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)	475,440,204	23,707,139	22,330,103	31,669,794	475,440,204 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
4/22/2022 1:03 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	112,613,652					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	6,666,404	0	28,144,674			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0		8.00
9.00	00900	HOUSEKEEPING	2,455,919	0	0	0	10,368,566	9.00
10.00	01000	DIETARY	1,671,529	0	546,336	0	201,272	10.00
11.00	01100	CAFETERIA	383,347	0	359,281	0	132,360	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,116,006	0	446,018	0	164,314	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,112,331	0	814,288	0	299,986	14.00
15.00	01500	PHARMACY	2,126,025	0	324,705	0	119,622	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,376,387	0	276,350	0	101,808	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 PROGRAM	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-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,504,020	0	5,978,465	0	2,202,482	30.00
31.00	03100	INTENSIVE CARE UNIT	3,476,782	0	1,685,723	0	621,024	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	598,498	0	130,696	0	48,149	35.00
40.00	04000	SUBPROVIDER - IPF	2,512,778	0	1,115,570	0	410,979	40.00
41.00	04100	SUBPROVIDER - IRF	1,279,876	0	786,863	0	289,882	41.00
43.00	04300	NURSERY	1,038,694	0	265,000	0	97,626	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,885,926	0	4,110,676	0	1,514,383	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,419,852	0	614,702	0	226,458	52.00
53.00	05300	ANESTHESIOLOGY	38,436	0	34,249	0	12,617	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,518,331	0	2,244,525	0	826,888	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	847,572	0	0	0	0	54.01
56.01	03480	ONCOLOGY	3,488,408	0	1,113,011	0	410,036	56.01
60.00	06000	LABORATORY	7,486,829	0	885,082	0	326,066	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	906,464	0	61,017	0	22,479	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	919,181	0	207,525	0	76,453	65.00
66.00	06600	PHYSICAL THERAPY	3,936,621	0	644,161	0	237,310	66.00
66.01	06601	IP REHAB THERAPIES	1,149,352	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	2,228,217	0	352,458	0	129,846	69.00
69.01	03630	CARDIAC CATH LAB	1,173,925	0	156,612	0	57,696	69.01
69.02	03160	CARDIAC REHABILITATION	0	0	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,684,261	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,617,933	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,316,113	0	0	0	0	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	57,747	0	0	0	0	73.01
73.02	07302	COVID 19 VACCINE	521,640	0	0	0	0	73.02
74.00	07400	RENAL DIALYSIS	569,036	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	351,100	0	578,157	0	212,994	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								
90.01	09001	OUTPATIENT TREATMENT CENTERS	2,048,592	0	1,417,246	0	522,117	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	590,032	0	318,472	0	117,326	90.02
91.00	09100	EMERGENCY	3,845,937	0	1,061,048	0	390,893	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,041,739	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	2,392,392	0	339,598	0	125,109	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	109,354,232	0	26,867,834	0	9,898,175	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	135,006	0	371,682	0	136,928	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	DAY SURGERY CENTER	0	0	0	0	0	192.01
192.02	19202	RESIDENTIAL TREATMENT CENTER	364,427	0	0	0	0	192.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
4/22/2022 1:03 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	
192.03	19203	MOBILE DENTAL CLINIC	89,268	0	0	0	0	192.03
192.04	19204	EMS CONTINUING EDUCATION	0	0	0	0	0	192.04
194.00	07950	CORPORATE HEALTH	110,989	0	178,525	0	65,769	194.00
194.01	07951	MARKETING/COMMUNICATION	157,257	0	132,270	0	48,729	194.01
194.02	07952	FOUNDATION	9,531	0	58,984	0	21,730	194.02
194.03	07953	OTHER NRCC	1,017,230	0	535,379	0	197,235	194.03
194.04	07954	OP PHARMACY	1,375,712	0	0	0	0	194.04
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)	112,613,652	0	28,144,674	0	10,368,566	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
4/22/2022 1:03 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	7,804,581					10.00
11.00	01100	CAFETERIA	0	2,110,082				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	84,067	0	13,849,764		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	63,003	0	0	10,095,257	14.00
15.00	01500	PHARMACY	0	56,901	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	24,255	0	0	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 PROGRAM	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-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,630,870	452,349	0	5,100,549	0	30.00
31.00	03100	INTENSIVE CARE UNIT	302,838	93,196	0	1,050,856	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	15,712	0	177,161	0	35.00
40.00	04000	SUBPROVIDER - IPF	1,003,877	82,961	0	935,444	0	40.00
41.00	04100	SUBPROVIDER - IRF	728,717	43,511	0	490,621	0	41.00
43.00	04300	NURSERY	0	30,504	0	343,950	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	170,514	0	1,922,669	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	44,408	0	500,735	0	52.00
53.00	05300	ANESTHESIOLOGY	0	8	0	91	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	193,244	0	0	0	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	0	22,202	0	0	0	54.01
56.01	03480	ONCOLOGY	0	23,668	0	266,877	0	56.01
60.00	06000	LABORATORY	0	162,741	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	7,270	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	33,164	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	132,477	0	0	0	66.00
66.01	06601	IP REHAB THERAPIES	0	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	56,365	0	635,560	0	69.00
69.01	03630	CARDIAC CATH LAB	0	26,368	0	297,313	0	69.01
69.02	03160	CARDIAC REHABILITATION	0	0	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	6,565,253	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,516,356	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0	504	0	0	0	73.01
73.02	07302	COVID 19 VACCINE	0	21,192	0	0	0	73.02
74.00	07400	RENAL DIALYSIS	0	8	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	9,721	0	109,611	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								
90.01	09001	OUTPATIENT TREATMENT CENTERS	0	48,805	0	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	0	20,199	0	227,753	0	90.02
91.00	09100	EMERGENCY	0	118,773	0	1,339,255	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	40,026	0	451,319	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,666,302	2,078,116	0	13,849,764	10,081,609	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,995	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	DAY SURGERY CENTER	0	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0252

Period:
From 10/01/2020
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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	
192.02	19202	RESIDENTIAL TREATMENT CENTER	138,279	11,433	0	0	1,226	192.02
192.03	19203	MOBILE DENTAL CLINIC	0	3,092	0	0	3,238	192.03
192.04	19204	EMS CONTINUING EDUCATION	0	0	0	0	0	192.04
194.00	07950	CORPORATE HEALTH	0	2,196	0	0	410	194.00
194.01	07951	MARKETING/COMMUNICATION	0	1,080	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	OTHER NRCC	0	4,884	0	0	8,033	194.03
194.04	07954	OP PHARMACY	0	6,286	0	0	741	194.04
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)	7,804,581	2,110,082	0	13,849,764	10,095,257	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0252

Period:
From 10/01/2020
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			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	9,477,023					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,213,338				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING PROGRAM	0	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-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,842	446,054	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	131,385	0	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,180	18,461	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	100,523	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	53,236	0	0	0	41.00
43.00	04300	NURSERY	0	35,834	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	73,590	465,552	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	722	48,401	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	48,121	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,459	1,351,149	0	0	0	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	1,231	173,560	0	0	0	54.01
56.01	03480	ONCOLOGY	3,293,233	93,865	0	0	0	56.01
60.00	06000	LABORATORY	70	812,207	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	56,554	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	527	78,351	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,272	188,659	0	0	0	66.00
66.01	06601	IP REHAB THERAPIES	0	43,898	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	65,148	185,650	0	0	0	69.00
69.01	03630	CARDIAC CATH LAB	0	220,176	0	0	0	69.01
69.02	03160	CARDIAC REHABILITATION	0	0	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	519,333	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	284,290	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,287,273	224,924	0	0	0	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	94,989	349	0	0	0	73.01
73.02	07302	COVID 19 VACCINE	0	12,292	0	0	0	73.02
74.00	07400	RENAL DIALYSIS	0	21,844	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	10,569	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								
90.01	09001	OUTPATIENT TREATMENT CENTERS	76,274	128,644	0	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	0	9,442	0	0	0	90.02
91.00	09100	EMERGENCY	64	413,747	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	36,268	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,906,874	6,213,338	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	DAY SURGERY CENTER	0	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			15.00	16.00	17.00	19.00	20.00	
192.02	19202	RESIDENTIAL TREATMENT CENTER	0	0	0	0	0	192.02
192.03	19203	MOBILE DENTAL CLINIC	293	0	0	0	0	192.03
192.04	19204	EMS CONTINUING EDUCATION	0	0	0	0	0	192.04
194.00	07950	CORPORATE HEALTH	0	0	0	0	0	194.00
194.01	07951	MARKETING/COMMUNICATION	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	OTHER NRCC	6,165	0	0	0	0	194.03
194.04	07954	OP PHARMACY	1,563,691	0	0	0	0	194.04
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)	9,477,023	6,213,338	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 10/01/2020
To 09/30/2021Worksheet B
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
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 PROGRAM						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-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	72,606,210	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	18,563,535	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	2,918,138	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	14,257,969	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	7,796,298	0	41.00
43.00	04300	NURSERY	0	0	0	5,158,144	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	37,328,851	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	7,429,852	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	257,358	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	36,361,662	0	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	0	0	0	3,775,330	0	54.01
56.01	03480	ONCOLOGY	0	0	0	19,928,286	0	56.01
60.00	06000	LABORATORY	0	0	0	33,794,565	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	3,974,292	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,276,680	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	17,825,772	0	66.00
66.01	06601	IP REHAB THERAPIES	0	0	0	4,896,310	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	10,832,263	0	69.00
69.01	03630	CARDIAC CATH LAB	0	0	0	5,714,322	0	69.01
69.02	03160	CARDIAC REHABILITATION	0	0	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	47,970,251	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	27,518,816	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	18,512,387	0	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0	0	0	339,641	0	73.01
73.02	07302	COVID 19 VACCINE	0	0	0	2,235,779	0	73.02
74.00	07400	RENAL DIALYSIS	0	0	0	2,424,247	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,403,351	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								
90.01	09001	OUTPATIENT TREATMENT CENTERS	0	0	0	10,841,971	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	3,184,229	0	90.02
91.00	09100	EMERGENCY	0	0	0	19,560,817	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	4,925,698	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	10,565,069	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	458,178,093	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,081,581	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	DAY SURGERY CENTER	0	0	0	0	0	192.01
192.02	19202	RESIDENTIAL TREATMENT CENTER	0	0	0	1,689,500	0	192.02
192.03	19203	MOBILE DENTAL CLINIC	0	0	0	383,500	0	192.03
192.04	19204	EMS CONTINUING EDUCATION	0	0	0	0	0	192.04
194.00	07950	CORPORATE HEALTH	0	0	0	715,481	0	194.00
194.01	07951	MARKETING/COMMUNICATION	0	0	0	845,997	0	194.01
194.02	07952	FOUNDATION	0	0	0	120,953	0	194.02
194.03	07953	OTHER NRCC	0	0	0	5,046,307	0	194.03
194.04	07954	OP PHARMACY	0	0	0	7,378,792	0	194.04
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	0	475,440,204	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			Total	
			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 PROGRAM		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-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	72,606,210	30.00
31.00	03100	INTENSIVE CARE UNIT	18,563,535	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,918,138	35.00
40.00	04000	SUBPROVIDER - IPF	14,257,969	40.00
41.00	04100	SUBPROVIDER - IRF	7,796,298	41.00
43.00	04300	NURSERY	5,158,144	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	37,328,851	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,429,852	52.00
53.00	05300	ANESTHESIOLOGY	257,358	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,361,662	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	3,775,330	54.01
56.01	03480	ONCOLOGY	19,928,286	56.01
60.00	06000	LABORATORY	33,794,565	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,974,292	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,276,680	65.00
66.00	06600	PHYSICAL THERAPY	17,825,772	66.00
66.01	06601	IP REHAB THERAPIES	4,896,310	66.01
69.00	06900	ELECTROCARDIOLOGY	10,832,263	69.00
69.01	03630	CARDIAC CATH LAB	5,714,322	69.01
69.02	03160	CARDIAC REHABILITATION	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,970,251	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,518,816	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,512,387	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	339,641	73.01
73.02	07302	COVID 19 VACCINE	2,235,779	73.02
74.00	07400	RENAL DIALYSIS	2,424,247	74.00
76.97	07697	CARDIAC REHABILITATION	2,403,351	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.01	09001	OUTPATIENT TREATMENT CENTERS	10,841,971	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	3,184,229	90.02
91.00	09100	EMERGENCY	19,560,817	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,925,698	92.01
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	99.40
101.00	10100	HOME HEALTH AGENCY	10,565,069	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	458,178,093	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,081,581	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	DAY SURGERY CENTER	0	192.01
192.02	19202	RESIDENTIAL TREATMENT CENTER	1,689,500	192.02
192.03	19203	MOBILE DENTAL CLINIC	383,500	192.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0252

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Cost Center Description			Total	
			26.00	
192.04	19204	EMS CONTINUING EDUCATION	0	192.04
194.00	07950	CORPORATE HEALTH	715,481	194.00
194.01	07951	MARKETING/COMMUNICATION	845,997	194.01
194.02	07952	FOUNDATION	120,953	194.02
194.03	07953	OTHER NRCC	5,046,307	194.03
194.04	07954	OP PHARMACY	7,378,792	194.04
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	475,440,204	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
4/22/2022 1:03 pm

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	
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	5,514	349,260	4,189	358,963	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,637,748	5,486,571	13,519,415	28,643,734	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	182,715	3,218,860	213,017	3,614,592	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,032	0	7,556	8,588	9.00
10.00	01000	DIETARY	259	284,429	67,991	352,679	10.00
11.00	01100	CAFETERIA	0	187,046	0	187,046	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	10,555	232,202	130,133	372,890	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	685,589	423,928	363,228	1,472,745	14.00
15.00	01500	PHARMACY	172,730	169,045	142,390	484,165	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	143,871	4,783	148,654	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	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-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	32,260	3,112,460	669,535	3,814,255	30.00
31.00	03100	INTENSIVE CARE UNIT	25,238	877,607	178,161	1,081,006	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	388	68,042	89,505	157,935	35.00
40.00	04000	SUBPROVIDER - IPF	-5,849	580,779	88,633	663,563	40.00
41.00	04100	SUBPROVIDER - IRF	8,262	409,650	42,999	460,911	41.00
43.00	04300	NURSERY	0	137,962	0	137,962	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	195,723	2,140,066	2,237,253	4,573,042	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,744	320,021	100,331	428,096	52.00
53.00	05300	ANESTHESIOLOGY	0	17,830	91,900	109,730	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,058,790	1,168,526	1,764,663	3,991,979	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	106,234	0	313,180	419,414	54.01
56.01	03480	ONCOLOGY	361	579,447	66,788	646,596	56.01
60.00	06000	LABORATORY	101,103	460,784	251,412	813,299	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,735	31,766	30,002	66,503	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	11,336	108,040	72,926	192,302	65.00
66.00	06600	PHYSICAL THERAPY	389,874	335,358	108,480	833,712	66.00
66.01	06601	IP REHAB THERAPIES	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	168,826	183,494	506,227	858,547	69.00
69.01	03630	CARDIAC CATH LAB	2,684	81,534	683,858	768,076	69.01
69.02	03160	CARDIAC REHABILITATION	0	0	0	0	69.02
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	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0	0	0	0	73.01
73.02	07302	COVID 19 VACCINE	40,872	0	0	40,872	73.02
74.00	07400	RENAL DIALYSIS	0	0	76,959	76,959	74.00
76.97	07697	CARDIAC REHABILITATION	15,106	300,995	19,380	335,481	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT TREATMENT CENTERS	13,287	737,835	195,914	947,036	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	6,338	165,800	0	172,138	90.02
91.00	09100	EMERGENCY	350,119	552,394	147,269	1,049,782	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	28,053	28,053	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	10,721	176,799	23,805	211,325	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,240,294	23,042,401	22,239,935	58,522,630	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
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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
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,407	193,502	0	197,909	215
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	DAY SURGERY CENTER	0	0	0	0	0
192.02	19202	RESIDENTIAL TREATMENT CENTER	4,450	0	10,282	14,732	1,609
192.03	19203	MOBILE DENTAL CLINIC	1,906	0	50,162	52,068	380
192.04	19204	EMS CONTINUING EDUCATION	0	0	0	0	0
194.00	07950	CORPORATE HEALTH	143	92,942	8,791	101,876	413
194.01	07951	MARKETING/COMMUNICATION	0	68,861	0	68,861	139
194.02	07952	FOUNDATION	0	30,708	0	30,708	0
194.03	07953	OTHER NRCC	1,017	278,725	20,933	300,675	1,568
194.04	07954	OP PHARMACY	1,934	0	0	1,934	784
200.00		Cross Foot Adjustments				0	0
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	13,254,151	23,707,139	22,330,103	59,291,393	358,963

