

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: 14-0291	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/24/2022 11:20 am
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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.		Date: 5/24/2022 Time: 11:20 am
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 GOOD SHEPHERD HOSPITAL (14-0291) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	Michael Volante	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	Michael Volante		2
3	Signatory Title	VP REIMBURSEMENT		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	307,544	184,092	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
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
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	307,544	184,092	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: 14-0291		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 11:20 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 450 W. HIGHWAY 22			PO Box:				1.00	
2.00	City: BARRINGTON			State: IL		Zip Code: 60010-		County: LAKE 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			GOOD SHEPHERD HOSPITAL	140291	29404	1	10/17/1979	N
4.00	Subprovider - IPF							P	O
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
17.10	Hospital-Based (CORF) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2021	12/31/2021	20.00
21.00	Type of Control (see instructions)						1		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.					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.					3	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
5/24/2022 11:20 am

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	168	1,143	0	26	1,948	31	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
	Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
	Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.							
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0291		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 11:20 am	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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To 12/31/2021Worksheet S-2
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5/24/2022 11:20 am

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0291		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 11:20 am	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	302,903		225,289		504,641118.01	
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.05		122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0291		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 11:20 am	
			1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
133.00	Removed and reserved							133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)						Y	14H036
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: ADVOCATE HEALTH CARE		Contractor's Name: NGS		Contractor's Number: 06101		141.00	
142.00	Street: 3075 HIGHLAND PARKWAY		PO Box: SUITE 600				142.00	
143.00	City: DOWNERS GROVE		State: IL		Zip Code: 60515		143.00	
						1.00		
144.00	Are provider based physicians' costs included in worksheet A?						Y	144.00
						1.00		
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.							145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N	146.00
						1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
			Part A		Part B		Title V	
			1.00		2.00		3.00	
							Title XIX	
							4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital		N	N	N	N	N	155.00
156.00	Subprovider - IPF		N	N	N	N	N	156.00
157.00	Subprovider - IRF		N	N	N	N	N	157.00
158.00	SUBPROVIDER							158.00
159.00	SNF		N	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY		N	N	N	N	N	160.00
161.00	CMHC			N	N	N	N	161.00
161.10	CORF			N	N	N	N	161.10
						1.00		
Multicampus								
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
			Name		County		State	
			0		1.00		2.00	
							3.00	
							4.00	
							5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0291	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 11:20 am
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0291	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/24/2022 11:20 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/21/2022 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.	Y		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)	N		N 16.00
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)	Y	04/07/2022	Y 04/07/2022 17.00
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 18.00
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 19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
5/24/2022 11:20 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		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.		N		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		Y		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.	SCOTT	MITCHELL		41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	7082543198	SCOTT.MITCHELL@AAH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0291	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/24/2022 11:20 am
		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.	SENIOR REIMBURSEMENT SPECIALIST		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: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/24/2022 11:20 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	144	52,560	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)		144	52,560	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	32	11,680	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		176	64,240	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	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
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		176				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: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/24/2022 11:20 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,273	539	30,069			1.00
2.00	HMO and other (see instructions)	5,925	2,476				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	13,273	539	30,069			7.00
8.00	INTENSIVE CARE UNIT	3,039	168	7,957			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		37	1,935			13.00
14.00	Total (see instructions)	16,312	744	39,961	0.00	919.42	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	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	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	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	919.42	27.00
28.00	Observation Bed Days		195	11,131			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	96	346			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: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/24/2022 11:20 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,937	135	10,168	1.00
2.00 HMO and other (see instructions)			1,296	757		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,937	135	10,168	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	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
26.00 RURAL HEALTH CLINIC	0.00					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: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/24/2022 11:20 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	79,686,807	0	79,686,807	1,912,394.00	41.67	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		387,896	13,048	400,944	13,540.80	29.61	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		163,952	0	163,952	1,240.77	132.14	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		993,029	0	993,029	7,084.71	140.17	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		15,768,358	0	15,768,358	368,744.00	42.76	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		22,214,861	0	22,214,861			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		30,873	0	30,873			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		4,740,691	0	4,740,691			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/24/2022 11:20 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	2,593,873	-2,593,873	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	9,933,999	334,475	10,268,474	222,186.00	46.22	27.00
28.00	Administrative & General under contract (see inst.)		514,990	0	514,990	2,464.00	209.01	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	187,785	6,318	194,103	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,378,671	46,382	1,425,053	24,627.00	57.87	38.00
39.00	Central Services and Supply	14.00	655,352	22,048	677,400	30,285.00	22.37	39.00
40.00	Pharmacy	15.00	3,023,221	101,709	3,124,930	57,699.00	54.16	40.00
41.00	Medical Records & Medical Records Library	16.00	132,466	4,457	136,923	3,120.00	43.89	41.00
42.00	Social Service	17.00	561,130	18,878	580,008	13,894.00	41.75	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
5/24/2022 11:20 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	80,201,797	0	80,201,797	1,914,858.00	41.88	1.00
2.00	Excluded area salaries (see instructions)	387,896	13,048	400,944	13,540.80	29.61	2.00
3.00	Subtotal salaries (line 1 minus line 2)	79,813,901	-13,048	79,800,853	1,901,317.20	41.97	3.00
4.00	Subtotal other wages & related costs (see inst.)	16,925,339	0	16,925,339	377,069.48	44.89	4.00
5.00	Subtotal wage-related costs (see inst.)	26,955,552	0	26,955,552	0.00	33.78	5.00
6.00	Total (sum of lines 3 thru 5)	123,694,792	-13,048	123,681,744	2,278,386.68	54.28	6.00
7.00	Total overhead cost (see instructions)	18,981,487	-2,059,606	16,921,881	354,275.00	47.76	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0291	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2022 11:20 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		4,297,853	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)		497,000	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)		6,679,362	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		2,025,611	9.00
10.00	Dental, Hearing and Vision Plan		258,000	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		60,723	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)		795,033	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,270,300	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		5,619,012	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		18,275	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		240,993	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		483,572	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		22,245,734	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part V
Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	163,952	22,245,734	1.00
2.00	Hospital	163,952	22,245,734	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	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	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0291	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/24/2022 11:20 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.252411	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			11,154,437	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			74,388,295	6.00
7.00	Medicaid cost (line 1 times line 6)			18,776,424	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)			7,621,987	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)			7,621,987	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)	7,890,173	391,446	8,281,619	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,991,566	391,446	2,383,012	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)	1,991,566	391,446	2,383,012	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)			9,373,032	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			323,804	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			498,160	27.01
28.00	Non-Medicare bad debt expense (see instructions)			8,874,872	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,414,471	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			4,797,483	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			12,419,470	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0291