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0252

Period:
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To 09/30/2021Worksheet B
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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	28,723,036					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	1,700,327	0	5,319,851			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0		8.00
9.00	00900	HOUSEKEEPING	626,405	0	0	0	641,065	9.00
10.00	01000	DIETARY	426,339	0	103,267	0	12,444	10.00
11.00	01100	CAFETERIA	97,776	0	67,911	0	8,184	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	794,766	0	84,305	0	10,159	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	538,769	0	153,915	0	18,547	14.00
15.00	01500	PHARMACY	542,262	0	61,375	0	7,396	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	351,060	0	52,235	0	6,295	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 PROGRAM	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-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,189,163	0	1,130,039	0	136,174	30.00
31.00	03100	INTENSIVE CARE UNIT	886,785	0	318,632	0	38,397	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	152,652	0	24,704	0	2,977	35.00
40.00	04000	SUBPROVIDER - IPF	640,907	0	210,863	0	25,410	40.00
41.00	04100	SUBPROVIDER - IRF	326,444	0	148,731	0	17,923	41.00
43.00	04300	NURSERY	264,929	0	50,090	0	6,036	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,756,318	0	776,992	0	93,631	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	362,146	0	116,190	0	14,001	52.00
53.00	05300	ANESTHESIOLOGY	9,803	0	6,474	0	780	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,917,619	0	424,256	0	51,125	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	216,181	0	0	0	0	54.01
56.01	03480	ONCOLOGY	889,750	0	210,379	0	25,352	56.01
60.00	06000	LABORATORY	1,909,584	0	167,296	0	20,160	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	231,202	0	11,533	0	1,390	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	234,445	0	39,226	0	4,727	65.00
66.00	06600	PHYSICAL THERAPY	1,004,071	0	121,758	0	14,672	66.00
66.01	06601	IP REHAB THERAPIES	293,153	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	568,327	0	66,621	0	8,028	69.00
69.01	03630	CARDIAC CATH LAB	299,420	0	29,602	0	3,567	69.01
69.02	03160	CARDIAC REHABILITATION	0	0	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,470,059	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,432,905	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	845,805	0	0	0	0	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	14,729	0	0	0	0	73.01
73.02	07302	COVID 19 VACCINE	133,049	0	0	0	0	73.02
74.00	07400	RENAL DIALYSIS	145,138	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	89,551	0	109,282	0	13,169	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								
90.01	09001	OUTPATIENT TREATMENT CENTERS	522,512	0	267,885	0	32,281	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	150,493	0	60,197	0	7,254	90.02
91.00	09100	EMERGENCY	980,941	0	200,557	0	24,168	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	265,705	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	610,201	0	64,190	0	7,735	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,891,691	0	5,078,505	0	611,982	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	34,434	0	70,255	0	8,466	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	DAY SURGERY CENTER	0	0	0	0	0	192.01
192.02	19202	RESIDENTIAL TREATMENT CENTER	92,950	0	0	0	0	192.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
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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	
192.03	19203	MOBILE DENTAL CLINIC	22,769	0	0	0	0	192.03
192.04	19204	EMS CONTINUING EDUCATION	0	0	0	0	0	192.04
194.00	07950	CORPORATE HEALTH	28,309	0	33,745	0	4,066	194.00
194.01	07951	MARKETING/COMMUNICATION	40,110	0	25,001	0	3,013	194.01
194.02	07952	FOUNDATION	2,431	0	11,149	0	1,343	194.02
194.03	07953	OTHER NRCC	259,454	0	101,196	0	12,195	194.03
194.04	07954	OP PHARMACY	350,888	0	0	0	0	194.04
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)	28,723,036	0	5,319,851	0	641,065	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
4/22/2022 1:03 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	898,836					10.00
11.00	01100	CAFETERIA	0	362,592				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	14,446	0	1,290,087		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,826	0	0	2,200,240	14.00
15.00	01500	PHARMACY	0	9,778	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,168	0	0	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 PROGRAM	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-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	648,495	77,728	0	475,108	0	30.00
31.00	03100	INTENSIVE CARE UNIT	34,877	16,015	0	97,886	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	2,700	0	16,502	0	35.00
40.00	04000	SUBPROVIDER - IPF	115,614	14,256	0	87,135	0	40.00
41.00	04100	SUBPROVIDER - IRF	83,925	7,477	0	45,701	0	41.00
43.00	04300	NURSERY	0	5,242	0	32,039	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	29,301	0	179,094	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,631	0	46,643	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1	0	9	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	33,207	0	0	0	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	0	3,815	0	0	0	54.01
56.01	03480	ONCOLOGY	0	4,067	0	24,859	0	56.01
60.00	06000	LABORATORY	0	27,965	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,249	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	5,699	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	22,765	0	0	0	66.00
66.01	06601	IP REHAB THERAPIES	0	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	9,686	0	59,202	0	69.00
69.01	03630	CARDIAC CATH LAB	0	4,531	0	27,694	0	69.01
69.02	03160	CARDIAC REHABILITATION	0	0	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,430,879	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	766,387	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0	87	0	0	0	73.01
73.02	07302	COVID 19 VACCINE	0	3,642	0	0	0	73.02
74.00	07400	RENAL DIALYSIS	0	1	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,670	0	10,210	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								
90.01	09001	OUTPATIENT TREATMENT CENTERS	0	8,387	0	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	0	3,471	0	21,215	0	90.02
91.00	09100	EMERGENCY	0	20,410	0	124,750	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	6,878	0	42,040	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	882,911	357,099	0	1,290,087	2,197,266	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	515	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	DAY SURGERY CENTER	0	0	0	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet 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	
192.02	19202	RESIDENTIAL TREATMENT CENTER	15,925	1,965	0	0	267	192.02
192.03	19203	MOBILE DENTAL CLINIC	0	531	0	0	706	192.03
192.04	19204	EMS CONTINUING EDUCATION	0	0	0	0	0	192.04
194.00	07950	CORPORATE HEALTH	0	377	0	0	89	194.00
194.01	07951	MARKETING/COMMUNICATION	0	186	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	OTHER NRCC	0	839	0	0	1,751	194.03
194.04	07954	OP PHARMACY	0	1,080	0	0	161	194.04
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)	898,836	362,592	0	1,290,087	2,200,240	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet B
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			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	1,113,576					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	565,282				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING PROGRAM	0	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-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	569	40,562	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	11,948	0			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	139	1,679	0			35.00
40.00	04000	SUBPROVIDER - IPF	0	9,141	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	4,841	0			41.00
43.00	04300	NURSERY	0	3,259	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,647	42,335	0			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	85	4,401	0			52.00
53.00	05300	ANESTHESIOLOGY	0	4,376	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	524	123,135	0			54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	145	15,783	0			54.01
56.01	03480	ONCOLOGY	386,965	8,536	0			56.01
60.00	06000	LABORATORY	8	73,858	0			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	5,143	0			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
65.00	06500	RESPIRATORY THERAPY	62	7,125	0			65.00
66.00	06600	PHYSICAL THERAPY	385	17,156	0			66.00
66.01	06601	IP REHAB THERAPIES	0	3,992	0			66.01
69.00	06900	ELECTROCARDIOLOGY	7,655	16,882	0			69.00
69.01	03630	CARDIAC CATH LAB	0	20,022	0			69.01
69.02	03160	CARDIAC REHABILITATION	0	0	0			69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	47,226	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	25,852	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	503,764	20,454	0			73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	11,162	32	0			73.01
73.02	07302	COVID 19 VACCINE	0	1,118	0			73.02
74.00	07400	RENAL DIALYSIS	0	1,986	0			74.00
76.97	07697	CARDIAC REHABILITATION	0	961	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT CENTERS	8,962	11,698	0			90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	0	859	0			90.02
91.00	09100	EMERGENCY	8	37,624	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	3,298	0			92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	929,080	565,282	0	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	DAY SURGERY CENTER	0	0	0			192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0252

Period:
From 10/01/2020
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			15.00	16.00	17.00	19.00	20.00	
192.02	19202	RESIDENTIAL TREATMENT CENTER	0	0	0			192.02
192.03	19203	MOBILE DENTAL CLINIC	34	0	0			192.03
192.04	19204	EMS CONTINUING EDUCATION	0	0	0			192.04
194.00	07950	CORPORATE HEALTH	0	0	0			194.00
194.01	07951	MARKETING/COMMUNICATION	0	0	0			194.01
194.02	07952	FOUNDATION	0	0	0			194.02
194.03	07953	OTHER NRCC	724	0	0			194.03
194.04	07954	OP PHARMACY	183,738	0	0			194.04
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)	1,113,576	565,282	0	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet B
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
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 PROGRAM						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- (SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				9,562,555	0	30.00
31.00	03100	INTENSIVE CARE UNIT				2,498,208	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				361,526	0	35.00
40.00	04000	SUBPROVIDER - IPF				1,776,473	0	40.00
41.00	04100	SUBPROVIDER - IRF				1,100,351	0	41.00
43.00	04300	NURSERY				503,655	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				7,480,685	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				984,860	0	52.00
53.00	05300	ANESTHESIOLOGY				131,174	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				6,566,641	0	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES				658,235	0	54.01
56.01	03480	ONCOLOGY				2,199,956	0	56.01
60.00	06000	LABORATORY				3,026,894	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL				317,825	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	0	62.30
65.00	06500	RESPIRATORY THERAPY				487,377	0	65.00
66.00	06600	PHYSICAL THERAPY				2,030,751	0	66.00
66.01	06601	IP REHAB THERAPIES				297,145	0	66.01
69.00	06900	ELECTROCARDIOLOGY				1,603,090	0	69.00
69.01	03630	CARDIAC CATH LAB				1,156,978	0	69.01
69.02	03160	CARDIAC REHABILITATION				0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				3,948,164	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				2,225,144	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				1,370,023	0	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS				26,080	0	73.01
73.02	07302	COVID 19 VACCINE				180,768	0	73.02
74.00	07400	RENAL DIALYSIS				224,084	0	74.00
76.97	07697	CARDIAC REHABILITATION				561,425	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								
90.01	09001	OUTPATIENT TREATMENT CENTERS				1,804,205	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM				418,031	0	90.02
91.00	09100	EMERGENCY				2,452,535	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)				350,603	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF				0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				0	0	99.40
101.00	10100	HOME HEALTH AGENCY				901,419	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	57,206,860	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0252

Period:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				311,794	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				0	0	192.00
192.01	19201	DAY SURGERY CENTER				0	0	192.01
192.02	19202	RESIDENTIAL TREATMENT CENTER				127,448	0	192.02
192.03	19203	MOBILE DENTAL CLINIC				76,488	0	192.03
192.04	19204	EMS CONTINUING EDUCATION				0	0	192.04
194.00	07950	CORPORATE HEALTH				168,875	0	194.00
194.01	07951	MARKETING/COMMUNICATION				137,310	0	194.01
194.02	07952	FOUNDATION				45,631	0	194.02
194.03	07953	OTHER NRCC				678,402	0	194.03
194.04	07954	OP PHARMACY				538,585	0	194.04
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	0	59,291,393	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet B
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Cost Center Description		Total	
		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 PROGRAM	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-(SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	54.01
56.01	03480	ONCOLOGY	56.01
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
66.01	06601	IP REHAB THERAPIES	66.01
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	03630	CARDIAC CATH LAB	69.01
69.02	03160	CARDIAC REHABILITATION	69.02
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	07301	FLU VACCINE DRUGS CHG TO PATIENTS	73.01
73.02	07302	COVID 19 VACCINE	73.02
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			
90.01	09001	OUTPATIENT TREATMENT CENTERS	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	90.02
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	92.01
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	99.40
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	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	DAY SURGERY CENTER	192.01
192.02	19202	RESIDENTIAL TREATMENT CENTER	192.02
192.03	19203	MOBILE DENTAL CLINIC	192.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0252

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Cost Center Description			Total	
			26.00	
192.04	19204	EMS CONTINUING EDUCATION	0	192.04
194.00	07950	CORPORATE HEALTH	168,875	194.00
194.01	07951	MARKETING/COMMUNICATION	137,310	194.01
194.02	07952	FOUNDATION	45,631	194.02
194.03	07953	OTHER NRCC	678,402	194.03
194.04	07954	OP PHARMACY	538,585	194.04
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	59,291,393	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
4/22/2022 1:03 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	694,055					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		20,160,426				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,225	3,782	210,216,565			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	160,626	12,205,821	46,480,174	-112,613,652	362,826,552	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	94,236	192,319	2,887,406	0	21,478,270	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	6,822	3,555,136	0	7,912,647	9.00
10.00	01000	DIETARY	8,327	61,385	2,404,589	0	5,385,444	10.00
11.00	01100	CAFETERIA	5,476	0	980,940	0	1,235,094	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,798	117,489	7,916,229	0	10,039,359	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,411	327,935	3,183,652	0	6,805,649	14.00
15.00	01500	PHARMACY	4,949	128,555	5,035,112	0	6,849,770	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,212	4,318	1,680,533	0	4,434,538	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 PROGRAM	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-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	91,121	604,480	29,544,691	0	40,286,579	30.00
31.00	03100	INTENSIVE CARE UNIT	25,693	160,850	7,413,174	0	11,201,731	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,992	80,808	1,310,529	0	1,928,281	35.00
40.00	04000	SUBPROVIDER - IPF	17,003	80,021	5,611,117	0	8,095,837	40.00
41.00	04100	SUBPROVIDER - IRF	11,993	38,821	2,574,710	0	4,123,592	41.00
43.00	04300	NURSERY	4,039	0	2,399,429	0	3,346,536	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	62,653	2,019,872	12,485,081	0	22,185,541	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,369	90,582	3,317,784	0	4,574,574	52.00
53.00	05300	ANESTHESIOLOGY	522	82,971	361	0	123,836	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,210	1,593,201	14,517,778	0	24,223,066	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	0	282,750	1,696,010	0	2,730,765	54.01
56.01	03480	ONCOLOGY	16,964	60,299	2,020,923	0	11,239,188	56.01
60.00	06000	LABORATORY	13,490	226,984	8,620,749	0	24,121,570	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	930	27,087	471,309	0	2,920,508	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,163	65,840	2,219,377	0	2,961,479	65.00
66.00	06600	PHYSICAL THERAPY	9,818	97,940	9,503,362	0	12,683,272	66.00
66.01	06601	IP REHAB THERAPIES	0	0	0	0	3,703,060	66.01
69.00	06900	ELECTROCARDIOLOGY	5,372	457,040	4,767,219	0	7,179,019	69.00
69.01	03630	CARDIAC CATH LAB	2,387	617,412	2,380,670	0	3,782,232	69.01
69.02	03160	CARDIAC REHABILITATION	0	0	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	31,201,404	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	18,100,237	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	10,684,077	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0	0	41,069	0	186,052	73.01
73.02	07302	COVID 19 VACCINE	0	0	1,222,018	0	1,680,655	73.02
74.00	07400	RENAL DIALYSIS	0	69,481	265	0	1,833,359	74.00
76.97	07697	CARDIAC REHABILITATION	8,812	17,497	644,660	0	1,131,199	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								
90.01	09001	OUTPATIENT TREATMENT CENTERS	21,601	176,878	3,187,631	0	6,600,293	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	4,854	0	1,407,484	0	1,901,005	90.02
91.00	09100	EMERGENCY	16,172	132,960	8,369,363	0	12,391,100	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	25,327	2,710,075	0	3,356,346	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	5,176	21,492	4,665,228	0	7,707,970	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	674,594	20,079,019	207,225,837	-112,613,652	352,325,134	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
4/22/2022 1:03 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	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,665	0	126,072	0	434,970	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	DAY SURGERY CENTER	0	0	0	0	0	192.01
192.02	19202	RESIDENTIAL TREATMENT CENTER	0	9,283	941,915	0	1,174,135	192.02
192.03	19203	MOBILE DENTAL CLINIC	0	45,288	222,533	0	287,609	192.03
192.04	19204	EMS CONTINUING EDUCATION	0	0	0	0	0	192.04
194.00	07950	CORPORATE HEALTH	2,721	7,937	241,653	0	357,592	194.00
194.01	07951	MARKETING/COMMUNICATION	2,016	0	81,662	0	506,661	194.01
194.02	07952	FOUNDATION	899	0	0	0	30,708	194.02
194.03	07953	OTHER NRCC	8,160	18,899	917,874	0	3,277,381	194.03
194.04	07954	OP PHARMACY	0	0	459,019	0	4,432,362	194.04
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)	23,707,139	22,330,103	31,669,794		112,613,652	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	34.157436	1.107621	0.150653		0.310379	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			358,963		28,723,036	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001708		0.079165	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: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
4/22/2022 1:03 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	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	0					6.00
7.00	00700	OPERATION OF PLANT	0	428,968				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0			8.00
9.00	00900	HOUSEKEEPING	0	0	0	428,968		9.00
10.00	01000	DIETARY	0	8,327	0	8,327	284,801	10.00
11.00	01100	CAFETERIA	0	5,476	0	5,476	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	6,798	0	6,798	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	12,411	0	12,411	0	14.00
15.00	01500	PHARMACY	0	4,949	0	4,949	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,212	0	4,212	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 PROGRAM	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- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	91,121	0	91,121	205,479	30.00
31.00	03100	INTENSIVE CARE UNIT	0	25,693	0	25,693	11,051	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	1,992	0	1,992	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	17,003	0	17,003	36,633	40.00
41.00	04100	SUBPROVIDER - IRF	0	11,993	0	11,993	26,592	41.00
43.00	04300	NURSERY	0	4,039	0	4,039	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	62,653	0	62,653	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,369	0	9,369	0	52.00
53.00	05300	ANESTHESIOLOGY	0	522	0	522	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	34,210	0	34,210	0	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	0	0	0	0	0	54.01
56.01	03480	ONCOLOGY	0	16,964	0	16,964	0	56.01
60.00	06000	LABORATORY	0	13,490	0	13,490	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	930	0	930	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	3,163	0	3,163	0	65.00
66.00	06600	PHYSICAL THERAPY	0	9,818	0	9,818	0	66.00
66.01	06601	IP REHAB THERAPIES	0	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	5,372	0	5,372	0	69.00
69.01	03630	CARDIAC CATH LAB	0	2,387	0	2,387	0	69.01
69.02	03160	CARDIAC REHABILITATION	0	0	0	0	0	69.02
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	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0	0	0	0	0	73.01
73.02	07302	COVID 19 VACCINE	0	0	0	0	0	73.02
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	8,812	0	8,812	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								
90.01	09001	OUTPATIENT TREATMENT CENTERS	0	21,601	0	21,601	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	0	4,854	0	4,854	0	90.02
91.00	09100	EMERGENCY	0	16,172	0	16,172	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	5,176	0	5,176	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	409,507	0	409,507	279,755	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,665	0	5,665	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
4/22/2022 1:03 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
192.01	19201	DAY SURGERY CENTER	0	0	0	0	0	192.01
192.02	19202	RESIDENTIAL TREATMENT CENTER	0	0	0	0	5,046	192.02
192.03	19203	MOBILE DENTAL CLINIC	0	0	0	0	0	192.03
192.04	19204	EMS CONTINUING EDUCATION	0	0	0	0	0	192.04
194.00	07950	CORPORATE HEALTH	0	2,721	0	2,721	0	194.00
194.01	07951	MARKETING/COMMUNICATION	0	2,016	0	2,016	0	194.01
194.02	07952	FOUNDATION	0	899	0	899	0	194.02
194.03	07953	OTHER NRCC	0	8,160	0	8,160	0	194.03
194.04	07954	OP PHARMACY	0	0	0	0	0	194.04
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	28,144,674	0	10,368,566	7,804,581	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	65.610195	0.000000	24.170954	27.403629	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	5,319,851	0	641,065	898,836	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	12.401510	0.000000	1.494435	3.156014	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: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
4/22/2022 1:03 pm