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

Worksheet A

Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	13,203,067	13,203,067	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	7,836,317	7,836,317	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,593,873	15,107,882	17,701,755	-2,356,444	15,345,311	4.00
5.01	00540	NONPATIENT TELEPHONES	309,083	1,081,602	1,390,685	10,521	1,401,206	5.01
5.02	00550	DATA PROCESSING	0	50,052	50,052	-73,551	-23,499	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	2,346,649	2,346,649	-1,871	2,344,778	5.03
5.04	00570	ADMITTING	1,368,622	123,658	1,492,280	-7,542	1,484,738	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	12,632,462	12,632,462	-16	12,632,446	5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	8,256,294	66,677,131	74,933,425	-13,520,659	61,412,766	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	11,602,749	11,602,749	-386,700	11,216,049	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	966,058	966,058	0	966,058	8.00
9.00	00900	HOUSEKEEPING	0	2,924,723	2,924,723	-18,545	2,906,178	9.00
10.00	01000	DIETARY	187,785	3,292,669	3,480,454	-24,755	3,455,699	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,378,671	308,691	1,687,362	-75,283	1,612,079	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	655,352	2,919,168	3,574,520	-2,156,233	1,418,287	14.00
15.00	01500	PHARMACY	3,023,221	11,625,019	14,648,240	-9,328,362	5,319,878	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	132,466	246,521	378,987	1,839	380,826	16.00
17.00	01700	SOCIAL SERVICE	561,130	102,882	664,012	18,369	682,381	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 APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	196,839	20,695	217,534	6,622	224,156	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,165,814	5,440,652	24,606,466	294,493	24,900,959	30.00
31.00	03100	INTENSIVE CARE UNIT	5,606,855	1,832,455	7,439,310	-2,503,054	4,936,256	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	967,034	234,926	1,201,960	-98,697	1,103,263	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,507,598	29,330,938	37,838,536	-26,643,768	11,194,768	50.00
51.00	05100	RECOVERY ROOM	1,251,198	233,171	1,484,369	-82,417	1,401,952	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,210,338	1,173,940	3,384,278	-223,475	3,160,803	52.00
53.00	05300	ANESTHESIOLOGY	174,445	625,035	799,480	-537,138	262,342	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,373,315	4,315,452	8,688,767	-1,816,686	6,872,081	54.00
56.00	05600	RADIOISOTOPE	495,039	1,167,731	1,662,770	-1,085,888	576,882	56.00
56.01	03630	ULTRA SOUND	890,556	150,711	1,041,267	-35,147	1,006,120	56.01
57.00	05700	CT SCAN	889,877	957,819	1,847,696	-717,479	1,130,217	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	537,970	559,515	1,097,485	-474,664	622,821	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,025,364	12,546,587	14,571,951	-12,738,717	1,833,234	59.00
60.00	06000	LABORATORY	0	10,251,788	10,251,788	-1,036,451	9,215,337	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	2,005,974	545,968	2,551,942	-277,891	2,274,051	65.00
66.00	06600	PHYSICAL THERAPY	2,331,188	358,729	2,689,917	32,363	2,722,280	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,275,833	1,180,167	2,456,000	-82,698	2,373,302	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	76,333	13,929	90,262	-2,887	87,375	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	24,114,804	24,114,804	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	22,729,178	22,729,178	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,438,986	9,438,986	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	359,664	68,230	427,894	-16,177	411,717	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	3,359,562	2,750,274	6,109,836	-550,422	5,559,414	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	4,328,457	1,900,784	6,229,241	-819,368	5,409,873	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0291

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

Worksheet A

Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	79,495,750	207,667,412	287,163,162	-6,426	287,156,736	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	191,057	531,658	722,715	6,426	729,141	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	79,686,807	208,199,070	287,885,877	0	287,885,877	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0291