Cost Center Description			CAFETERIA (FTE'S SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTE'S NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUISITION)	
			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	3,904,774					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	155,568	0	2,272,977			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	116,590	0	0	51,965,110		14.00
15.00	01500	PHARMACY	105,297	0	0	0	23,105,236	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	44,884	0	0	0	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 PROGRAM	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-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	837,085	0	837,085	0	11,805	30.00
31.00	03100	INTENSIVE CARE UNIT	172,463	0	172,463	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	29,075	0	29,075	0	2,876	35.00
40.00	04000	SUBPROVIDER - IPF	153,522	0	153,522	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	80,519	0	80,519	0	0	41.00
43.00	04300	NURSERY	56,448	0	56,448	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	315,542	0	315,542	0	179,415	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	82,179	0	82,179	0	1,760	52.00
53.00	05300	ANESTHESIOLOGY	15	0	15	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	357,605	0	0	0	10,872	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	41,086	0	0	0	3,001	54.01
56.01	03480	ONCOLOGY	43,799	0	43,799	0	8,028,985	56.01
60.00	06000	LABORATORY	301,157	0	0	0	171	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	13,454	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	61,371	0	0	0	1,284	65.00
66.00	06600	PHYSICAL THERAPY	245,153	0	0	0	7,978	66.00
66.01	06601	IP REHAB THERAPIES	0	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	104,306	0	104,306	0	158,832	69.00
69.01	03630	CARDIAC CATH LAB	48,794	0	48,794	0	0	69.01
69.02	03160	CARDIAC REHABILITATION	0	0	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	33,794,505	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,100,354	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	10,452,491	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	932	0	0	0	231,586	73.01
73.02	07302	COVID 19 VACCINE	39,216	0	0	0	0	73.02
74.00	07400	RENAL DIALYSIS	15	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	17,989	0	17,989	0	1	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT CENTERS	90,316	0	0	0	185,959	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	37,378	0	37,378	0	0	90.02
91.00	09100	EMERGENCY	219,794	0	219,794	0	157	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	74,069	0	74,069	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,845,621	0	2,272,977	51,894,859	19,277,173	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,543	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
4/22/2022 1:03 pm

Cost Center Description			CAFETERIA (FTE'S SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTE'S NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUISTION)	
			11.00	12.00	13.00	14.00	15.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	DAY SURGERY CENTER	0	0	0	0	0	192.01
192.02	19202	RESIDENTIAL TREATMENT CENTER	21,157	0	0	6,312	0	192.02
192.03	19203	MOBILE DENTAL CLINIC	5,721	0	0	16,669	715	192.03
192.04	19204	EMS CONTINUING EDUCATION	0	0	0	0	0	192.04
194.00	07950	CORPORATE HEALTH	4,064	0	0	2,109	0	194.00
194.01	07951	MARKETING/COMMUNICATION	1,998	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	OTHER NRCC	9,038	0	0	41,348	15,030	194.03
194.04	07954	OP PHARMACY	11,632	0	0	3,813	3,812,318	194.04
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)	2,110,082	0	13,849,764	10,095,257	9,477,023	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.540385	0.000000	6.093227	0.194270	0.410168	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	362,592	0	1,290,087	2,200,240	1,113,576	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.092859	0.000000	0.567576	0.042341	0.048196	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: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
4/22/2022 1:03 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (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	1,799,266,901					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING PROGRAM	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-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	129,178,597	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	38,049,421	0	0	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,346,442	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	29,111,782	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	15,417,318	0	0	0	0	41.00
43.00	04300	NURSERY	10,377,678	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	134,825,504	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,017,208	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	13,935,867	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	391,160,963	0	0	0	0	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	50,263,422	0	0	0	0	54.01
56.01	03480	ONCOLOGY	27,183,733	0	0	0	0	56.01
60.00	06000	LABORATORY	235,217,861	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	16,378,308	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	22,690,563	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	54,636,315	0	0	0	0	66.00
66.01	06601	IP REHAB THERAPIES	12,712,983	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	53,764,982	0	0	0	0	69.00
69.01	03630	CARDIAC CATH LAB	63,763,567	0	0	0	0	69.01
69.02	03160	CARDIAC REHABILITATION	0	0	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	150,400,511	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	82,331,266	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	65,138,644	0	0	0	0	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	101,042	0	0	0	0	73.01
73.02	07302	COVID 19 VACCINE	3,559,800	0	0	0	0	73.02
74.00	07400	RENAL DIALYSIS	6,326,137	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	3,060,814	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								
90.01	09001	OUTPATIENT TREATMENT CENTERS	37,255,624	0	0	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	2,734,538	0	0	0	0	90.02
91.00	09100	EMERGENCY	119,822,556	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	10,503,455	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,799,266,901	0	0	0	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
4/22/2022 1:03 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
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	DAY SURGERY CENTER	0	0	0	0	192.01
192.02	19202	RESIDENTIAL TREATMENT CENTER	0	0	0	0	192.02
192.03	19203	MOBILE DENTAL CLINIC	0	0	0	0	192.03
192.04	19204	EMS CONTINUING EDUCATION	0	0	0	0	192.04
194.00	07950	CORPORATE HEALTH	0	0	0	0	194.00
194.01	07951	MARKETING/COMMUNICATION	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	194.02
194.03	07953	OTHER NRCC	0	0	0	0	194.03
194.04	07954	OP PHARMACY	0	0	0	0	194.04
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)	6,213,338	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.003453	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	565,282	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000314	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: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
4/22/2022 1:03 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-OTHER PRGM COSTS		
			APPRV (ASSIGNED TIME)		
			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 PROGRAM			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
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	05401	OFFSITE-DIAGNOSTIC SERVICES	0	0	54.01
56.01	03480	ONCOLOGY	0	0	56.01
60.00	06000	LABORATORY	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	IP REHAB THERAPIES	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	03630	CARDIAC CATH LAB	0	0	69.01
69.02	03160	CARDIAC REHABILITATION	0	0	69.02
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	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0	0	73.01
73.02	07302	COVID 19 VACCINE	0	0	73.02
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					
90.01	09001	OUTPATIENT TREATMENT CENTERS	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	0	0	90.02
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet B-1
Date/Time Prepared:
4/22/2022 1:03 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-OTHER PRGM COSTS		
			APPRV (ASSIGNED TIME)		
			22.00		
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	DAY SURGERY CENTER	0	0	192.01
192.02	19202	RESIDENTIAL TREATMENT CENTER	0	0	192.02
192.03	19203	MOBILE DENTAL CLINIC	0	0	192.03
192.04	19204	EMS CONTINUING EDUCATION	0	0	192.04
194.00	07950	CORPORATE HEALTH	0	0	194.00
194.01	07951	MARKETING/COMMUNICATION	0	0	194.01
194.02	07952	FOUNDATION	0	0	194.02
194.03	07953	OTHER NRCC	0	0	194.03
194.04	07954	OP PHARMACY	0	0	194.04
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	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
4/22/2022 1:03 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	72,606,210		72,606,210	0	72,606,210	30.00
31.00	03100	INTENSIVE CARE UNIT	18,563,535		18,563,535	226,681	18,790,216	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,918,138		2,918,138	69,753	2,987,891	35.00
40.00	04000	SUBPROVIDER - IPF	14,257,969		14,257,969	0	14,257,969	40.00
41.00	04100	SUBPROVIDER - IRF	7,796,298		7,796,298	0	7,796,298	41.00
43.00	04300	NURSERY	5,158,144		5,158,144	0	5,158,144	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,328,851		37,328,851	0	37,328,851	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,429,852		7,429,852	0	7,429,852	52.00
53.00	05300	ANESTHESIOLOGY	257,358		257,358	0	257,358	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,361,662		36,361,662	0	36,361,662	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	3,775,330		3,775,330	0	3,775,330	54.01
56.01	03480	ONCOLOGY	19,928,286		19,928,286	20,942	19,949,228	56.01
60.00	06000	LABORATORY	33,794,565		33,794,565	71,258	33,865,823	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,974,292		3,974,292	0	3,974,292	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,276,680	0	4,276,680	0	4,276,680	65.00
66.00	06600	PHYSICAL THERAPY	17,825,772	0	17,825,772	0	17,825,772	66.00
66.01	06601	IP REHAB THERAPIES	4,896,310	0	4,896,310	0	4,896,310	66.01
69.00	06900	ELECTROCARDIOLOGY	10,832,263		10,832,263	0	10,832,263	69.00
69.01	03630	CARDIAC CATH LAB	5,714,322		5,714,322	0	5,714,322	69.01
69.02	03160	CARDIAC REHABILITATION	0		0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,970,251		47,970,251	0	47,970,251	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,518,816		27,518,816	0	27,518,816	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,512,387		18,512,387	0	18,512,387	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	339,641		339,641	0	339,641	73.01
73.02	07302	COVID 19 VACCINE	2,235,779		2,235,779	0	2,235,779	73.02
74.00	07400	RENAL DIALYSIS	2,424,247		2,424,247	0	2,424,247	74.00
76.97	07697	CARDIAC REHABILITATION	2,403,351		2,403,351	0	2,403,351	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT CENTERS	10,841,971		10,841,971	0	10,841,971	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	3,184,229		3,184,229	0	3,184,229	90.02
91.00	09100	EMERGENCY	19,560,817		19,560,817	435,034	19,995,851	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,169,297		2,169,297	0	2,169,297	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,925,698		4,925,698	0	4,925,698	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	10,565,069		10,565,069	0	10,565,069	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	460,347,390	0	460,347,390	823,668	461,171,058	200.00
201.00		Less Observation Beds	2,169,297		2,169,297		2,169,297	201.00
202.00		Total (see instructions)	458,178,093	0	458,178,093	823,668	459,001,761	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
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			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	126,298,914		126,298,914		30.00
31.00	03100	INTENSIVE CARE UNIT	38,048,369		38,048,369		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,327,902		5,327,902		35.00
40.00	04000	SUBPROVIDER - IPF	29,108,942		29,108,942		40.00
41.00	04100	SUBPROVIDER - IRF	15,416,538		15,416,538		41.00
43.00	04300	NURSERY	10,377,678		10,377,678		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	41,886,808	92,938,696	134,825,504	0.276868	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,136,600	879,780	14,016,380	0.530084	0.000000
53.00	05300	ANESTHESIOLOGY	5,810,075	8,125,792	13,935,867	0.018467	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	105,967,370	285,193,593	391,160,963	0.092958	0.000000
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	337,399	49,926,023	50,263,422	0.075111	0.000000
56.01	03480	ONCOLOGY	82,583	27,098,850	27,181,433	0.733158	0.000000
60.00	06000	LABORATORY	90,902,302	144,315,559	235,217,861	0.143673	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	10,738,388	5,639,920	16,378,308	0.242656	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	20,730,049	1,960,514	22,690,563	0.188478	0.000000
66.00	06600	PHYSICAL THERAPY	9,081,087	45,555,228	54,636,315	0.326262	0.000000
66.01	06601	IP REHAB THERAPIES	12,712,983	0	12,712,983	0.385142	0.000000
69.00	06900	ELECTROCARDIOLOGY	13,118,887	40,646,095	53,764,982	0.201474	0.000000
69.01	03630	CARDIAC CATH LAB	27,624,409	36,139,158	63,763,567	0.089617	0.000000
69.02	03160	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	70,725,303	79,675,208	150,400,511	0.318950	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	43,363,186	38,968,080	82,331,266	0.334245	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	53,556,558	11,683,128	65,239,686	0.283760	0.000000
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	257,740	322,688	580,428	0.585156	0.000000
73.02	07302	COVID 19 VACCINE	2,803	3,556,997	3,559,800	0.628063	0.000000
74.00	07400	RENAL DIALYSIS	5,874,039	452,098	6,326,137	0.383211	0.000000
76.97	07697	CARDIAC REHABILITATION	4,118	3,056,696	3,060,814	0.785200	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT TREATMENT CENTERS	222,416	36,834,013	37,056,429	0.292580	0.000000
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	218,251	2,516,287	2,734,538	1.164449	0.000000
91.00	09100	EMERGENCY	43,400,006	76,297,586	119,697,592	0.163419	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	913,966	1,742,012	2,655,978	0.816760	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,769,300	6,727,931	10,497,231	0.469238	0.000000
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	9,305,031	9,305,031		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	799,014,969	1,009,556,963	1,808,571,932		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	799,014,969	1,009,556,963	1,808,571,932		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet C
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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
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.276868			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.530084			52.00
53.00	05300	ANESTHESIOLOGY	0.018467			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092958			54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	0.075111			54.01
56.01	03480	ONCOLOGY	0.733928			56.01
60.00	06000	LABORATORY	0.143976			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.242656			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500	RESPIRATORY THERAPY	0.188478			65.00
66.00	06600	PHYSICAL THERAPY	0.326262			66.00
66.01	06601	IP REHAB THERAPIES	0.385142			66.01
69.00	06900	ELECTROCARDIOLOGY	0.201474			69.00
69.01	03630	CARDIAC CATH LAB	0.089617			69.01
69.02	03160	CARDIAC REHABILITATION	0.000000			69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.318950			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.334245			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.283760			73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0.585156			73.01
73.02	07302	COVID 19 VACCINE	0.628063			73.02
74.00	07400	RENAL DIALYSIS	0.383211			74.00
76.97	07697	CARDIAC REHABILITATION	0.785200			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	OUTPATIENT TREATMENT CENTERS	0.292580			90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	1.164449			90.02
91.00	09100	EMERGENCY	0.167053			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.816760			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.469238			92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0252

Period:
From 10/01/2020
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			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	72,606,210		72,606,210	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	18,563,535		18,563,535	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,918,138		2,918,138	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	14,257,969		14,257,969	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	7,796,298		7,796,298	0	0	41.00
43.00	04300	NURSERY	5,158,144		5,158,144	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,328,851		37,328,851	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,429,852		7,429,852	0	0	52.00
53.00	05300	ANESTHESIOLOGY	257,358		257,358	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,361,662		36,361,662	0	0	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	3,775,330		3,775,330	0	0	54.01
56.01	03480	ONCOLOGY	19,928,286		19,928,286	0	0	56.01
60.00	06000	LABORATORY	33,794,565		33,794,565	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,974,292		3,974,292	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,276,680	0	4,276,680	0	0	65.00
66.00	06600	PHYSICAL THERAPY	17,825,772	0	17,825,772	0	0	66.00
66.01	06601	IP REHAB THERAPIES	4,896,310	0	4,896,310	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	10,832,263		10,832,263	0	0	69.00
69.01	03630	CARDIAC CATH LAB	5,714,322		5,714,322	0	0	69.01
69.02	03160	CARDIAC REHABILITATION	0		0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,970,251		47,970,251	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,518,816		27,518,816	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,512,387		18,512,387	0	0	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	339,641		339,641	0	0	73.01
73.02	07302	COVID 19 VACCINE	2,235,779		2,235,779	0	0	73.02
74.00	07400	RENAL DIALYSIS	2,424,247		2,424,247	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	2,403,351		2,403,351	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT CENTERS	10,841,971		10,841,971	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	3,184,229		3,184,229	0	0	90.02
91.00	09100	EMERGENCY	19,560,817		19,560,817	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,169,297		2,169,297	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,925,698		4,925,698	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0		0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0	99.40
101.00	10100	HOME HEALTH AGENCY	10,565,069		10,565,069		0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	460,347,390	0	460,347,390	0	0	200.00
201.00		Less Observation Beds	2,169,297		2,169,297		0	201.00
202.00		Total (see instructions)	458,178,093	0	458,178,093	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0252

Period:
From 10/01/2020
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			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0		0			35.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
43.00	04300	NURSERY	0		0			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	0	0	0	0.000000	0.000000	54.01
56.01	03480	ONCOLOGY	0	0	0	0.000000	0.000000	56.01
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00
66.01	06601	IP REHAB THERAPIES	0	0	0	0.000000	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
69.01	03630	CARDIAC CATH LAB	0	0	0	0.000000	0.000000	69.01
69.02	03160	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0	0	0	0.000000	0.000000	73.01
73.02	07302	COVID 19 VACCINE	0	0	0	0.000000	0.000000	73.02
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT TREATMENT CENTERS	0	0	0	0.000000	0.000000	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0.000000	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	0	0	0			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	0	0	0			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0252