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

Worksheet A

Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	2,676,384	15,879,451	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,570,500	9,406,817	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,602,739	18,948,050	4.00
5.01	00540	NONPATIENT TELEPHONES	-516	1,400,690	5.01
5.02	00550	DATA PROCESSING	12,317,174	12,293,675	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	2,344,778	5.03
5.04	00570	ADMITTING	0	1,484,738	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-11,226,296	1,406,150	5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	-29,591,096	31,821,670	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	11,216,049	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	966,058	8.00
9.00	00900	HOUSEKEEPING	0	2,906,178	9.00
10.00	01000	DIETARY	-205,179	3,250,520	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-5,031	1,607,048	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,015	1,417,272	14.00
15.00	01500	PHARMACY	-2,187	5,317,691	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	380,826	16.00
17.00	01700	SOCIAL SERVICE	-57,105	625,276	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 APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	-2,550	221,606	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-167,763	24,733,196	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,563	4,934,693	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,103,263	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-888,100	10,306,668	50.00
51.00	05100	RECOVERY ROOM	0	1,401,952	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-619,293	2,541,510	52.00
53.00	05300	ANESTHESIOLOGY	0	262,342	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-10,963	6,861,118	54.00
56.00	05600	RADIOISOTOPE	-19	576,863	56.00
56.01	03630	ULTRA SOUND	0	1,006,120	56.01
57.00	05700	CT SCAN	0	1,130,217	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	622,821	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,833,234	59.00
60.00	06000	LABORATORY	0	9,215,337	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	-2,173	2,271,878	65.00
66.00	06600	PHYSICAL THERAPY	0	2,722,280	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-192,817	2,180,485	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	87,375	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	24,114,804	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	22,729,178	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,438,986	73.00
76.00	03160	CARDIOPULMONARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	411,717	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-329,643	5,229,771	90.00
90.01	09001	WOMENS HEALTH	0	0	90.01
90.02	09002	SPINE CENTER	0	0	90.02
91.00	09100	EMERGENCY	-136	5,409,737	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0291

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

Worksheet A

Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-23,136,648	264,020,088	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	-14,077	715,064	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-23,150,725	264,735,152	200.00

RECLASSIFICATIONS

Provider CCN: 14-0291

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

Worksheet A-6

Date/Time Prepared:
5/24/2022 11:20 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	B - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	13,203,067		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	7,836,317		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
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
30.00		0.00	0	0		30.00
32.00		0.00	0	0		32.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
TOTALS			0	21,039,384		
C - DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,438,986		1.00
2.00		0.00	0	0		2.00
TOTALS			0	9,438,986		
F - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	46,843,982		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
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
TOTALS			0	46,843,982		

RECLASSIFICATIONS

Provider CCN: 14-0291

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

Worksheet A-6

Date/Time Prepared:
5/24/2022 11:20 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
1.00	G - IMPLANTS					1.00
	IMPL. DEV. CHARGED TO	72.00	0	22,729,178		
	PATIENT					
	TOTALS		0	22,729,178		
1.00	H - COVID EXPENSE RECLASS					1.00
	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	237,467		
	TOTALS		0	237,467		
	J - UNIVERSAL BEDS					
1.00	ADULTS & PEDIATRICS	30.00	1,562,647	426,084	1.00	
	TOTALS		1,562,647	426,084		
	L - INCENTIVE COMP					
1.00	NONPATIENT TELEPHONES	5.01	10,667	0	1.00	
2.00	PURCHASING RECEIVING AND	5.03	46,044	0	2.00	
3.00	STORES					
3.00	OTHER ADMINISTRATIVES AND	5.06	277,764	0	3.00	
4.00	GENERAL					
4.00	DIETARY	10.00	6,318	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	46,382	0	5.00	
6.00	CARDIAC CATHETERIZATION	59.00	68,139	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	644,790	0	7.00	
8.00	INTENSIVE CARE UNIT	31.00	188,630	0	8.00	
9.00	OPERATING ROOM	50.00	286,219	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	74,362	0	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	147,130	0	11.00	
12.00	RESPIRATORY THERAPY	65.00	67,486	0	12.00	
13.00	EMERGENCY	91.00	145,621	0	13.00	
14.00	ELECTROCARDIOLOGY	69.00	42,922	0	14.00	
15.00	CLINIC	90.00	113,015	0	15.00	
16.00	PHYSICAL THERAPY	66.00	78,427	0	16.00	
17.00	CENTRAL SERVICES & SUPPLY	14.00	22,048	0	17.00	
18.00	PHARMACY	15.00	101,709	0	18.00	
19.00	MEDICAL RECORDS & LIBRARY	16.00	4,457	0	19.00	
20.00	SOCIAL SERVICE	17.00	18,878	0	20.00	
21.00	PARAMED ED PRGM-PASTORAL	23.00	6,622	0	21.00	
	CARE					
22.00	NURSERY	43.00	32,534	0	22.00	
23.00	RECOVERY ROOM	51.00	42,094	0	23.00	
24.00	ANESTHESIOLOGY	53.00	5,869	0	24.00	
25.00	RADIOISOTOPE	56.00	16,654	0	25.00	
26.00	ULTRA SOUND	56.01	29,961	0	26.00	
27.00	CT SCAN	57.00	29,938	0	27.00	
28.00	MAGNETIC RESONANCE IMAGING	58.00	18,099	0	28.00	
	(MRI)					
29.00	ELECTROENCEPHALOGRAPHY	70.00	2,568	0	29.00	
30.00	CARDIAC REHABILITATION	76.97	12,100	0	30.00	
31.00	NONREIMBURSABLE COST CENTERS	194.00	6,426	0	31.00	
	TOTALS		2,593,873	0		
500.00	Grand Total: Increases		4,156,520	100,715,081	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0291

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

Worksheet A-6

Date/Time Prepared:
5/24/2022 11:20 am

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	B - DEPRECIATION							
1.00	SOCIAL SERVICE	17.00	0	509	9		1.00	
2.00		0.00	0	0	9		2.00	
3.00	DATA PROCESSING	5.02	0	73,546	9		3.00	
4.00	PURCHASING RECEIVING AND STORES	5.03	0	47,915	9		4.00	
5.00	ADMITTING	5.04	0	6,102	9		5.00	
7.00	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	13,513,197	9		7.00	
8.00	MAINTENANCE & REPAIRS	6.00	0	386,522	9		8.00	
9.00	PHYSICAL THERAPY	66.00	0	21,088	9		9.00	
10.00	HOUSEKEEPING	9.00	0	18,545	9		10.00	
11.00	DIETARY	10.00	0	31,073	9		11.00	
12.00	NURSING ADMINISTRATION	13.00	0	120,944	9		12.00	
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	126,144	9		13.00	
14.00	PHARMACY	15.00	0	119,122	9		14.00	
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,618	9		15.00	
16.00	ADULTS & PEDIATRICS	30.00	0	823,921	9		16.00	
17.00	INTENSIVE CARE UNIT	31.00	0	96,809	9		17.00	
18.00	NURSERY	43.00	0	78,013	9		18.00	
19.00	OPERATING ROOM	50.00	0	2,514,973	9		19.00	
20.00	RECOVERY ROOM	51.00	0	54,772	9		20.00	
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	15,207	9		21.00	
22.00	ANESTHESIOLOGY	53.00	0	45,941	9		22.00	
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,131,064	9		23.00	
24.00	RADIOISOTOPE	56.00	0	2,685	9		24.00	
25.00	ULTRA SOUND	56.01	0	39,464	9		25.00	
26.00	CT SCAN	57.00	0	323,439	9		26.00	
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	330,867	9		27.00	
28.00	CARDIAC CATHETERIZATION	59.00	0	775,275	9		28.00	
30.00	RESPIRATORY THERAPY	65.00	0	68,546	9		30.00	
32.00	ELECTROCARDIOLOGY	69.00	0	102,502	9		32.00	
34.00	CARDIAC REHABILITATION	76.97	0	14,315	9		34.00	
35.00	CLINIC	90.00	0	32,036	9		35.00	
36.00	EMERGENCY	91.00	0	122,230	9		36.00	
	TOTALS		0	21,039,384				
	C - DRUGS							
1.00	PHARMACY	15.00	0	9,072,975	0		1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	366,011	0		2.00	
	TOTALS		0	9,438,986				
	F - MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38	0		1.00	
2.00	NONPATIENT TELEPHONES	5.01	0	146	0		2.00	
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	16	0		3.00	
4.00	ADMITTING	5.04	0	1,440	0		4.00	
5.00	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	47,759	0		5.00	
6.00	DATA PROCESSING	5.02	0	5	0		6.00	
7.00	MAINTENANCE & REPAIRS	6.00	0	178	0		7.00	
11.00	NURSING ADMINISTRATION	13.00	0	721	0		11.00	
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,052,137	0		12.00	
13.00	PHARMACY	15.00	0	237,974	0		13.00	
16.00	ADULTS & PEDIATRICS	30.00	0	1,515,107	0		16.00	
17.00	INTENSIVE CARE UNIT	31.00	0	606,144	0		17.00	
18.00	NURSERY	43.00	0	53,218	0		18.00	
19.00	OPERATING ROOM	50.00	0	24,415,014	0		19.00	
20.00	RECOVERY ROOM	51.00	0	69,739	0		20.00	
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	282,630	0		21.00	
22.00	ANESTHESIOLOGY	53.00	0	497,066	0		22.00	
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	466,741	0		23.00	
24.00	RADIOISOTOPE	56.00	0	1,099,857	0		24.00	
25.00	ULTRA SOUND	56.01	0	25,644	0		25.00	
26.00	CT SCAN	57.00	0	423,978	0		26.00	
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	161,896	0		27.00	
28.00	CARDIAC CATHETERIZATION	59.00	0	12,031,581	0		28.00	
29.00	LABORATORY	60.00	0	1,036,451	0		29.00	
31.00	RESPIRATORY THERAPY	65.00	0	276,831	0		31.00	
32.00	PHYSICAL THERAPY	66.00	0	24,976	0		32.00	
34.00	ELECTROCARDIOLOGY	69.00	0	23,118	0		34.00	
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,455	0		35.00	
36.00	CARDIAC REHABILITATION	76.97	0	13,962	0		36.00	