Period:
From 10/01/2020
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Part I
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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
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
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	05401	OFFSITE-DIAGNOSTIC SERVICES	0.000000			54.01
56.01	03480	ONCOLOGY	0.000000			56.01
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	IP REHAB THERAPIES	0.000000			66.01
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	03630	CARDIAC CATH LAB	0.000000			69.01
69.02	03160	CARDIAC REHABILITATION	0.000000			69.02
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	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0.000000			73.01
73.02	07302	COVID 19 VACCINE	0.000000			73.02
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						
90.01	09001	OUTPATIENT TREATMENT CENTERS	0.000000			90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part I
Date/Time Prepared:
4/22/2022 1:03 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	9,562,555	0	9,562,555	69,651	137.29	30.00
31.00	INTENSIVE CARE UNIT	2,498,208		2,498,208	7,367	339.11	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	361,526		361,526	3,595	100.56	35.00
40.00	SUBPROVIDER - IPF	1,776,473	0	1,776,473	12,211	145.48	40.00
41.00	SUBPROVIDER - IRF	1,100,351	0	1,100,351	8,864	124.14	41.00
43.00	NURSERY	503,655		503,655	4,301	117.10	43.00
200.00	Total (lines 30 through 199)	15,802,768		15,802,768	105,989		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	29,444	4,042,367				30.00
31.00	INTENSIVE CARE UNIT	3,726	1,263,524				31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				35.00
40.00	SUBPROVIDER - IPF	1,740	253,135				40.00
41.00	SUBPROVIDER - IRF	5,809	721,129				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	40,719	6,280,155				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part II
Date/Time Prepared:
4/22/2022 1:03 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	7,480,685	134,825,504	0.055484	18,669,376	1,035,852	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	984,860	14,016,380	0.070265	13,808	970	52.00	
53.00	05300	ANESTHESIOLOGY	131,174	13,935,867	0.009413	2,632,397	24,779	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,566,641	391,160,963	0.016788	47,814,226	802,705	54.00	
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	658,235	50,263,422	0.013096	138,461	1,813	54.01	
56.01	03480	ONCOLOGY	2,199,956	27,181,433	0.080936	44,565	3,607	56.01	
60.00	06000	LABORATORY	3,026,894	235,217,861	0.012868	37,744,936	485,702	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	317,825	16,378,308	0.019405	4,271,824	82,895	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	487,377	22,690,563	0.021479	9,448,345	202,941	65.00	
66.00	06600	PHYSICAL THERAPY	2,030,751	54,636,315	0.037169	4,870,894	181,046	66.00	
66.01	06601	IP REHAB THERAPIES	297,145	12,712,983	0.023373	0	0	66.01	
69.00	06900	ELECTROCARDIOLOGY	1,603,090	53,764,982	0.029817	6,602,223	196,858	69.00	
69.01	03630	CARDIAC CATH LAB	1,156,978	63,763,567	0.018145	14,979,704	271,807	69.01	
69.02	03160	CARDIAC REHABILITATION	0	0	0.000000	0	0	69.02	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,948,164	150,400,511	0.026251	30,158,402	791,688	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,225,144	82,331,266	0.027027	24,394,659	659,314	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	1,370,023	65,239,686	0.021000	22,471,087	471,893	73.00	
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	26,080	580,428	0.044932	0	0	73.01	
73.02	07302	COVID 19 VACCINE	180,768	3,559,800	0.050780	1,731	88	73.02	
74.00	07400	RENAL DIALYSIS	224,084	6,326,137	0.035422	3,007,230	106,522	74.00	
76.97	07697	CARDIAC REHABILITATION	561,425	3,060,814	0.183423	1,766	324	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT CENTERS	1,804,205	37,056,429	0.048688	100,745	4,905	90.01	
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	418,031	2,734,538	0.152871	11,475	1,754	90.02	
91.00	09100	EMERGENCY	2,452,535	119,697,592	0.020489	19,974,911	409,266	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	285,705	2,655,978	0.107571	408,731	43,968	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	350,603	10,497,231	0.033400	1,991,844	66,528	92.01	
200.00		Total (lines 50 through 199)	40,788,378	1,574,688,558		249,753,340	5,847,225	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0252	Period: From 10/01/2020 To 09/30/2021	Worksheet D Part III Date/Time Prepared: 4/22/2022 1:03 pm
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				Title XVIII		Hospital		PPS		
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00		
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	69,651	0.00	29,444	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	7,367	0.00	3,726	31.00		
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	3,595	0.00	0	35.00		
40.00	04000	SUBPROVIDER - IPF	0	0	12,211	0.00	1,740	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	8,864	0.00	5,809	41.00		
43.00	04300	NURSERY		0	4,301	0.00	0	43.00		
200.00		Total (lines 30 through 199)		0	105,989		40,719	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0							30.00
31.00	03100	INTENSIVE CARE UNIT	0							31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0							35.00
40.00	04000	SUBPROVIDER - IPF	0							40.00
41.00	04100	SUBPROVIDER - IRF	0							41.00
43.00	04300	NURSERY	0							43.00
200.00		Total (lines 30 through 199)	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
4/22/2022 1:03 pm

Cost Center Description			Title XVIII		Hospital		PPS
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
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	05401	OFFSITE-DIAGNOSTIC SERVICES	0	0	0	0	0 54.01
56.01	03480	ONCOLOGY	0	0	0	0	0 56.01
60.00	06000	LABORATORY	0	0	0	0	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
66.01	06601	IP REHAB THERAPIES	0	0	0	0	0 66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
69.01	03630	CARDIAC CATH LAB	0	0	0	0	0 69.01
69.02	03160	CARDIAC REHABILITATION	0	0	0	0	0 69.02
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	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0	0	0	0	0 73.01
73.02	07302	COVID 19 VACCINE	0	0	0	0	0 73.02
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 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							
90.01	09001	OUTPATIENT TREATMENT CENTERS	0	0	0	0	0 90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0 90.02
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
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: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
4/22/2022 1:03 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	0	0	134,825,504	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	14,016,380	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	13,935,867	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	391,160,963	0.000000	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	0	0	0	50,263,422	0.000000	54.01
56.01	03480	ONCOLOGY	0	0	0	27,181,433	0.000000	56.01
60.00	06000	LABORATORY	0	0	0	235,217,861	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	16,378,308	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	22,690,563	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	54,636,315	0.000000	66.00
66.01	06601	IP REHAB THERAPIES	0	0	0	12,712,983	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	53,764,982	0.000000	69.00
69.01	03630	CARDIAC CATH LAB	0	0	0	63,763,567	0.000000	69.01
69.02	03160	CARDIAC REHABILITATION	0	0	0	0	0.000000	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	150,400,511	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	82,331,266	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	65,239,686	0.000000	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0	0	0	580,428	0.000000	73.01
73.02	07302	COVID 19 VACCINE	0	0	0	3,559,800	0.000000	73.02
74.00	07400	RENAL DIALYSIS	0	0	0	6,326,137	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,060,814	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT TREATMENT CENTERS	0	0	0	37,056,429	0.000000	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	2,734,538	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	119,697,592	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	2,655,978	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	10,497,231	0.000000	92.01
200.00		Total (lines 50 through 199)	0	0	0	1,574,688,558		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
4/22/2022 1:03 pm

Cost Center Description			Title XVIII		Hospital		PPS
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
			9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	18,669,376	0	27,015,098	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	13,808	0	2,147	0
53.00	05300	ANESTHESIOLOGY	0.000000	2,632,397	0	2,505,651	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	47,814,226	0	86,125,470	0
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	0.000000	138,461	0	15,438,315	0
56.01	03480	ONCOLOGY	0.000000	44,565	0	15,478,295	0
60.00	06000	LABORATORY	0.000000	37,744,936	0	15,224,828	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	4,271,824	0	2,575,922	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0.000000	9,448,345	0	727,791	0
66.00	06600	PHYSICAL THERAPY	0.000000	4,870,894	0	923,222	0
66.01	06601	IP REHAB THERAPIES	0.000000	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	6,602,223	0	14,892,589	0
69.01	03630	CARDIAC CATH LAB	0.000000	14,979,704	0	16,665,022	0
69.02	03160	CARDIAC REHABILITATION	0.000000	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	30,158,402	0	25,719,394	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	24,394,659	0	20,109,500	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	22,471,087	0	3,855,846	0
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0.000000	0	0	461	0
73.02	07302	COVID 19 VACCINE	0.000000	1,731	0	55,117	0
74.00	07400	RENAL DIALYSIS	0.000000	3,007,230	0	315,831	0
76.97	07697	CARDIAC REHABILITATION	0.000000	1,766	0	1,146,887	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT TREATMENT CENTERS	0.000000	100,745	0	7,933,981	0
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	0.000000	11,475	0	45,050	0
91.00	09100	EMERGENCY	0.000000	19,974,911	0	15,729,366	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	408,731	0	1,402,292	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	1,991,844	0	2,115,369	0
200.00		Total (lines 50 through 199)		249,753,340	0	276,003,444	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part V
Date/Time Prepared:
4/22/2022 1:03 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	0.276868	27,015,098	2	27	7,479,616	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.530084	2,147	0	0	1,138	52.00	
53.00	05300	ANESTHESIOLOGY	0.018467	2,505,651	0	0	46,272	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092958	86,125,470	52	8,834	8,006,051	54.00	
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	0.075111	15,438,315	13	2,060	1,159,587	54.01	
56.01	03480	ONCOLOGY	0.733158	15,478,295	181	30,652	11,348,036	56.01	
60.00	06000	LABORATORY	0.143673	15,224,828	269	0	2,187,397	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.242656	2,575,922	33	0	625,063	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	0.188478	727,791	1	0	137,173	65.00	
66.00	06600	PHYSICAL THERAPY	0.326262	923,222	0	16	301,212	66.00	
66.01	06601	IP REHAB THERAPIES	0.385142	0	0	0	0	66.01	
69.00	06900	ELECTROCARDIOLOGY	0.201474	14,892,589	1	85	3,000,469	69.00	
69.01	03630	CARDIAC CATH LAB	0.089617	16,665,022	5	820	1,493,469	69.01	
69.02	03160	CARDIAC REHABILITATION	0.000000	0	0	0	0	69.02	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.318950	25,719,394	0	11	8,203,201	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.334245	20,109,500	0	0	6,721,500	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.283760	3,855,846	36	6,175	1,094,135	73.00	
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0.585156	461	0	0	270	73.01	
73.02	07302	COVID 19 VACCINE	0.628063	55,117	2	0	34,617	73.02	
74.00	07400	RENAL DIALYSIS	0.383211	315,831	0	0	121,030	74.00	
76.97	07697	CARDIAC REHABILITATION	0.785200	1,146,887	0	0	900,536	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								
90.01	09001	OUTPATIENT TREATMENT CENTERS	0.292580	7,933,981	4	758	2,321,324	90.01	
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	1.164449	45,050	0	0	52,458	90.02	
91.00	09100	EMERGENCY	0.163419	15,729,366	12	6	2,570,477	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.816760	1,402,292	0	138	1,145,336	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.469238	2,115,369	0	0	992,612	92.01	
200.00		Subtotal (see instructions)		276,003,444	611	49,582	59,942,979	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		276,003,444	611	49,582	59,942,979	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part V
Date/Time Prepared:
4/22/2022 1:03 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	1	7	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5	821	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	1	155	54.01
56.01	03480	ONCOLOGY	133	22,473	56.01
60.00	06000	LABORATORY	39	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	8	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5	66.00
66.01	06601	IP REHAB THERAPIES	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	17	69.00
69.01	03630	CARDIAC CATH LAB	0	73	69.01
69.02	03160	CARDIAC REHABILITATION	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10	1,752	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0	0	73.01
73.02	07302	COVID 19 VACCINE	1	0	73.02
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				
90.01	09001	OUTPATIENT TREATMENT CENTERS	1	222	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	0	0	90.02
91.00	09100	EMERGENCY	2	1	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	113	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00		Subtotal (see instructions)	201	25,643	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	201	25,643	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0252

Period:

Worksheet D

Component CCN: 14-S252

From 10/01/2020

Part II

To 09/30/2021

Date/Time Prepared:
4/22/2022 1:03 pm

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	7,480,685	134,825,504	0.055484	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	984,860	14,016,380	0.070265	0	0	52.00
53.00	05300 ANESTHESIOLOGY	131,174	13,935,867	0.009413	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,566,641	391,160,963	0.016788	104,630	1,757	54.00
54.01	05401 OFFSITE-DIAGNOSTIC SERVICES	658,235	50,263,422	0.013096	0	0	54.01
56.01	03480 ONCOLOGY	2,199,956	27,181,433	0.080936	0	0	56.01
60.00	06000 LABORATORY	3,026,894	235,217,861	0.012868	404,649	5,207	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	317,825	16,378,308	0.019405	417	8	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	487,377	22,690,563	0.021479	0	0	65.00
66.00	06600 PHYSICAL THERAPY	2,030,751	54,636,315	0.037169	30,583	1,137	66.00
66.01	06601 IP REHAB THERAPIES	297,145	12,712,983	0.023373	0	0	66.01
69.00	06900 ELECTROCARDIOLOGY	1,603,090	53,764,982	0.029817	61,852	1,844	69.00
69.01	03630 CARDIAC CATH LAB	1,156,978	63,763,567	0.018145	60	1	69.01
69.02	03160 CARDIAC REHABILITATION	0	0	0.000000	0	0	69.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,948,164	150,400,511	0.026251	32,243	846	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,225,144	82,331,266	0.027027	3,958	107	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,370,023	65,239,686	0.021000	130,937	2,750	73.00
73.01	07301 FLU VACCINE DRUGS CHG TO PATIENTS	26,080	580,428	0.044932	0	0	73.01
73.02	07302 COVID 19 VACCINE	180,768	3,559,800	0.050780	0	0	73.02
74.00	07400 RENAL DIALYSIS	224,084	6,326,137	0.035422	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	561,425	3,060,814	0.183423	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OUTPATIENT TREATMENT CENTERS	1,804,205	37,056,429	0.048688	0	0	90.01
90.02	09002 PARTIAL HOSPITALIZATION PROGRAM	418,031	2,734,538	0.152871	70,594	10,792	90.02
91.00	09100 EMERGENCY	2,452,535	119,697,592	0.020489	434,195	8,896	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	2,655,978	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	350,603	10,497,231	0.033400	6,544	219	92.01
200.00	Total (lines 50 through 199)	40,502,673	1,574,688,558		1,280,662	33,564	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0252 Component CCN: 14-S252		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 4/22/2022 1:03 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
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	05401	OFFSITE-DIAGNOSTIC SERVICES		0	0	0	0	0	54.01
56.01	03480	ONCOLOGY		0	0	0	0	0	56.01
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
66.01	06601	IP REHAB THERAPIES		0	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.01	03630	CARDIAC CATH LAB		0	0	0	0	0	69.01
69.02	03160	CARDIAC REHABILITATION		0	0	0	0	0	69.02
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	07301	FLU VACCINE DRUGS CHG TO PATIENTS		0	0	0	0	0	73.01
73.02	07302	COVID 19 VACCINE		0	0	0	0	0	73.02
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	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									
90.01	09001	OUTPATIENT TREATMENT CENTERS		0	0	0	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0	90.02
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0	92.01
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: 14-0252 Component CCN: 14-S252		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 4/22/2022 1:03 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	0	0	134,825,504	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	14,016,380	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	13,935,867	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	391,160,963	0.000000	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	0	0	0	50,263,422	0.000000	54.01
56.01	03480	ONCOLOGY	0	0	0	27,181,433	0.000000	56.01
60.00	06000	LABORATORY	0	0	0	235,217,861	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	16,378,308	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	22,690,563	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	54,636,315	0.000000	66.00
66.01	06601	IP REHAB THERAPIES	0	0	0	12,712,983	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	53,764,982	0.000000	69.00
69.01	03630	CARDIAC CATH LAB	0	0	0	63,763,567	0.000000	69.01
69.02	03160	CARDIAC REHABILITATION	0	0	0	0	0.000000	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	150,400,511	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	82,331,266	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	65,239,686	0.000000	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0	0	0	580,428	0.000000	73.01
73.02	07302	COVID 19 VACCINE	0	0	0	3,559,800	0.000000	73.02
74.00	07400	RENAL DIALYSIS	0	0	0	6,326,137	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,060,814	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT CENTERS	0	0	0	37,056,429	0.000000	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	2,734,538	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	119,697,592	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	2,655,978	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	10,497,231	0.000000	92.01
200.00		Total (lines 50 through 199)	0	0	0	1,574,688,558		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0252 Component CCN: 14-S252		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 4/22/2022 1:03 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		0.000000	0	0	0	0	50.00
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	104,630	0	0	0	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES		0.000000	0	0	0	0	54.01
56.01	03480	ONCOLOGY		0.000000	0	0	0	0	56.01
60.00	06000	LABORATORY		0.000000	404,649	0	44	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.000000	417	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	30,583	0	0	0	66.00
66.01	06601	IP REHAB THERAPIES		0.000000	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY		0.000000	61,852	0	329	0	69.00
69.01	03630	CARDIAC CATH LAB		0.000000	60	0	0	0	69.01
69.02	03160	CARDIAC REHABILITATION		0.000000	0	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	32,243	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	3,958	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	130,937	0	15	0	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS		0.000000	0	0	0	0	73.01
73.02	07302	COVID 19 VACCINE		0.000000	0	0	0	0	73.02
74.00	07400	RENAL DIALYSIS		0.000000	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									
90.01	09001	OUTPATIENT TREATMENT CENTERS		0.000000	0	0	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM		0.000000	70,594	0	418	0	90.02
91.00	09100	EMERGENCY		0.000000	434,195	0	753	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.000000	6,544	0	14	0	92.01
200.00		Total (lines 50 through 199)			1,280,662	0	1,573	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0252

Period:

Worksheet D

Component CCN: 14-S252

From 10/01/2020
To 09/30/2021Part V
Date/Time Prepared:
4/22/2022 1:03 pm

Title XVIII

Subprovider -
IPF

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	0.276868	0	0	0	0 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.530084	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.018467	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.092958	0	0	150	0 54.00
54.01	05401 OFFSITE-DIAGNOSTIC SERVICES	0.075111	0	0	0	0 54.01
56.01	03480 ONCOLOGY	0.733158	0	0	0	0 56.01
60.00	06000 LABORATORY	0.143673	44	0	0	6 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.242656	0	0	0	0 62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
65.00	06500 RESPIRATORY THERAPY	0.188478	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.326262	0	0	0	0 66.00
66.01	06601 IP REHAB THERAPIES	0.385142	0	0	0	0 66.01
69.00	06900 ELECTROCARDIOLOGY	0.201474	329	0	0	66 69.00
69.01	03630 CARDIAC CATH LAB	0.089617	0	0	0	0 69.01
69.02	03160 CARDIAC REHABILITATION	0.000000	0	0	0	0 69.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.318950	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.334245	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.283760	15	0	45	4 73.00
73.01	07301 FLU VACCINE DRUGS CHG TO PATIENTS	0.585156	0	0	0	0 73.01
73.02	07302 COVID 19 VACCINE	0.628063	0	0	0	0 73.02
74.00	07400 RENAL DIALYSIS	0.383211	0	0	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	0.785200	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						
90.01	09001 OUTPATIENT TREATMENT CENTERS	0.292580	0	0	0	0 90.01
90.02	09002 PARTIAL HOSPITALIZATION PROGRAM	1.164449	418	0	0	487 90.02
91.00	09100 EMERGENCY	0.163419	753	0	0	123 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.816760	0	0	0	0 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.469238	14	0	0	7 92.01
200.00	Subtotal (see instructions)		1,573	0	195	693 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		1,573	0	195	693 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0252

Period:

Worksheet D

Component CCN: 14-S252

From 10/01/2020
To 09/30/2021Part V
Date/Time Prepared:
4/22/2022 1:03 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
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	14	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	0	0	54.01
56.01	03480	ONCOLOGY	0	0	56.01
60.00	06000	LABORATORY	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	IP REHAB THERAPIES	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	03630	CARDIAC CATH LAB	0	0	69.01
69.02	03160	CARDIAC REHABILITATION	0	0	69.02
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	13	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0	0	73.01
73.02	07302	COVID 19 VACCINE	0	0	73.02
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					
90.01	09001	OUTPATIENT TREATMENT CENTERS	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	0	0	90.02
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00		Subtotal (see instructions)	0	27	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	27	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0252	Period: From 10/01/2020 To 09/30/2021	Worksheet D Part II Date/Time Prepared: 4/22/2022 1:03 pm
				Component CCN: 14-T252		
				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	7,480,685	134,825,504	0.055484	19,879	1,103
52.00	05200 DELIVERY ROOM & LABOR ROOM	984,860	14,016,380	0.070265	0	0
53.00	05300 ANESTHESIOLOGY	131,174	13,935,867	0.009413	2,966	28
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,566,641	391,160,963	0.016788	690,449	11,591
54.01	05401 OFFSITE-DIAGNOSTIC SERVICES	658,235	50,263,422	0.013096	2	0
56.01	03480 ONCOLOGY	2,199,956	27,181,433	0.080936	4,087	331
60.00	06000 LABORATORY	3,026,894	235,217,861	0.012868	1,553,883	19,995
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	317,825	16,378,308	0.019405	40,225	781
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0
65.00	06500 RESPIRATORY THERAPY	487,377	22,690,563	0.021479	628,703	13,504
66.00	06600 PHYSICAL THERAPY	2,030,751	54,636,315	0.037169	20,331	756
66.01	06601 IP REHAB THERAPIES	297,145	12,712,983	0.023373	8,308,577	194,196
69.00	06900 ELECTROCARDIOLOGY	1,603,090	53,764,982	0.029817	48,470	1,445
69.01	03630 CARDIAC CATH LAB	1,156,978	63,763,567	0.018145	15,188	276
69.02	03160 CARDIAC REHABILITATION	0	0	0.000000	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,948,164	150,400,511	0.026251	249,737	6,556
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,225,144	82,331,266	0.027027	14,925	403
73.00	07300 DRUGS CHARGED TO PATIENTS	1,370,023	65,239,686	0.021000	862,652	18,116
73.01	07301 FLU VACCINE DRUGS CHG TO PATIENTS	26,080	580,428	0.044932	0	0
73.02	07302 COVID 19 VACCINE	180,768	3,559,800	0.050780	0	0
74.00	07400 RENAL DIALYSIS	224,084	6,326,137	0.035422	254,771	9,024
76.97	07697 CARDIAC REHABILITATION	561,425	3,060,814	0.183423	0	0
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 OUTPATIENT TREATMENT CENTERS	1,804,205	37,056,429	0.048688	319	16
90.02	09002 PARTIAL HOSPITALIZATION PROGRAM	418,031	2,734,538	0.152871	0	0
91.00	09100 EMERGENCY	2,452,535	119,697,592	0.020489	10,766	221
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	2,655,978	0.000000	0	0
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	350,603	10,497,231	0.033400	14,254	476
200.00	Total (lines 50 through 199)	40,502,673	1,574,688,558		12,740,184	278,818

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0252 Component CCN: 14-T252		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 4/22/2022 1:03 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
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	05401	OFFSITE-DIAGNOSTIC SERVICES		0	0	0	0	0	54.01
56.01	03480	ONCOLOGY		0	0	0	0	0	56.01
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
66.01	06601	IP REHAB THERAPIES		0	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.01	03630	CARDIAC CATH LAB		0	0	0	0	0	69.01
69.02	03160	CARDIAC REHABILITATION		0	0	0	0	0	69.02
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	07301	FLU VACCINE DRUGS CHG TO PATIENTS		0	0	0	0	0	73.01
73.02	07302	COVID 19 VACCINE		0	0	0	0	0	73.02
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	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									
90.01	09001	OUTPATIENT TREATMENT CENTERS		0	0	0	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0	90.02
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0	92.01
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: 14-0252
Component CCN: 14-T252

Period:
From 10/01/2020
To 09/30/2021

Worksheet D
Part IV
Date/Time Prepared:
4/22/2022 1:03 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	0	0	134,825,504	0.000000	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	14,016,380	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	13,935,867	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	391,160,963	0.000000	54.00
54.01 05401 OFFSITE-DIAGNOSTIC SERVICES	0	0	0	50,263,422	0.000000	54.01
56.01 03480 ONCOLOGY	0	0	0	27,181,433	0.000000	56.01
60.00 06000 LABORATORY	0	0	0	235,217,861	0.000000	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	16,378,308	0.000000	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	22,690,563	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	54,636,315	0.000000	66.00
66.01 06601 IP REHAB THERAPIES	0	0	0	12,712,983	0.000000	66.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	53,764,982	0.000000	69.00
69.01 03630 CARDIAC CATH LAB	0	0	0	63,763,567	0.000000	69.01
69.02 03160 CARDIAC REHABILITATION	0	0	0	0	0.000000	69.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	150,400,511	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	82,331,266	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	65,239,686	0.000000	73.00
73.01 07301 FLU VACCINE DRUGS CHG TO PATIENTS	0	0	0	580,428	0.000000	73.01
73.02 07302 COVID 19 VACCINE	0	0	0	3,559,800	0.000000	73.02
74.00 07400 RENAL DIALYSIS	0	0	0	6,326,137	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	3,060,814	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99 07699 LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 OUTPATIENT TREATMENT CENTERS	0	0	0	37,056,429	0.000000	90.01
90.02 09002 PARTIAL HOSPITALIZATION PROGRAM	0	0	0	2,734,538	0.000000	90.02
91.00 09100 EMERGENCY	0	0	0	119,697,592	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	2,655,978	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	10,497,231	0.000000	92.01
200.00 Total (lines 50 through 199)	0	0	0	1,574,688,558		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0252 Component CCN: 14-T252		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 4/22/2022 1:03 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	0.000000		19,879	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		2,966	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		690,449	0	8,093	0	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	0.000000		2	0	0	0	54.01
56.01	03480	ONCOLOGY	0.000000		4,087	0	0	0	56.01
60.00	06000	LABORATORY	0.000000		1,553,883	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		40,225	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000		628,703	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		20,331	0	0	0	66.00
66.01	06601	IP REHAB THERAPIES	0.000000		8,308,577	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0.000000		48,470	0	987	0	69.00
69.01	03630	CARDIAC CATH LAB	0.000000		15,188	0	0	0	69.01
69.02	03160	CARDIAC REHABILITATION	0.000000		0	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		249,737	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		14,925	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		862,652	0	65	0	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0.000000		0	0	0	0	73.01
73.02	07302	COVID 19 VACCINE	0.000000		0	0	0	0	73.02
74.00	07400	RENAL DIALYSIS	0.000000		254,771	0	2,489	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									
90.01	09001	OUTPATIENT TREATMENT CENTERS	0.000000		319	0	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	0.000000		0	0	0	0	90.02
91.00	09100	EMERGENCY	0.000000		10,766	0	5	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		14,254	0	0	0	92.01
200.00		Total (lines 50 through 199)			12,740,184	0	11,639	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0252

Period:

Worksheet D

Component CCN: 14-T252

From 10/01/2020
To 09/30/2021Part V
Date/Time Prepared:
4/22/2022 1:03 pm

Title XVIII

Subprovider -
IRF

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	0.276868	0	0	0	0 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.530084	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.018467	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.092958	8,093	0	669	752 54.00
54.01	05401 OFFSITE-DIAGNOSTIC SERVICES	0.075111	0	0	0	0 54.01
56.01	03480 ONCOLOGY	0.733158	0	0	0	0 56.01
60.00	06000 LABORATORY	0.143673	0	0	0	0 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.242656	0	0	0	0 62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
65.00	06500 RESPIRATORY THERAPY	0.188478	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.326262	0	0	0	0 66.00
66.01	06601 IP REHAB THERAPIES	0.385142	0	0	0	0 66.01
69.00	06900 ELECTROCARDIOLOGY	0.201474	987	0	0	199 69.00
69.01	03630 CARDIAC CATH LAB	0.089617	0	0	0	0 69.01
69.02	03160 CARDIAC REHABILITATION	0.000000	0	0	0	0 69.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.318950	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.334245	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.283760	65	0	3	18 73.00
73.01	07301 FLU VACCINE DRUGS CHG TO PATIENTS	0.585156	0	0	0	0 73.01
73.02	07302 COVID 19 VACCINE	0.628063	0	0	0	0 73.02
74.00	07400 RENAL DIALYSIS	0.383211	2,489	0	0	954 74.00
76.97	07697 CARDIAC REHABILITATION	0.785200	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						
90.01	09001 OUTPATIENT TREATMENT CENTERS	0.292580	0	0	0	0 90.01
90.02	09002 PARTIAL HOSPITALIZATION PROGRAM	1.164449	0	0	0	0 90.02
91.00	09100 EMERGENCY	0.163419	5	0	0	1 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.816760	0	0	0	0 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.469238	0	0	0	0 92.01
200.00	Subtotal (see instructions)		11,639	0	672	1,924 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		11,639	0	672	1,924 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0252

Period:

Worksheet D

Component CCN: 14-T252

From 10/01/2020
To 09/30/2021Part V
Date/Time Prepared:
4/22/2022 1:03 pm

Title XVIII

Subprovider -
IRF

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
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	62	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	0	0	54.01
56.01	03480	ONCOLOGY	0	0	56.01
60.00	06000	LABORATORY	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	IP REHAB THERAPIES	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	03630	CARDIAC CATH LAB	0	0	69.01
69.02	03160	CARDIAC REHABILITATION	0	0	69.02
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	1	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0	0	73.01
73.02	07302	COVID 19 VACCINE	0	0	73.02
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					
90.01	09001	OUTPATIENT TREATMENT CENTERS	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	0	0	90.02
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00		Subtotal (see instructions)	0	63	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	63	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part I
Date/Time Prepared:
4/22/2022 1:03 pm

			Title XIX		Hospital	Cost	
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	9,562,555	0	9,562,555	69,651	137.29	30.00
31.00	INTENSIVE CARE UNIT	2,498,208		2,498,208	7,367	339.11	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	361,526		361,526	3,595	100.56	35.00
40.00	SUBPROVIDER - IPF	1,776,473	0	1,776,473	12,211	145.48	40.00
41.00	SUBPROVIDER - IRF	1,100,351	0	1,100,351	8,864	124.14	41.00
43.00	NURSERY	503,655		503,655	4,301	117.10	43.00
200.00	Total (lines 30 through 199)	15,802,768		15,802,768	105,989		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	2,143	294,212				30.00
31.00	INTENSIVE CARE UNIT	334	113,263				31.00
35.00	NEONATAL INTENSIVE CARE UNIT	67	6,738				35.00
40.00	SUBPROVIDER - IPF	652	94,853				40.00
41.00	SUBPROVIDER - IRF	245	30,414				41.00
43.00	NURSERY	208	24,357				43.00
200.00	Total (lines 30 through 199)	3,649	563,837				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part II
Date/Time Prepared:
4/22/2022 1:03 pm

Cost Center Description		Title XIX		Hospital		Cost	
		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	7,480,685	0	0.000000	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	984,860	0	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	131,174	0	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,566,641	0	0.000000	0	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	658,235	0	0.000000	0	54.01
56.01	03480	ONCOLOGY	2,199,956	0	0.000000	0	56.01
60.00	06000	LABORATORY	3,026,894	0	0.000000	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	317,825	0	0.000000	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	487,377	0	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	2,030,751	0	0.000000	0	66.00
66.01	06601	IP REHAB THERAPIES	297,145	0	0.000000	0	66.01
69.00	06900	ELECTROCARDIOLOGY	1,603,090	0	0.000000	0	69.00
69.01	03630	CARDIAC CATH LAB	1,156,978	0	0.000000	0	69.01
69.02	03160	CARDIAC REHABILITATION	0	0	0.000000	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,948,164	0	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,225,144	0	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,370,023	0	0.000000	0	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	26,080	0	0.000000	0	73.01
73.02	07302	COVID 19 VACCINE	180,768	0	0.000000	0	73.02
74.00	07400	RENAL DIALYSIS	224,084	0	0.000000	0	74.00
76.97	07697	CARDIAC REHABILITATION	561,425	0	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT TREATMENT CENTERS	1,804,205	0	0.000000	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	418,031	0	0.000000	0	90.02
91.00	09100	EMERGENCY	2,452,535	0	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	285,705	0	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	350,603	0	0.000000	0	92.01
200.00		Total (lines 50 through 199)	40,788,378	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0252	Period: From 10/01/2020 To 09/30/2021	Worksheet D Part III Date/Time Prepared: 4/22/2022 1:03 pm
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				Title XIX		Hospital		Cost		
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00		
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	69,651	0.00	2,143	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	7,367	0.00	334	31.00		
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	3,595	0.00	67	35.00		
40.00	04000	SUBPROVIDER - IPF	0	0	12,211	0.00	652	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	8,864	0.00	245	41.00		
43.00	04300	NURSERY		0	4,301	0.00	208	43.00		
200.00		Total (lines 30 through 199)		0	105,989		3,649	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0							30.00
31.00	03100	INTENSIVE CARE UNIT	0							31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0							35.00
40.00	04000	SUBPROVIDER - IPF	0							40.00
41.00	04100	SUBPROVIDER - IRF	0							41.00
43.00	04300	NURSERY	0							43.00
200.00		Total (lines 30 through 199)	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet D
Part IV
Date/Time Prepared:
4/22/2022 1:03 pm

Cost Center Description			Title XIX		Hospital		Cost	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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	05401	OFFSITE-DIAGNOSTIC SERVICES	0	0	0	0	0	54.01
56.01	03480	ONCOLOGY	0	0	0	0	0	56.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	IP REHAB THERAPIES	0	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03630	CARDIAC CATH LAB	0	0	0	0	0	69.01
69.02	03160	CARDIAC REHABILITATION	0	0	0	0	0	69.02
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	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0	0	0	0	0	73.01
73.02	07302	COVID 19 VACCINE	0	0	0	0	0	73.02
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	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								
90.01	09001	OUTPATIENT TREATMENT CENTERS	0	0	0	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
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: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet D
Part IV
Date/Time Prepared:
4/22/2022 1:03 pm