RECLASSIFICATIONS

Provider CCN: 14-0291

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

Worksheet A-6

Date/Time Prepared:
5/24/2022 11:20 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
37.00	CLINIC	90.00	0	631,401	0	37.00
38.00	EMERGENCY	91.00	0	842,759	0	38.00
	TOTALS		0	46,843,982		
G - IMPLANTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	22,729,178	0	1.00
	TOTALS		0	22,729,178		
H - COVID EXPENSE RECLASS						
1.00	OTHER ADMINISTRATIVES AND GENERAL	5.00	0	237,467	0	1.00
	TOTALS		0	237,467		
J - UNIVERSAL BEDS						
1.00	INTENSIVE CARE UNIT	31.00	1,562,647	426,084	0	1.00
	TOTALS		1,562,647	426,084		
L - INCENTIVE COMP						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,593,873	0	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
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
	TOTALS		2,593,873	0		
500.00	Grand Total: Decreases		4,156,520	100,715,081		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
5/24/2022 11:20 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	9,350,448	0	0	0	40,369	1.00	
2.00	Land Improvements	14,528,388	1,926,560	0	1,926,560	84,007	2.00	
3.00	Buildings and Fixtures	323,509,046	3,116,685	0	3,116,685	167,061	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	86,658,943	4,845,012	0	4,845,012	4,318,390	5.00	
6.00	Movable Equipment	301,791	33,500	0	33,500	0	6.00	
7.00	HIT designated Assets	454,996	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	434,803,612	9,921,757	0	9,921,757	4,609,827	8.00	
9.00	Reconciling Items	-5,755,514	0	0	0	-4,521,091	9.00	
10.00	Total (line 8 minus line 9)	440,559,126	9,921,757	0	9,921,757	9,130,918	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	9,310,079	0					1.00
2.00	Land Improvements	16,370,941	2,226,390					2.00
3.00	Buildings and Fixtures	326,458,670	57,853,119					3.00
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	87,185,565	42,565,467					5.00
6.00	Movable Equipment	335,291	174,208					6.00
7.00	HIT designated Assets	454,996	0					7.00
8.00	Subtotal (sum of lines 1-7)	440,115,542	102,819,184					8.00
9.00	Reconciling Items	-1,234,423	0					9.00
10.00	Total (line 8 minus line 9)	441,349,965	102,819,184					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
5/24/2022 11:20 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	2	0	2	0.666667	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1	0	1	0.333333	0	2.00
3.00	Total (sum of lines 1-2)	3	0	3	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	15,879,451	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	9,406,817	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	25,286,268	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	15,879,451	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	9,406,817	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	25,286,268	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0291

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

Worksheet A-8

Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0 NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,796,518			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-3,972,933			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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 - NEW CAP REL COSTS-BLDG & FIXT	A	2,368,532	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-436	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	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 OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0 ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0 SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0291

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

Worksheet A-8

Date/Time Prepared:
5/24/2022 11:20 am

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	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	INTERCOMPANY INTEREST	A	-4,622,114	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	33.00
34.00	MEDICAID PROVIDER TAX	A	-11,226,296	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	34.00
35.00	HOSPICE	A	-61,895	ADULTS & PEDIATRICS	30.00	0	35.00
36.00	ELIMINATE AHA/IHS/MCHC LOBBYING	A	-46,037	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	36.00
37.00	ELIMINATE CENTER 1090/1093/1099/1120	A	-419	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	37.00
37.50	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.50
38.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	38.00
39.00	PATIENT TRANSPORT	A	-13,728	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	39.00
39.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	39.02
39.03	MISC INCOME		0		0.00	0	39.03
40.00	MISC INCOME	B	-280,121	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	40.00
41.00	MISC INCOME	B	-479,700	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41.00
41.01	MISC INCOME	B	-1,000	PHARMACY	15.00	0	41.01
41.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.02
41.03	MISC INCOME	B	-540	NURSING ADMINISTRATION	13.00	0	41.03
42.00	MISC INCOME	B	-205,179	DIETARY	10.00	0	42.00
43.00	MISC INCOME	B	-2,550	PARAMED ED PRGM-PASTORAL CARE	23.00	0	43.00
45.00	MISC INCOME		0		0.00	0	45.00
45.01	MISC INCOME	B	-173,786	CLINIC	90.00	0	45.01
45.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.02
45.03	MISC INCOME		0		0.00	0	45.03
45.04	MISC INCOME	B	-8,869	RADIOLOGY-DIAGNOSTIC	54.00	0	45.04
45.05	MISC INCOME	B	-2,900	OPERATING ROOM	50.00	0	45.05
45.06	MISC INCOME	B	-1,050	RESPIRATORY THERAPY	65.00	0	45.06
45.07	NONALLOWABLE	A	-330	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.07
45.08	AHP PHO CC 7623	A	-2,174,900	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	45.08
45.09	NONALLOWABLE		0		0.00	0	45.09
45.10	NONALLOWABLE		0		0.00	0	45.10
45.11	NONALLOWABLE		0		0.00	0	45.11
45.12	NONALLOWABLE	A	-4,491	NURSING ADMINISTRATION	13.00	0	45.12
45.13	NONALLOWABLE	A	-19	RADIOISOTOPE	56.00	0	45.13
45.14	NONALLOWABLE	A	-57,105	SOCIAL SERVICE	17.00	0	45.14
45.15	NONALLOWABLE	A	-1,015	CENTRAL SERVICES & SUPPLY	14.00	0	45.15
45.16	NONALLOWABLE	A	-147,513	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	45.16
45.17	NONALLOWABLE	A	-1,123	RESPIRATORY THERAPY	65.00	0	45.17
45.18	NONALLOWABLE	A	-3,788	ADULTS & PEDIATRICS	30.00	0	45.18
45.19	NONALLOWABLE	A	-1,563	INTENSIVE CARE UNIT	31.00	0	45.19
45.20	NONALLOWABLE	A	-218	DELIVERY ROOM & LABOR ROOM	52.00	0	45.20
45.21	NONALLOWABLE	A	-516	NONPATIENT TELEPHONES	5.01	0	45.21
45.22	NONALLOWABLE	A	-2,094	RADIOLOGY-DIAGNOSTIC	54.00	0	45.22
45.23	NONALLOWABLE		0		0.00	0	45.23
45.24	NONALLOWABLE		0		0.00	0	45.24
45.25	NONALLOWABLE		0		0.00	0	45.25
45.26	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.26
45.27	NONALLOWABLE	A	-136	EMERGENCY	91.00	0	45.27
45.28	NONALLOWABLE	A	-2,654	ELECTROCARDIOLOGY	69.00	0	45.28
45.29	NONALLOWABLE		0		0.00	0	45.29
45.30	NONALLOWABLE	A	-155,857	CLINIC	90.00	0	45.30
45.31	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.31
45.32	NONALLOWABLE	A	-14,077	NONREIMBURSABLE COST CENTERS	194.00	0	45.32
45.48	NONALLOWABLE	A	-1,187	PHARMACY	15.00	0	45.48