Cost Center Description		Title XIX			Hospital		Cost	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0.000000	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	0	0	0	0	0.000000	54.01
56.01	03480	ONCOLOGY	0	0	0	0	0.000000	56.01
60.00	06000	LABORATORY	0	0	0	0	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0.000000	66.00
66.01	06601	IP REHAB THERAPIES	0	0	0	0	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01	03630	CARDIAC CATH LAB	0	0	0	0	0.000000	69.01
69.02	03160	CARDIAC REHABILITATION	0	0	0	0	0.000000	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0.000000	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0	0	0	0	0.000000	73.01
73.02	07302	COVID 19 VACCINE	0	0	0	0	0.000000	73.02
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT TREATMENT CENTERS	0	0	0	0	0.000000	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
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: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
4/22/2022 1:03 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	0.000000	0	0	0	0	50.00
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	05401	OFFSITE-DIAGNOSTIC SERVICES	0.000000	0	0	0	0	54.01
56.01	03480	ONCOLOGY	0.000000	0	0	0	0	56.01
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
66.01	06601	IP REHAB THERAPIES	0.000000	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03630	CARDIAC CATH LAB	0.000000	0	0	0	0	69.01
69.02	03160	CARDIAC REHABILITATION	0.000000	0	0	0	0	69.02
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	0.000000	0	0	0	0	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0.000000	0	0	0	0	73.01
73.02	07302	COVID 19 VACCINE	0.000000	0	0	0	0	73.02
74.00	07400	RENAL DIALYSIS	0.000000	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								
90.01	09001	OUTPATIENT TREATMENT CENTERS	0.000000	0	0	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
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: 14-0252 Component CCN: 14-S252		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 4/22/2022 1:03 pm	
				Title XIX		Subprovider - IPF		Cost	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
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	05401	OFFSITE-DIAGNOSTIC SERVICES		0	0	0	0	0	54.01
56.01	03480	ONCOLOGY		0	0	0	0	0	56.01
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
66.01	06601	IP REHAB THERAPIES		0	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.01	03630	CARDIAC CATH LAB		0	0	0	0	0	69.01
69.02	03160	CARDIAC REHABILITATION		0	0	0	0	0	69.02
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	07301	FLU VACCINE DRUGS CHG TO PATIENTS		0	0	0	0	0	73.01
73.02	07302	COVID 19 VACCINE		0	0	0	0	0	73.02
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	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									
90.01	09001	OUTPATIENT TREATMENT CENTERS		0	0	0	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0	90.02
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0	92.01
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: 14-0252 Component CCN: 14-S252		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 4/22/2022 1:03 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	0	0	0	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0.000000	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES		0	0	0	0	0.000000	54.01
56.01	03480	ONCOLOGY		0	0	0	0	0.000000	56.01
60.00	06000	LABORATORY		0	0	0	0	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	0	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0.000000	66.00
66.01	06601	IP REHAB THERAPIES		0	0	0	0	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0.000000	69.00
69.01	03630	CARDIAC CATH LAB		0	0	0	0	0.000000	69.01
69.02	03160	CARDIAC REHABILITATION		0	0	0	0	0.000000	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0.000000	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS		0	0	0	0	0.000000	73.01
73.02	07302	COVID 19 VACCINE		0	0	0	0	0.000000	73.02
74.00	07400	RENAL DIALYSIS		0	0	0	0	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OUTPATIENT TREATMENT CENTERS		0	0	0	0	0.000000	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY		0	0	0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0.000000	92.01
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: 14-0252

Component CCN: 14-S252

Period:
From 10/01/2020
To 09/30/2021

Worksheet D
Part IV
Date/Time Prepared:
4/22/2022 1:03 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	0.000000	0	0	0	0	50.00
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	05401	OFFSITE-DIAGNOSTIC SERVICES	0.000000	0	0	0	0	54.01
56.01	03480	ONCOLOGY	0.000000	0	0	0	0	56.01
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
66.01	06601	IP REHAB THERAPIES	0.000000	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03630	CARDIAC CATH LAB	0.000000	0	0	0	0	69.01
69.02	03160	CARDIAC REHABILITATION	0.000000	0	0	0	0	69.02
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	0.000000	0	0	0	0	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0.000000	0	0	0	0	73.01
73.02	07302	COVID 19 VACCINE	0.000000	0	0	0	0	73.02
74.00	07400	RENAL DIALYSIS	0.000000	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								
90.01	09001	OUTPATIENT TREATMENT CENTERS	0.000000	0	0	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
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: 14-0252
Component CCN: 14-T252

Period:
From 10/01/2020
To 09/30/2021

Worksheet D
Part IV
Date/Time Prepared:
4/22/2022 1:03 pm

			Title XIX		Subprovider - IRF	Cost	
Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
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	05401	OFFSITE-DIAGNOSTIC SERVICES	0	0	0	0	0 54.01
56.01	03480	ONCOLOGY	0	0	0	0	0 56.01
60.00	06000	LABORATORY	0	0	0	0	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
66.01	06601	IP REHAB THERAPIES	0	0	0	0	0 66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
69.01	03630	CARDIAC CATH LAB	0	0	0	0	0 69.01
69.02	03160	CARDIAC REHABILITATION	0	0	0	0	0 69.02
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	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0	0	0	0	0 73.01
73.02	07302	COVID 19 VACCINE	0	0	0	0	0 73.02
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 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							
90.01	09001	OUTPATIENT TREATMENT CENTERS	0	0	0	0	0 90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0 90.02
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
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: 14-0252 Component CCN: 14-T252		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 4/22/2022 1:03 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	0	0	0	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0.000000	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES		0	0	0	0	0.000000	54.01
56.01	03480	ONCOLOGY		0	0	0	0	0.000000	56.01
60.00	06000	LABORATORY		0	0	0	0	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	0	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0.000000	66.00
66.01	06601	IP REHAB THERAPIES		0	0	0	0	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0.000000	69.00
69.01	03630	CARDIAC CATH LAB		0	0	0	0	0.000000	69.01
69.02	03160	CARDIAC REHABILITATION		0	0	0	0	0.000000	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0.000000	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS		0	0	0	0	0.000000	73.01
73.02	07302	COVID 19 VACCINE		0	0	0	0	0.000000	73.02
74.00	07400	RENAL DIALYSIS		0	0	0	0	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OUTPATIENT TREATMENT CENTERS		0	0	0	0	0.000000	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY		0	0	0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0.000000	92.01
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: 14-0252

Component CCN: 14-T252

Period:
From 10/01/2020
To 09/30/2021

Worksheet D
Part IV
Date/Time Prepared:
4/22/2022 1:03 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	0.000000	0	0	0	0	50.00
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	05401	OFFSITE-DIAGNOSTIC SERVICES	0.000000	0	0	0	0	54.01
56.01	03480	ONCOLOGY	0.000000	0	0	0	0	56.01
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
66.01	06601	IP REHAB THERAPIES	0.000000	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03630	CARDIAC CATH LAB	0.000000	0	0	0	0	69.01
69.02	03160	CARDIAC REHABILITATION	0.000000	0	0	0	0	69.02
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	0.000000	0	0	0	0	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0.000000	0	0	0	0	73.01
73.02	07302	COVID 19 VACCINE	0.000000	0	0	0	0	73.02
74.00	07400	RENAL DIALYSIS	0.000000	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								
90.01	09001	OUTPATIENT TREATMENT CENTERS	0.000000	0	0	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0252	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 4/22/2022 1:03 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)		69,651	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		69,651	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)		67,570	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)		29,444	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)		72,606,210	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)		72,606,210	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)		72,606,210	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)		1,042.43	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		30,693,309	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)		30,693,309	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet D-1

Date/Time Prepared:
4/22/2022 1:03 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	18,790,216	7,367	2,550.59	3,726	9,503,498
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	NEONATAL INTENSIVE CARE UNIT	2,987,891	3,595	831.12	0	0
Cost Center Description						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					
52.00	Total Program excludable cost (sum of lines 50 and 51)					
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					
55.00	Target amount per discharge					
56.00	Target amount (line 54 x line 55)					
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					
58.00	Bonus payment (see instructions)					
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					
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)					
62.00	Relief payment (see instructions)					
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					
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)					
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					
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)					
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)					
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					
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)					
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					
89.00	Observation bed cost (line 87 x line 88) (see instructions)					

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet D-1

Date/Time Prepared:
4/22/2022 1:03 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	9,562,555	72,606,210	0.131704	2,169,297	285,705
91.00	Nursing Program cost	0	72,606,210	0.000000	2,169,297	0
92.00	Allied health cost	0	72,606,210	0.000000	2,169,297	0
93.00	All other Medical Education	0	72,606,210	0.000000	2,169,297	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0252 Component CCN: 14-S252	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 4/22/2022 1:03 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)		12,211	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,211	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)		12,211	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)		1,740	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)		14,257,969	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)		14,257,969	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)		14,257,969	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)		1,167.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,031,676	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,031,676	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0252 Component CCN: 14-S252	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 4/22/2022 1:03 pm
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0
Cost Center Description					
	1.00				
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					297,102
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,328,778
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					253,135
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					33,564
52.00 Total Program excludable cost (sum of lines 50 and 51)					286,699
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,042,079
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: 14-0252 Component CCN: 14-S252		Period: From 10/01/2020 To 09/30/2021		Worksheet D-1 Date/Time Prepared: 4/22/2022 1:03 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			1,776,473	14,257,969	0.124595	0	0	90.00
91.00	Nursing Program cost			0	14,257,969	0.000000	0	0	91.00
92.00	Allied health cost			0	14,257,969	0.000000	0	0	92.00
93.00	All other Medical Education			0	14,257,969	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0252 Component CCN: 14-T252	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 4/22/2022 1:03 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)		8,864	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,864	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)		8,864	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)		5,809	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)		7,796,298	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)		7,796,298	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)		7,796,298	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)		879.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,109,306	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,109,306	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0252 Component CCN: 14-T252	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 4/22/2022 1:03 pm
			Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0
Cost Center Description					
	1.00				
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,078,103
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					9,187,409
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					721,129
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					278,818
52.00 Total Program excludable cost (sum of lines 50 and 51)					999,947
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					8,187,462
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0252 Component CCN: 14-T252		Period: From 10/01/2020 To 09/30/2021		Worksheet D-1 Date/Time Prepared: 4/22/2022 1:03 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	1,100,351	7,796,298	0.141138	0	0	90.00
91.00	Nursing Program cost	0	7,796,298	0.000000	0	0	91.00
92.00	Allied health cost	0	7,796,298	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,796,298	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet D-1

Date/Time Prepared:
4/22/2022 1:03 pm

Title XIX		Hospital	Cost
Cost Center Description			1.00
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	69,651	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	69,651	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)	67,570	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	2,143	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)	4,301	15.00
16.00	Nursery days (title V or XIX only)	208	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)	72,606,210	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)	72,606,210	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)	72,606,210	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)	1,042.43	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,233,927	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	2,233,927	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet D-1

Date/Time Prepared:
4/22/2022 1:03 pm

Cost Center Description		Title XIX		Hospital		Cost
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	5,158,144	4,301	1,199.29	208	249,452
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	18,563,535	7,367	2,519.82	334	841,620
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	NEONATAL INTENSIVE CARE UNIT	2,918,138	3,595	811.72	67	54,385
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)					3,379,384
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)					2,081
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,042.43
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,169,297

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet D-1

Date/Time Prepared:
4/22/2022 1:03 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	9,562,555	72,606,210	0.131704	2,169,297	285,705
91.00	Nursing Program cost	0	72,606,210	0.000000	2,169,297	0
92.00	Allied health cost	0	72,606,210	0.000000	2,169,297	0
93.00	All other Medical Education	0	72,606,210	0.000000	2,169,297	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0252 Component CCN: 14-S252	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 4/22/2022 1:03 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)			12,211 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			12,211 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)			12,211 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)			652 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)			4,301 15.00
16.00	Nursery days (title V or XIX only)			208 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)			14,257,969 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)			14,257,969 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)			14,257,969 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)			1,167.63 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			761,295 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)			761,295 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0252 Component CCN: 14-S252	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 4/22/2022 1:03 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		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					761,295	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: 14-0252 Component CCN: 14-S252		Period: From 10/01/2020 To 09/30/2021		Worksheet D-1 Date/Time Prepared: 4/22/2022 1:03 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		1,776,473	14,257,969	0.124595	0	0	90.00
91.00	Nursing Program cost		0	14,257,969	0.000000	0	0	91.00
92.00	Allied health cost		0	14,257,969	0.000000	0	0	92.00
93.00	All other Medical Education		0	14,257,969	0.000000	0	0	93.00

Health Financial Systems		NORTHWEST COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0252	Period: From 10/01/2020	Worksheet D-1	
		Component CCN: 14-T252	To 09/30/2021	Date/Time Prepared: 4/22/2022 1:03 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)			8,864	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			8,864	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)			8,864	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)			245	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)			4,301	15.00
16.00	Nursery days (title V or XIX only)			208	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)			7,796,298	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)			7,796,298	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)			7,796,298	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)			879.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			215,490	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)			215,490	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0252 Component CCN: 14-T252	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 4/22/2022 1:03 pm	
				Title XIX		Subprovider - IRF	Cost
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					215,490	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: 14-0252 Component CCN: 14-T252		Period: From 10/01/2020 To 09/30/2021		Worksheet D-1 Date/Time Prepared: 4/22/2022 1:03 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	1,100,351	7,796,298	0.141138	0	0	90.00	
91.00	Nursing Program cost	0	7,796,298	0.000000	0	0	91.00	
92.00	Allied health cost	0	7,796,298	0.000000	0	0	92.00	
93.00	All other Medical Education	0	7,796,298	0.000000	0	0	93.00	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0252	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 4/22/2022 1:03 pm
Cost Center Description			Title XVIII	Hospital	PPS
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		53,503,820	30.00
31.00	03100	INTENSIVE CARE UNIT		16,550,800	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.276868	18,669,376	5,168,953 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.530084	13,808	7,319 52.00
53.00	05300	ANESTHESIOLOGY	0.018467	2,632,397	48,612 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.092958	47,814,226	4,444,715 54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	0.075111	138,461	10,400 54.01
56.01	03480	ONCOLOGY	0.733928	44,565	32,708 56.01
60.00	06000	LABORATORY	0.143976	37,744,936	5,434,365 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.242656	4,271,824	1,036,584 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.188478	9,448,345	1,780,805 65.00
66.00	06600	PHYSICAL THERAPY	0.326262	4,870,894	1,589,188 66.00
66.01	06601	IP REHAB THERAPIES	0.385142	0	0 66.01
69.00	06900	ELECTROCARDIOLOGY	0.201474	6,602,223	1,330,176 69.00
69.01	03630	CARDIAC CATH LAB	0.089617	14,979,704	1,342,436 69.01
69.02	03160	CARDIAC REHABILITATION	0.000000	0	0 69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.318950	30,158,402	9,619,022 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.334245	24,394,659	8,153,793 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.283760	22,471,087	6,376,396 73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0.585156	0	0 73.01
73.02	07302	COVID 19 VACCINE	0.628063	1,731	1,087 73.02
74.00	07400	RENAL DIALYSIS	0.383211	3,007,230	1,152,404 74.00
76.97	07697	CARDIAC REHABILITATION	0.785200	1,766	1,387 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OUTPATIENT TREATMENT CENTERS	0.292580	100,745	29,476 90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	1.164449	11,475	13,362 90.02
91.00	09100	EMERGENCY	0.167053	19,974,911	3,336,869 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.816760	408,731	333,835 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.469238	1,991,844	934,649 92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		249,753,340	52,178,541 200.00
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)		249,753,340	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0252 Component CCN: 14-S252	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 4/22/2022 1:03 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
35.00	02060 NEONATAL INTENSIVE CARE UNIT				35.00
40.00	04000 SUBPROVIDER - IPF		4,150,186		40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.276868	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.530084	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.018467	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.092958	104,630	9,726	54.00
54.01	05401 OFFSITE-DIAGNOSTIC SERVICES	0.075111	0	0	54.01
56.01	03480 ONCOLOGY	0.733928	0	0	56.01
60.00	06000 LABORATORY	0.143976	404,649	58,260	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.242656	417	101	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.188478	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.326262	30,583	9,978	66.00
66.01	06601 IP REHAB THERAPIES	0.385142	0	0	66.01
69.00	06900 ELECTROCARDIOLOGY	0.201474	61,852	12,462	69.00
69.01	03630 CARDIAC CATH LAB	0.089617	60	5	69.01
69.02	03160 CARDIAC REHABILITATION	0.000000	0	0	69.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.318950	32,243	10,284	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.334245	3,958	1,323	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.283760	130,937	37,155	73.00
73.01	07301 FLU VACCINE DRUGS CHG TO PATIENTS	0.585156	0	0	73.01
73.02	07302 COVID 19 VACCINE	0.628063	0	0	73.02
74.00	07400 RENAL DIALYSIS	0.383211	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.785200	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 OUTPATIENT TREATMENT CENTERS	0.292580	0	0	90.01
90.02	09002 PARTIAL HOSPITALIZATION PROGRAM	1.164449	70,594	82,203	90.02
91.00	09100 EMERGENCY	0.167053	434,195	72,534	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.816760	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.469238	6,544	3,071	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,280,662	297,102	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		1,280,662	0	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0252 Component CCN: 14-T252	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 4/22/2022 1:03 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
35.00	02060 NEONATAL INTENSIVE CARE UNIT				35.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF		10,104,340		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.276868	19,879	5,504	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.530084	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.018467	2,966	55	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.092958	690,449	64,183	54.00
54.01	05401 OFFSITE-DIAGNOSTIC SERVICES	0.075111	2	0	54.01
56.01	03480 ONCOLOGY	0.733928	4,087	3,000	56.01
60.00	06000 LABORATORY	0.143976	1,553,883	223,722	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.242656	40,225	9,761	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.188478	628,703	118,497	65.00
66.00	06600 PHYSICAL THERAPY	0.326262	20,331	6,633	66.00
66.01	06601 IP REHAB THERAPIES	0.385142	8,308,577	3,199,982	66.01
69.00	06900 ELECTROCARDIOLOGY	0.201474	48,470	9,765	69.00
69.01	03630 CARDIAC CATH LAB	0.089617	15,188	1,361	69.01
69.02	03160 CARDIAC REHABILITATION	0.000000	0	0	69.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.318950	249,737	79,654	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.334245	14,925	4,989	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.283760	862,652	244,786	73.00
73.01	07301 FLU VACCINE DRUGS CHG TO PATIENTS	0.585156	0	0	73.01
73.02	07302 COVID 19 VACCINE	0.628063	0	0	73.02
74.00	07400 RENAL DIALYSIS	0.383211	254,771	97,631	74.00
76.97	07697 CARDIAC REHABILITATION	0.785200	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 OUTPATIENT TREATMENT CENTERS	0.292580	319	93	90.01
90.02	09002 PARTIAL HOSPITALIZATION PROGRAM	1.164449	0	0	90.02
91.00	09100 EMERGENCY	0.167053	10,766	1,798	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.816760	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.469238	14,254	6,689	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		12,740,184	4,078,103	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)		12,740,184		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0252	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 4/22/2022 1:03 pm	
			Title XIX	Hospital	Cost	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	54.00
54.01	05401	OFFSITE-DIAGNOSTIC SERVICES	0.000000	0	0	54.01
56.01	03480	ONCOLOGY	0.000000	0	0	56.01
60.00	06000	LABORATORY	0.000000	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	66.00
66.01	06601	IP REHAB THERAPIES	0.000000	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	69.00
69.01	03630	CARDIAC CATH LAB	0.000000	0	0	69.01
69.02	03160	CARDIAC REHABILITATION	0.000000	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	73.00
73.01	07301	FLU VACCINE DRUGS CHG TO PATIENTS	0.000000	0	0	73.01
73.02	07302	COVID 19 VACCINE	0.000000	0	0	73.02
74.00	07400	RENAL DIALYSIS	0.000000	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	OUTPATIENT TREATMENT CENTERS	0.000000	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	90.02
91.00	09100	EMERGENCY	0.000000	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		0	0	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)		0	0	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0252 Component CCN: 14-S252	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 4/22/2022 1:03 pm	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT				35.00
40.00	04000 SUBPROVIDER - IPF		0		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	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	54.00
54.01	05401 OFFSITE-DIAGNOSTIC SERVICES	0.000000	0	0	54.01
56.01	03480 ONCOLOGY	0.000000	0	0	56.01
60.00	06000 LABORATORY	0.000000	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	66.00
66.01	06601 IP REHAB THERAPIES	0.000000	0	0	66.01
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	69.00
69.01	03630 CARDIAC CATH LAB	0.000000	0	0	69.01
69.02	03160 CARDIAC REHABILITATION	0.000000	0	0	69.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	73.00
73.01	07301 FLU VACCINE DRUGS CHG TO PATIENTS	0.000000	0	0	73.01
73.02	07302 COVID 19 VACCINE	0.000000	0	0	73.02
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 OUTPATIENT TREATMENT CENTERS	0.000000	0	0	90.01
90.02	09002 PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	90.02
91.00	09100 EMERGENCY	0.000000	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		0	0	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)		0	0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A
Date/Time Prepared:
4/22/2022 1:03 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)			0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			79,971,387	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)			0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			548,368	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)			413.75	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)			2.23	30.00
31.00	Percentage of Medicaid patient days (see instructions)			13.26	31.00
32.00	Sum of lines 30 and 31			15.49	32.00
33.00	Allowable disproportionate share percentage (see instructions)			2.82	33.00
34.00	Disproportionate share adjustment (see instructions)			563,798	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0252	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 4/22/2022 1:03 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)		0	8,290,014,521	35.00
35.01	Factor 3 (see instructions)	0.000000000	0	0.000554718	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	4,598,620	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	4,598,620	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,598,620		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (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 (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)		85,682,173		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)			85,682,173	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			6,514,530	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			465,599	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			92,662,302	59.00
60.00	Primary payer payments			52,810	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			92,609,492	61.00
62.00	Deductibles billed to program beneficiaries			7,838,560	62.00
63.00	Coinsurance billed to program beneficiaries			188,975	63.00
64.00	Allowable bad debts (see instructions)			1,275,471	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			829,056	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			802,412	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			85,411,013	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 ADJ-ALLIED HEALTH A&G			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)			-138,045	70.93
70.94	HRR adjustment amount (see instructions)			-56,305	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A
Date/Time Prepared:
4/22/2022 1:03 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)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		85,216,663	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		80,893,475	72.00	
72.01	Interim payments-PARHM			72.01	
73.00	Tentative settlement (for contractor use only)		0	73.00	
73.01	Tentative settlement-PARHM (for contractor use only)			73.01	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		4,323,188	74.00	
74.01	Balance due provider/program-PARHM (see instructions)			74.01	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,233,759	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)			0	100.00
	HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
	HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
	Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
	Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
	Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
	Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
4/22/2022 1:03 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	0	0	0	0	0
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	79,971,387	0	0	79,971,387	79,971,387
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	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	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	0	0	0	0	0
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	548,368	0	0	548,368	548,368
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	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	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	0.0282	0.0282	0.0282	0.0282	0.0282
11.00	Disproportionate share adjustment (see instructions)	34.00	563,798	0	0	563,798	563,798
11.01	Uncompensated care payments	36.00	4,598,620	0	0	1,639,612	1,639,612
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	85,682,173	0	0	85,682,173	85,682,173
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	85,682,173	0	0	85,682,173	85,682,173
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	6,514,530	0	0	6,514,530	6,514,530

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
4/22/2022 1:03 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	465,599	0	0	465,599	465,599	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	0	92,662,302	92,662,302	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	6,142,673	0	0	6,142,673	6,142,673	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	175,906	0	0	175,906	175,906	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	0.0319	0.0319	0.0319	0.0319		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	195,951	0	0	195,951	195,951	25.00
26.00	Total prospective capital payments (see instructions)	12.00	6,514,530	0	0	6,514,530	6,514,530	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
4/22/2022 1:03 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	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	79,971,387		79,971,387	79,971,387	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	1,036,771		1,036,771	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	548,368		548,368	548,368	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0282	0.0282	0.0282		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	563,798	0	563,798	563,798	11.00
11.01	Uncompensated care payments	36.00	4,598,620	0	3,370,161	3,370,161	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	85,682,173	1,036,771	84,645,402	85,682,173	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	85,682,173	1,036,771	84,645,402	85,682,173	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	6,514,530	0	6,514,530	6,514,530	16.00
17.00	Special add-on payments for new technologies	54.00	465,599	0	465,599	465,599	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			1,036,771	91,625,531	92,662,302	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
4/22/2022 1:03 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	6,142,673	0	6,142,673	6,142,673	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	175,906	0	175,906	175,906	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	0.0319	0.0319	0.0319		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	195,951	0	195,951	195,951	25.00
26.00	Total prospective capital payments (see instructions)	12.00	6,514,530	0	6,514,530	6,514,530	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	-138,045	0	-138,045	-138,045	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	-56,305	0	-56,305	-56,305	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0252	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part B Date/Time Prepared: 4/22/2022 1:03 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		25,844	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		59,942,979	2.00
3.00	OPPS payments		51,434,612	3.00
4.00	Outlier payment (see instructions)		59,292	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.899	5.00
6.00	Line 2 times line 5		53,888,738	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		95.56	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		25,844	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		50,193	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)		50,193	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)		50,193	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		24,349	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)		25,844	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)		51,493,904	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)		8,589,204	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)		42,930,544	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)		42,930,544	30.00
31.00	Primary payer payments		13,688	31.00
32.00	Subtotal (line 30 minus line 31)		42,916,856	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)		866,756	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		563,391	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		530,963	36.00
37.00	Subtotal (see instructions)		43,480,247	37.00
38.00	MSP-LCC reconciliation amount from PS&R		6,775	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)		43,473,472	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		43,781,532	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)		-308,060	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

Health Financial Systems		NORTHWEST COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0252	Period: From 10/01/2020	Worksheet E	
		Component CCN: 14-S252	To 09/30/2021	Part B Date/Time Prepared: 4/22/2022 1:03 pm	
		Title XVIII	Subprovider - IPF	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			27	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			693	2.00
3.00	OPPS payments			424	3.00
4.00	Outlier payment (see instructions)			0	4.00
4.01	Outlier reconciliation amount (see instructions)			0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000	5.00
6.00	Line 2 times line 5			0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00	7.00
8.00	Transitional corridor payment (see instructions)			0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0	9.00
10.00	Organ acquisitions			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			27	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			195	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)			195	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)			195	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			168	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)			27	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)			424	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)			77	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)			374	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)			374	30.00
31.00	Primary payer payments			0	31.00
32.00	Subtotal (line 30 minus line 31)			374	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0	33.00
34.00	Allowable bad debts (see instructions)			0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	36.00
37.00	Subtotal (see instructions)			374	37.00
38.00	MSP-LCC reconciliation amount from PS&R			0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
39.97	Demonstration payment adjustment amount before sequestration			0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0	39.99
40.00	Subtotal (see instructions)			374	40.00
40.01	Sequestration adjustment (see instructions)			0	40.01
40.02	Demonstration payment adjustment amount after sequestration			0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs				40.03
41.00	Interim payments			386	41.00
41.01	Interim payments-PARHM				41.01
42.00	Tentative settlement (for contractors use only)			0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)				42.01
43.00	Balance due provider/program (see instructions)			-12	43.00
43.01	Balance due provider/program-PARHM (see instructions)				43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	44.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)			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

Health Financial Systems		NORTHWEST COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0252 Component CCN: 14-T252	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part B Date/Time Prepared: 4/22/2022 1:03 pm	
		Title XVIII	Subprovider - IRF	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)		63	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,924	2.00	
3.00	OPPS payments		2,010	3.00	
4.00	Outlier payment (see instructions)		0	4.00	
4.01	Outlier reconciliation amount (see instructions)		0	4.01	
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00	
6.00	Line 2 times line 5		0	6.00	
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00	
8.00	Transitional corridor payment (see instructions)		0	8.00	
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00	
10.00	Organ acquisitions		0	10.00	
11.00	Total cost (sum of lines 1 and 10) (see instructions)		63	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges		672	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)		672	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)		672	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		609	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)		63	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)		2,010	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)		386	26.00	
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		1,687	27.00	
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00	
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00	
30.00	Subtotal (sum of lines 27 through 29)		1,687	30.00	
31.00	Primary payer payments		0	31.00	
32.00	Subtotal (line 30 minus line 31)		1,687	32.00	
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00	
34.00	Allowable bad debts (see instructions)		0	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00	
37.00	Subtotal (see instructions)		1,687	37.00	
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00	
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00	
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97	
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98	
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99	
40.00	Subtotal (see instructions)		1,687	40.00	
40.01	Sequestration adjustment (see instructions)		0	40.01	
40.02	Demonstration payment adjustment amount after sequestration		0	40.02	
40.03	Sequestration adjustment-PARHM pass-throughs			40.03	
41.00	Interim payments		1,722	41.00	
41.01	Interim payments-PARHM			41.01	
42.00	Tentative settlement (for contractors use only)		0	42.00	
42.01	Tentative settlement-PARHM (for contractor use only)			42.01	
43.00	Balance due provider/program (see instructions)		-35	43.00	
43.01	Balance due provider/program-PARHM (see instructions)			43.01	
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00	
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)		0	90.00	
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00	
92.00	The rate used to calculate the Time Value of Money		0.00	92.00	
93.00	Time Value of Money (see instructions)		0	93.00	
94.00	Total (sum of lines 91 and 93)		0	94.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet E-1
Part I
Date/Time Prepared:
4/22/2022 1:03 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		79,758,321		42,895,668	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		1,135,154		885,864	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)		80,893,475		43,781,532	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		4,323,188		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		308,060	6.02	
7.00	Total Medicare program liability (see instructions)		85,216,663		43,473,472	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: 14-0252

Period:

Worksheet E-1

Component CCN: 14-S252

From 10/01/2020
To 09/30/2021Part I
Date/Time Prepared:
4/22/2022 1:03 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					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		1,489,529		386	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)		129,250		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,618,779		386	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		63,420		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		12	6.02
7.00	Total Medicare program liability (see instructions)		1,682,199		374	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: 14-0252

Period:

Worksheet E-1

Component CCN: 14-T252

From 10/01/2020
To 09/30/2021Part I
Date/Time Prepared:
4/22/2022 1:03 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					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		10,770,054		1,722	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)		10,770,054		1,722	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		78,274		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		35	6.02
7.00	Total Medicare program liability (see instructions)		10,848,328		1,687	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: 14-0252	Period: From 10/01/2020 To 09/30/2021	Worksheet E-1 Part II Date/Time Prepared: 4/22/2022 1:03 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 (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)				2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2				3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)				4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200				5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20				6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168				7.00
8.00	Calculation of the HIT incentive payment (see instructions)				8.00
9.00	Sequestration adjustment amount (see instructions)				9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)				10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)				30.00
31.00	Other Adjustment (specify)				31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)				32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0252 Component CCN: 14-S252	Period: From 10/01/2020 To 09/30/2021	Worksheet E-3 Part II Date/Time Prepared: 4/22/2022 1:03 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)			1,715,891 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)			33.454795 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,715,891 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,715,891 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,715,891 18.00
19.00	Deductibles			190,716 19.00
20.00	Subtotal (line 18 minus line 19)			1,525,175 20.00
21.00	Coinsurance			35,646 21.00
22.00	Subtotal (line 20 minus line 21)			1,489,529 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			296,415 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			192,670 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			121,764 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,682,199 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.98	Recovery of accelerated depreciation.			0 30.98
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,682,199 31.00
31.01	Sequestration adjustment (see instructions)			0 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,618,779 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)			63,420 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
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0252 Component CCN: 14-T252	Period: From 10/01/2020 To 09/30/2021	Worksheet E-3 Part III Date/Time Prepared: 4/22/2022 1:03 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			10,588,684 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0280 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			247,775 3.00
4.00	Outlier Payments			51,250 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)			24.284932 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)			10,887,709 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)			10,887,709 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			10,887,709 19.00
20.00	Deductibles			26,332 20.00
21.00	Subtotal (line 19 minus line 20)			10,861,377 21.00
22.00	Coinsurance			17,932 22.00
23.00	Subtotal (line 21 minus line 22)			10,843,445 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			7,513 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			4,883 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			2,772 26.00
27.00	Subtotal (sum of lines 23 and 25)			10,848,328 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)			0 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
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			10,848,328 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			10,770,054 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)			78,274 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			12,133 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			51,250 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
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet E-3
Part VII
Date/Time Prepared:
4/22/2022 1:03 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		3,379,384		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		3,379,384	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		3,379,384	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		3,379,384	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)		3,379,384	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0252 Component CCN: 14-S252	Period: From 10/01/2020 To 09/30/2021	Worksheet E-3 Part VII Date/Time Prepared: 4/22/2022 1:03 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		761,295		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)		761,295	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)		761,295	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)		761,295	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)		761,295	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0252 Component CCN: 14-T252	Period: From 10/01/2020 To 09/30/2021	Worksheet E-3 Part VII Date/Time Prepared: 4/22/2022 1:03 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	215,490		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)	215,490	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)	215,490	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)	215,490	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)	215,490	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0		41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0252	Period: From 10/01/2020 To 09/30/2021	Worksheet E-4 Date/Time Prepared: 4/22/2022 1:03 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)	40,719	13,908		26.00
27.00	Total Inpatient Days (see instructions)	100,530	100,530		27.00
28.00	Ratio of inpatient days to total inpatient days	0.405043	0.138347		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: 14-0252	Period: From 10/01/2020 To 09/30/2021	Worksheet E-4 Date/Time Prepared: 4/22/2022 1:03 pm	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM 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)		0		32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		6,326,137		33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000		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)		103,891,535		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)		52,810		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		103,838,725		41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)		59,971,530		42.00
43.00	Primary payer payments (see instructions)		19,883		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		59,951,647		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		163,790,372		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.633973		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.366027		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: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet G

Date/Time Prepared:
4/22/2022 1:03 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	24,527,929	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	49,117,995	0	0	0	4.00
5.00	Other receivable	10,308,414	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	10,126,040	0	0	0	7.00
8.00	Prepaid expenses	4,321,852	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	-10,875,116	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	87,527,114	0	0	0	11.00
FIXED ASSETS						
12.00	Land	89,072	0	0	0	12.00
13.00	Land improvements	15,876,959	0	0	0	13.00
14.00	Accumulated depreciation	-203,619	0	0	0	14.00
15.00	Buildings	257,359,487	0	0	0	15.00
16.00	Accumulated depreciation	-6,040,585	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	74,013,397	0	0	0	19.00
20.00	Accumulated depreciation	-3,813,202	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	19,775,081	0	0	0	23.00
24.00	Accumulated depreciation	-17,462,607	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	339,593,983	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	38,061,149	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	38,061,149	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	465,182,246	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	19,039,193	0	0	0	37.00
38.00	Salaries, wages, and fees payable	61,973,865	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	8,630,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	47,962,578	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	137,605,636	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	226,776,040	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	40,919,474	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	267,695,514	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	405,301,150	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	59,881,096				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	59,881,096	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	465,182,246	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet G-1

Date/Time Prepared:
4/22/2022 1:03 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		87,587,968		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		17,272,006				2.00
3.00	Total (sum of line 1 and line 2)		104,859,974		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	ASSETS TRANSFER	0		0		0	5.00
6.00		0		0		0	6.00
7.00	RECONCILING ITEM	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)		104,859,974		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00	ADJUST BALANCE/ASSETS	44,978,878		0		0	15.00
16.00	ROUNDING	0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		44,978,878		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		59,881,096		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	ASSETS TRANSFER		0				5.00
6.00			0				6.00
7.00	RECONCILING ITEM		0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00	ADJUST BALANCE/ASSETS		0				15.00
16.00	ROUNDING		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: 14-0252

Period:
From 10/01/2020
To 09/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
4/22/2022 1:03 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	136,676,592		136,676,592	1.00
2.00	SUBPROVIDER - IPF	29,108,942		29,108,942	2.00
3.00	SUBPROVIDER - IRF	15,416,538		15,416,538	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)	181,202,072		181,202,072	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	38,048,369		38,048,369	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	5,327,902		5,327,902	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	43,376,271		43,376,271	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	224,578,343		224,578,343	17.00
18.00	Ancillary services	574,436,626	1,000,251,931	1,574,688,557	18.00
19.00	Outpatient services	0		0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		9,305,031	9,305,031	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	RESIDENTIAL TREATMENT CENTER	1,367,288	192,729	1,560,017	27.00
27.01	OTHER NRCC CHARGES	3,257,093	79,327	3,336,420	27.01
27.02	MOBILE DENTAL CLINIC	0	611,865	611,865	27.02
27.03	OTHER (SPECIFY)	0	0	0	27.03
27.04	OTHER (SPECIFY)	0	0	0	27.04
27.05	OTHER (SPECIFY)	0	0	0	27.05
27.06	RECONCILING ITEM	0	0	0	27.06
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	803,639,350	1,010,440,883	1,814,080,233	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		513,272,642		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	OTHER	0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	RECONCILING ITEM	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)		513,272,642		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0252