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0291

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

Worksheet A-8

Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		07/24/2022 11:20 am	
				Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
45.49	HBP	A	-54,600	OTHER ADMINISTRATIVES AND GENERAL	5.06	0	45.49
45.50	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.50
45.51	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.51
45.52	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.52
45.53	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.53
45.54	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.54
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-23,150,725				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0291

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2022 11:20 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPL BENEFITS	4,082,769	0 1.00
2.00		5.02	DATA PROCESSING	DATA PROCESSING	12,317,174	0 2.00
3.00		1.00	NEW CAP REL COSTS-BLDG & FIX	NEW BLDG	307,852	0 3.00
4.00		2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW EQUIP	1,570,936	0 4.00
4.01		5.06	OTHER ADMINISTRATIVES AND GE	A&G	6,620,924	28,872,588 4.01
4.02		0.00			0	0 4.02
4.03		0.00			0	0 4.03
5.00	0		0	24,899,655	28,872,588	5.00

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

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

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

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

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

6.00	B	GOOD SHEPHERD	100.00	ADVOCATE HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0291

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2022 11:20 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	4,082,769	0		1.00
2.00	12,317,174	0		2.00
3.00	307,852	9		3.00
4.00	1,570,936	9		4.00
4.01	-22,251,664	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
5.00	-3,972,933			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00	HEALTH CARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0291