Period:
From 10/01/2020
To 09/30/2021

Worksheet G-3

Date/Time Prepared:
4/22/2022 1:03 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,814,080,233	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,304,121,373	2.00
3.00	Net patient revenues (line 1 minus line 2)	509,958,860	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	513,272,642	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-3,313,782	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,561,596	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	265,596	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,108,492	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	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	PHYSICIANS OFFICES	1,484,627	24.00
24.01	OTHER REVENUE	3,011,288	24.01
24.02	MGT SERVICES	1,065,853	24.02
24.03	OTHER MISC NON OPERATING REV	3,398,216	24.03
24.04	OP PHARMACY	4,790,169	24.04
24.05	RESEARCH	129,540	24.05
24.06	OTHER REVENUE	0	24.06
24.07	NON OPERATING REVENUE - PENSION	2,430,620	24.07
24.08	INTERCOMPANY RENTAL	1,300,215	24.08
24.09	GAIN LOSS DISP FIXED ASSETS	39,575	24.09
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	20,585,787	25.00
26.00	Total (line 5 plus line 25)	17,272,005	26.00
27.00	RECONCILING ITEM	-1	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-1	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	17,272,006	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0252

Period:

Worksheet H

HHA CCN: 14-7094

From 10/01/2020
To 09/30/2021Date/Time Prepared:
4/22/2022 1:03 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	4,253	4,253
4.00	Transportation	0	0	0	0	0
5.00	Administrative and General	626,793	48,309	0	1,369,384	23,162
						2,067,648
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,930,747	148,814	52,854	0	2,132,415
7.00	Physical Therapy	1,504,740	115,979	41,360	0	1,662,079
8.00	Occupational Therapy	441,145	34,002	11,911	0	487,058
9.00	Speech Pathology	51,145	3,942	930	0	56,017
10.00	Medical Social Services	72,482	5,587	657	0	78,726
11.00	Home Health Aide	37,312	2,876	2,972	0	43,160
12.00	Supplies (see instructions)	0	0	0	271,976	271,976
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	0	0	0	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)	4,664,364	359,509	110,684	1,369,384	299,391
						6,803,332
	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	4,253	0	4,253	0
4.00	Transportation	0	0	0	0	0
5.00	Administrative and General	0	2,067,648	0	2,067,648	0
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,203	2,133,618	0	2,133,618	0
7.00	Physical Therapy	0	1,662,079	0	1,662,079	0
8.00	Occupational Therapy	0	487,058	0	487,058	0
9.00	Speech Pathology	0	56,017	0	56,017	0
10.00	Medical Social Services	0	78,726	0	78,726	0
11.00	Home Health Aide	0	43,160	0	43,160	0
12.00	Supplies (see instructions)	0	271,976	0	271,976	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	0	0	0	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)	1,203	6,804,535	0	6,804,535	0

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: 14-0252

Period:

Worksheet H-1

HHA CCN: 14-7094

From 10/01/2020
To 09/30/2021Part I
Date/Time Prepared:
4/22/2022 1:03 pmHome Health
Agency I

PPS

						Agency 1			
		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
			Bldgs & Fixtures	Movable Equipment					
		0	1.00	2.00	3.00	4.00	4A.00		
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00	
2.00	Capital Related - Movable Equipment	0		0			0	2.00	
3.00	Plant Operation & Maintenance	4,253	0	0	4,253		0	3.00	
4.00	Transportation	0	0	0	0	0		4.00	
5.00	Administrative and General	2,067,648	0	0	4,253	0	2,071,901	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	2,133,618	0	0	0	0	2,133,618	6.00	
7.00	Physical Therapy	1,662,079	0	0	0	0	1,662,079	7.00	
8.00	Occupational Therapy	487,058	0	0	0	0	487,058	8.00	
9.00	Speech Pathology	56,017	0	0	0	0	56,017	9.00	
10.00	Medical Social Services	78,726	0	0	0	0	78,726	10.00	
11.00	Home Health Aide	43,160	0	0	0	0	43,160	11.00	
12.00	Supplies (see instructions)	271,976	0	0	0	0	271,976	12.00	
13.00	Drugs	0	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	6,804,535	0	0	4,253	0	6,804,535	24.00	
		Administrative & General	Total (cols. 4A + 5)						
		5.00	6.00						
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures							1.00	
2.00	Capital Related - Movable Equipment							2.00	
3.00	Plant Operation & Maintenance							3.00	
4.00	Transportation							4.00	
5.00	Administrative and General	2,071,901						5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	992,147	3,125,765					6.00	
7.00	Physical Therapy	747,825	2,409,904					7.00	
8.00	Occupational Therapy	98,851	585,909					8.00	
9.00	Speech Pathology	13,530	69,547					9.00	
10.00	Medical Social Services	70,737	149,463					10.00	
11.00	Home Health Aide	35,663	78,823					11.00	
12.00	Supplies (see instructions)	33,666	305,642					12.00	
13.00	Drugs	0	0					13.00	
14.00	DME	0	0					14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0					15.00	
16.00	Respiratory Therapy	0	0					16.00	
17.00	Private Duty Nursing	0	0					17.00	
18.00	Clinic	0	0					18.00	
19.00	Health Promotion Activities	0	0					19.00	
20.00	Day Care Program	0	0					20.00	
21.00	Home Delivered Meals Program	0	0					21.00	
22.00	Homemaker Service	0	0					22.00	
23.00	All Others (specify)	79,482	79,482					23.00	
23.50	Telemedicine	0	0					23.50	
24.00	Total (sum of lines 1-23)		6,804,535					24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0252

Period:

Worksheet H-1

HHA CCN: 14-7094

From 10/01/2020
To 09/30/2021Part II
Date/Time Prepared:
4/22/2022 1:03 pmHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	100	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	100	0	-2,071,901	18,518,099
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	6,733,910	8,867,528
7.00	Physical Therapy	0	0	0	0	5,021,792	6,683,871
8.00	Occupational Therapy	0	0	0	0	396,450	883,508
9.00	Speech Pathology	0	0	0	0	64,911	120,928
10.00	Medical Social Services	0	0	0	0	553,500	632,226
11.00	Home Health Aide	0	0	0	0	275,585	318,745
12.00	Supplies (see instructions)	0	0	0	0	28,923	300,899
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	710,394	710,394
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	100	0	11,713,564	18,518,099
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	4,253	0		2,071,901
26.00	Unit Cost Multiplier	0.000000	0.000000	42.530000	0.000000		0.111885

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0252

Period:

Worksheet H-2

HHA CCN: 14-7094

From 10/01/2020
To 09/30/2021Part I
Date/Time Prepared:
4/22/2022 1:03 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	176,799	23,805	94,428	295,032	165,918	1.00
2.00	Skilled Nursing Care	3,125,765	0	0	291,003	3,416,768	1,035,907	2.00
3.00	Physical Therapy	2,409,904	0	0	226,694	2,636,598	838,302	3.00
4.00	Occupational Therapy	585,909	0	0	66,460	652,369	130,247	4.00
5.00	Speech Pathology	69,547	0	0	7,705	77,252	14,623	5.00
6.00	Medical Social Services	149,463	0	0	10,920	160,383	56,637	6.00
7.00	Home Health Aide	78,823	0	0	5,621	84,444	49,262	7.00
8.00	Supplies (see instructions)	305,642	0	0	0	305,642	79,070	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)	79,482	0	0	0	79,482	22,426	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	6,804,535	176,799	23,805	702,831	7,707,970	2,392,392	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	339,598	0	125,109	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	339,598	0	125,109	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: 14-0252

Period:

Worksheet H-2

HHA CCN: 14-7094

From 10/01/2020
To 09/30/2021Part I
Date/Time Prepared:
4/22/2022 1:03 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 PROGRAM	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
		19.00	20.00	SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	23.00	24.00	
1.00	Administrative and General	0	0	0	0	0	925,657	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	4,452,675	2.00
3.00	Physical Therapy	0	0	0	0	0	3,474,900	3.00
4.00	Occupational Therapy	0	0	0	0	0	782,616	4.00
5.00	Speech Pathology	0	0	0	0	0	91,875	5.00
6.00	Medical Social Services	0	0	0	0	0	217,020	6.00
7.00	Home Health Aide	0	0	0	0	0	133,706	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	384,712	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	101,908	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	10,565,069	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: 14-0252

Period:

Worksheet H-2

HHA CCN: 14-7094

From 10/01/2020
To 09/30/2021Part I
Date/Time Prepared:
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PPS

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		25.00	26.00	27.00	28.00		
1.00	Administrative and General	0	925,657				1.00
2.00	Skilled Nursing Care	0	4,452,675	427,584	4,880,259		2.00
3.00	Physical Therapy	0	3,474,900	333,688	3,808,588		3.00
4.00	Occupational Therapy	0	782,616	75,153	857,769		4.00
5.00	Speech Pathology	0	91,875	8,823	100,698		5.00
6.00	Medical Social Services	0	217,020	20,840	237,860		6.00
7.00	Home Health Aide	0	133,706	12,840	146,546		7.00
8.00	Supplies (see instructions)	0	384,712	36,943	421,655		8.00
9.00	Drugs	0	0	0	0		9.00
10.00	DME	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0		13.00
14.00	Clinic	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0		18.00
19.00	All Others (specify)	0	101,908	9,786	111,694		19.00
19.50	Telemedicine	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	0	10,565,069	925,657	10,565,069		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.			0.096028			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: 14-0252

Period:

Worksheet H-2

HHA CCN: 14-7094

From 10/01/2020
To 09/30/2021Part II
Date/Time Prepared:
4/22/2022 1:03 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5A	5.00	6.00	
1.00	Administrative and General	5,176	21,492	626,793	179,337	474,369	0	1.00
2.00	Skilled Nursing Care	0	0	1,931,611	-455,056	2,961,712	0	2.00
3.00	Physical Therapy	0	0	1,504,740	-239,848	2,396,750	0	3.00
4.00	Occupational Therapy	0	0	441,145	-279,986	372,383	0	4.00
5.00	Speech Pathology	0	0	51,145	-35,443	41,809	0	5.00
6.00	Medical Social Services	0	0	72,482	1,544	161,927	0	6.00
7.00	Home Health Aide	0	0	37,312	56,399	140,843	0	7.00
8.00	Supplies (see instructions)	0	0	0	-79,577	226,065	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	-15,366	64,116	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	5,176	21,492	4,665,228		6,839,974	0	20.00
21.00	Total cost to be allocated	176,799	23,805	702,831		2,392,392	0	21.00
22.00	Unit cost multiplier	34.157457	1.107621	0.150653		0.349766	0.000000	22.00
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		7.00	8.00	9.00	10.00	11.00	12.00	
1.00	Administrative and General	5,176	0	5,176	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)	5,176	0	5,176	0	0	0	20.00
21.00	Total cost to be allocated	339,598	0	125,109	0	0	0	21.00
22.00	Unit cost multiplier	65.610124	0.000000	24.170981	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0252

Period:

Worksheet H-2

HHA CCN: 14-7094

From 10/01/2020
To 09/30/2021Part II
Date/Time Prepared:
4/22/2022 1:03 pm

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

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0252

Period:

Worksheet H-3

HHA CCN: 14-7094

From 10/01/2020
To 09/30/2021Part I
Date/Time Prepared:
4/22/2022 1:03 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	4,880,259		4,880,259	17,621	276.96	1.00
2.00	Physical Therapy	3.00	3,808,588	0	3,808,588	13,789	276.20	2.00
3.00	Occupational Therapy	4.00	857,769	0	857,769	3,971	216.01	3.00
4.00	Speech Pathology	5.00	100,698	0	100,698	310	324.83	4.00
5.00	Medical Social Services	6.00	237,860		237,860	219	1,086.12	5.00
6.00	Home Health Aide	7.00	146,546		146,546	991	147.88	6.00
7.00	Total (sum of lines 1-6)		10,031,720	0	10,031,720	36,901		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits			
					Part B			
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		16974	0	2,968			8.00
8.01	Skilled Nursing Care		16984	0	7,514			8.01
8.02	Skilled Nursing Care		20994	0	47			8.02
8.03	Skilled Nursing Care		29404	0	1,220			8.03
9.00	Physical Therapy		16974	0	2,254			9.00
9.01	Physical Therapy		16984	0	5,876			9.01
9.02	Physical Therapy		20994	0	27			9.02
9.03	Physical Therapy		29404	0	1,086			9.03
10.00	Occupational Therapy		16974	0	768			10.00
10.01	Occupational Therapy		16984	0	1,791			10.01
10.02	Occupational Therapy		20994	0	3			10.02
10.03	Occupational Therapy		29404	0	335			10.03
11.00	Speech Pathology		16974	0	66			11.00
11.01	Speech Pathology		16984	0	113			11.01
11.02	Speech Pathology		20994	0	0			11.02
11.03	Speech Pathology		29404	0	25			11.03
12.00	Medical Social Services		16974	0	42			12.00
12.01	Medical Social Services		16984	0	97			12.01
12.02	Medical Social Services		20994	0	2			12.02
12.03	Medical Social Services		29404	0	21			12.03
13.00	Home Health Aide		16974	0	157			13.00
13.01	Home Health Aide		16984	0	509			13.01
13.02	Home Health Aide		20994	0	0			13.02
13.03	Home Health Aide		29404	0	82			13.03
14.00	Total (sum of lines 8-13)			0	25,003			14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	421,655	82,718	504,373	713,403	0.706996	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0252

Period:

Worksheet H-3

HHA CCN: 14-7094

From 10/01/2020
To 09/30/2021Part I
Date/Time Prepared:
4/22/2022 1:03 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Visits		Cost of Services	Agency 1			
		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	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	11,749		0	3,254,003		1.00
2.00	Physical Therapy	0	9,243		0	2,552,917		2.00
3.00	Occupational Therapy	0	2,897		0	625,781		3.00
4.00	Speech Pathology	0	204		0	66,265		4.00
5.00	Medical Social Services	0	162		0	175,951		5.00
6.00	Home Health Aide	0	748		0	110,614		6.00
7.00	Total (sum of lines 1-6)	0	25,003		0	6,785,531		7.00
Cost Center Description								
		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
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
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	483,380	0	0	341,748	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0252

Period:

Worksheet H-3

HHA CCN: 14-7094

From 10/01/2020
To 09/30/2021Part I
Date/Time Prepared:
4/22/2022 1:03 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Total Program Cost (sum of cols. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	3,254,003		1.00
2.00	Physical Therapy	2,552,917		2.00
3.00	Occupational Therapy	625,781		3.00
4.00	Speech Pathology	66,265		4.00
5.00	Medical Social Services	175,951		5.00
6.00	Home Health Aide	110,614		6.00
7.00	Total (sum of lines 1-6)	6,785,531		7.00
Cost Center Description				
		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0252

Period:

Worksheet H-3

HHA CCN: 14-7094

From 10/01/2020
To 09/30/2021Part II
Date/Time Prepared:
4/22/2022 1:03 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	0.326262	0	0	col. 2, line 2.00		1.00
1.01 Physical Therapy 1	66.01	0.385142	0	0	col. 2, line 2.01		1.01
2.00 Occupational Therapy							2.00
3.00 Speech Pathology							3.00
4.00 Cost of Medical Supplies	71.00	0.318950	259,344	82,718	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.283760	0	0	col. 2, line 16.00		5.00
5.01 Cost of Drugs 1	73.01	0.585156	0	0	col. 2, line 16.01		5.01
5.02 Cost of Drugs 2	73.02	0.628063	0	0	col. 2, line 16.02		5.02

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0252 HHA CCN: 14-7094	Period: From 10/01/2020 To 09/30/2021	Worksheet H-4 Part I-II Date/Time Prepared: 4/22/2022 1:03 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
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
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
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	6,195	0
			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	-6,195
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	6,062,787
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	65,305
13.00	Total PPS Reimbursement - LUPA Episodes		0	106,076
14.00	Total PPS Reimbursement - PEP Episodes		0	22,068
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	8,467
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	6,258,508
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	6,258,508
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	6,258,508
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	6,258,508
30.00	ZERO OUT RECEIVABLE		0	-39
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	6,258,469
31.01	Sequestration adjustment (see instructions)		0	0
31.02	Demonstration payment adjustment amount after sequestration		0	0
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0
32.00	Interim payments (see instructions)		0	6,258,469
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIESProvider CCN: 14-0252
HHA CCN: 14-7094Period:
From 10/01/2020
To 09/30/2021

Worksheet H-5

Date/Time Prepared:
4/22/2022 1:03 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		6,258,469
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
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)				
Program to Provider					
3.01			0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50			0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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		6,258,469
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)				
Program to Provider					
5.01			0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50			0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		0		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		0		6,258,469
		Contractor Number		NPR Date (Mo/Day/Yr)	
		0		1.00 2.00	
8.00	Name of Contractor				

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0252	Period: From 10/01/2020 To 09/30/2021	Worksheet L Parts I-III Date/Time Prepared: 4/22/2022 1:03 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		6,142,673	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		175,906	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)		217.68	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)		2.23	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		13.26	8.00
9.00	Sum of lines 7 and 8		15.49	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.19	10.00
11.00	Disproportionate share adjustment (see instructions)		195,951	11.00
12.00	Total prospective capital payments (see instructions)		6,514,530	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