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2022 11:20 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	102,080	102,080	0	194,500	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	885,200	885,200	0	204,100	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	619,075	619,075	0	194,500	0	4.00
5.00	69.00	ELECTROCARDIOLOGY	190,163	190,163	0	171,400	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,796,518	1,796,518	0		0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	4.00
5.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	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	30.00	ADULTS & PEDIATRICS	0	0	0	102,080		1.00
2.00	0.00		0	0	0	0		2.00
3.00	50.00	OPERATING ROOM	0	0	0	885,200		3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	619,075		4.00
5.00	69.00	ELECTROCARDIOLOGY	0	0	0	190,163		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	1,796,518		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	15,879,451	15,879,451			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	9,406,817	9,406,817			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	18,948,050	16,673	9,877	18,974,600	4.00
5.01	00540	NONPATIENT TELEPHONES	1,400,690	145,608	86,257	76,137	5.01
5.02	00550	DATA PROCESSING	12,293,675	73,529	43,558	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	2,344,778	132,443	78,458	10,964	5.03
5.04	00570	ADMITTING	1,484,738	47,452	28,110	325,889	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,406,150	36,192	21,440	0	5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	31,821,670	1,022,614	605,786	2,032,087	5.06
6.00	00600	MAINTENANCE & REPAIRS	11,216,049	4,531,502	2,684,407	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	966,058	32,685	19,362	0	8.00
9.00	00900	HOUSEKEEPING	2,906,178	291,242	172,529	0	9.00
10.00	01000	DIETARY	3,250,520	272,765	161,583	46,219	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,607,048	18,503	10,961	339,326	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,417,272	166,322	98,528	161,299	14.00
15.00	01500	PHARMACY	5,317,691	102,605	60,782	744,093	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	380,826	47,553	28,170	32,603	16.00
17.00	01700	SOCIAL SERVICE	625,276	3,431	2,033	138,109	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 APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	221,606	52,738	31,242	48,447	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	24,733,196	3,026,617	1,792,935	5,089,269	30.00
31.00	03100	INTENSIVE CARE UNIT	4,934,693	727,330	430,863	1,007,902	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	1,103,263	87,558	51,869	238,012	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,306,668	1,545,727	915,672	2,093,940	50.00
51.00	05100	RECOVERY ROOM	1,401,952	149,700	88,681	307,952	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,541,510	200,227	118,613	544,021	52.00
53.00	05300	ANESTHESIOLOGY	262,342	25,416	15,056	42,935	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,861,118	447,551	265,124	1,076,386	54.00
56.00	05600	RADIOISOTOPE	576,863	44,198	26,183	121,842	56.00
56.01	03630	ULTRA SOUND	1,006,120	156,486	92,701	219,189	56.01
57.00	05700	CT SCAN	1,130,217	111,703	66,172	219,022	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	622,821	61,659	36,526	132,408	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,833,234	421,652	249,782	498,494	59.00
60.00	06000	LABORATORY	9,215,337	235,988	139,797	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	2,271,878	7,625	4,517	493,722	65.00
66.00	06600	PHYSICAL THERAPY	2,722,280	131,503	77,901	573,765	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,180,485	148,735	88,109	314,015	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	87,375	0	0	18,788	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,114,804	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	22,729,178	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,438,986	0	0	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	411,717	137,374	81,379	88,523	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	5,229,771	542,581	321,419	826,873	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	5,409,737	573,436	339,698	1,065,345	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	264,020,088	15,776,923	9,346,080	18,927,576	1,704,440	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	715,064	102,528	60,737	47,024	4,252	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	264,735,152	15,879,451	9,406,817	18,974,600	1,708,692	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	12,410,762					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	2,567,634				5.03
5.04	00570	ADMITTING	0	799	1,916,453			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1	0	1,463,783		5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	0	18,407	0	0	35,684,294	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	12	0	0	18,431,970	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,018,105	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	3,369,949	9.00
10.00	01000	DIETARY	0	0	0	0	3,735,266	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,598	0	0	2,009,116	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	129,224	0	0	1,987,229	14.00
15.00	01500	PHARMACY	0	15,096	0	0	6,307,544	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	492,100	16.00
17.00	01700	SOCIAL SERVICE	0	124	0	0	781,460	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 APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0	0	0	0	358,413	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	908,275	95,102	327,081	107,137	36,539,753	30.00
31.00	03100	INTENSIVE CARE UNIT	192,135	25,841	69,190	22,664	7,501,747	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	39,826	3,823	14,342	4,698	1,564,911	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,540,776	1,312,306	169,598	181,598	18,255,607	50.00
51.00	05100	RECOVERY ROOM	241,366	3,946	25,525	28,471	2,275,436	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	155,238	16,258	53,581	18,311	3,696,946	52.00
53.00	05300	ANESTHESIOLOGY	265,912	27,276	32,157	31,366	706,342	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,102,563	26,963	32,969	130,054	10,040,049	54.00
56.00	05600	RADIOISOTOPE	243,971	57,867	5,151	28,778	1,115,869	56.00
56.01	03630	ULTRA SOUND	205,372	1,431	15,169	24,225	1,740,511	56.01
57.00	05700	CT SCAN	820,382	22,705	75,700	96,769	2,562,473	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	238,327	8,620	16,207	28,112	1,156,652	58.00
59.00	05900	CARDIAC CATHETERIZATION	803,691	634,846	94,797	94,800	4,676,367	59.00
60.00	06000	LABORATORY	1,118,155	54,527	195,782	131,893	11,091,479	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	224,667	15,515	69,551	26,501	3,158,616	65.00
66.00	06600	PHYSICAL THERAPY	168,448	1,790	32,130	19,870	3,779,564	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	245,512	1,612	32,198	28,960	3,068,017	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,545	305	890	1,716	125,318	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	525,744	0	78,540	62,015	24,781,103	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	748,761	0	127,883	88,321	23,694,143	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,461,020	0	354,151	172,337	11,426,494	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	39,963	1,112	326	4,714	773,112	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	294,451	39,864	6,668	34,732	7,371,120	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	811,662	49,563	86,867	95,741	8,528,371	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,410,762	2,567,533	1,916,453	1,463,783	263,805,446	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0	101	0	0	929,706	194.00
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)	12,410,762	2,567,634	1,916,453	1,463,783	264,735,152	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet B
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Cost Center Description			OTHER ADMINISTRATIVE S AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	35,684,294					5.06
6.00	00600	MAINTENANCE & REPAIRS	2,871,553	21,303,523				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	158,613	70,523	1,247,241			8.00
9.00	00900	HOUSEKEEPING	525,011	628,402	0	4,523,362		9.00
10.00	01000	DIETARY	581,925	588,534	0	129,202	5,034,927	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	313,004	39,923	0	8,764	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	309,594	358,867	0	78,783	0	14.00
15.00	01500	PHARMACY	982,665	221,386	0	48,601	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	76,665	102,604	0	22,525	0	16.00
17.00	01700	SOCIAL SERVICE	121,745	7,403	0	1,625	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 APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	55,838	113,791	0	24,981	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,692,601	6,530,407	938,028	1,433,633	3,786,679	30.00
31.00	03100	INTENSIVE CARE UNIT	1,168,712	1,569,331	248,225	344,518	1,002,049	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	243,801	188,921	60,988	41,474	246,199	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,844,078	3,335,152	0	732,171	0	50.00
51.00	05100	RECOVERY ROOM	354,495	323,002	0	70,909	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	575,955	432,023	0	94,843	0	52.00
53.00	05300	ANESTHESIOLOGY	110,042	54,839	0	12,039	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,564,159	965,662	0	211,993	0	54.00
56.00	05600	RADIOISOTOPE	173,843	95,365	0	20,936	0	56.00
56.01	03630	ULTRA SOUND	271,158	337,645	0	74,124	0	56.01
57.00	05700	CT SCAN	399,213	241,018	0	52,911	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	180,197	133,040	0	29,206	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	728,541	909,781	0	199,726	0	59.00
60.00	06000	LABORATORY	1,727,964	509,181	0	111,781	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	492,087	16,452	0	3,612	0	65.00
66.00	06600	PHYSICAL THERAPY	588,826	283,738	0	62,289	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	477,973	320,919	0	70,452	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,524	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,860,698	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,691,358	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,780,156	0	0	0	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	120,445	296,406	0	65,070	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,148,362	1,170,706	0	257,007	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	1,328,652	1,237,281	0	271,622	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

Period:
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Cost Center Description			OTHER ADMINISTRATIVE S AND GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,539,453	21,082,302	1,247,241	4,474,797	5,034,927	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	144,841	221,221	0	48,565	0	194.00
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)	35,684,294	21,303,523	1,247,241	4,523,362	5,034,927	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet B
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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	2,370,807				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	15,016	2,749,489			14.00
15.00	01500	PHARMACY	0	0	14,300	7,574,496		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,778	0	0	698,672	16.00
17.00	01700	SOCIAL SERVICE	0	26,984	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 APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,141,418	100,080	126,977	51,106	30.00
31.00	03100	INTENSIVE CARE UNIT	0	202,946	27,384	30,112	10,811	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	40,128	3,198	1,094	2,241	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	410,269	1,467,056	198,375	87,046	50.00
51.00	05100	RECOVERY ROOM	0	54,205	4,191	5,070	13,581	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	109,316	16,983	15,387	8,735	52.00
53.00	05300	ANESTHESIOLOGY	0	15,430	29,868	33,430	14,962	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,250	28,046	266,153	62,038	54.00
56.00	05600	RADIOISOTOPE	0	0	66,089	9,837	13,728	56.00
56.01	03630	ULTRA SOUND	0	0	1,541	16	11,556	56.01
57.00	05700	CT SCAN	0	0	25,476	23,464	46,161	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8	9,728	7,360	13,410	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	82,455	722,966	32,697	45,222	59.00
60.00	06000	LABORATORY	0	0	0	0	62,916	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	4,053	16,634	1,389	12,641	65.00
66.00	06600	PHYSICAL THERAPY	0	74	1,501	0	9,478	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	14,527	1,389	3,257	13,814	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	328	0	818	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	123,311	9,134	29,582	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	42,131	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,617,233	82,208	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	286	839	0	2,249	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	40,239	37,940	7,805	16,568	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	206,406	50,641	185,706	45,670	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

Period:
From 01/01/2021
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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,370,788	2,749,489	7,574,496	698,672	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0	19	0	0	0	194.00
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)	0	2,370,807	2,749,489	7,574,496	698,672	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 01/01/2021
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Cost Center Description		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS		
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
		17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
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	939,217				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 APPRVD	0		0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0			0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	706,368	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	186,923	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	45,926	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

Period:
From 01/01/2021
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Part I
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5/24/2022 11:20 am

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
			17.00	19.00	20.00	21.00	22.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	939,217	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
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)	939,217	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			PARAMED ED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
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 APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	553,023				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	302,075	57,349,125	0	57,349,125	30.00
31.00	03100	INTENSIVE CARE UNIT	126,778	12,419,536	0	12,419,536	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	18,782	2,457,663	0	2,457,663	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	27,329,754	0	27,329,754	50.00
51.00	05100	RECOVERY ROOM	0	3,100,889	0	3,100,889	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,950,188	0	4,950,188	52.00
53.00	05300	ANESTHESIOLOGY	0	976,952	0	976,952	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,130	13,155,480	0	13,155,480	54.00
56.00	05600	RADIOISOTOPE	0	1,495,667	0	1,495,667	56.00
56.01	03630	ULTRA SOUND	0	2,436,551	0	2,436,551	56.01
57.00	05700	CT SCAN	0	3,350,716	0	3,350,716	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,529,601	0	1,529,601	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,397,755	0	7,397,755	59.00
60.00	06000	LABORATORY	0	13,503,321	0	13,503,321	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	3,705,484	0	3,705,484	65.00
66.00	06600	PHYSICAL THERAPY	0	4,725,470	0	4,725,470	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,970,348	0	3,970,348	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	145,988	0	145,988	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	28,803,828	0	28,803,828	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	27,427,632	0	27,427,632	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,906,091	0	19,906,091	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,258,407	0	1,258,407	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	10,049,747	0	10,049,747	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	90,258	11,944,607	0	11,944,607	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description		PARAMED ED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	553,023	263,390,800	0	263,390,800	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0	1,344,352	0	1,344,352	194.00
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	553,023	264,735,152	0	264,735,152	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	16,673	9,877	26,550	4.00
5.01	00540	NONPATIENT TELEPHONES	0	145,608	86,257	231,865	5.01
5.02	00550	DATA PROCESSING	0	73,529	43,558	117,087	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	132,443	78,458	210,901	5.03
5.04	00570	ADMITTING	0	47,452	28,110	75,562	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	36,192	21,440	57,632	5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	0	1,022,614	605,786	1,628,400	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	4,531,502	2,684,407	7,215,909	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	32,685	19,362	52,047	8.00
9.00	00900	HOUSEKEEPING	0	291,242	172,529	463,771	9.00
10.00	01000	DIETARY	0	272,765	161,583	434,348	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	18,503	10,961	29,464	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	166,322	98,528	264,850	14.00
15.00	01500	PHARMACY	0	102,605	60,782	163,387	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	47,553	28,170	75,723	16.00
17.00	01700	SOCIAL SERVICE	0	3,431	2,033	5,464	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 APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0	52,738	31,242	83,980	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	3,026,617	1,792,935	4,819,552	30.00
31.00	03100	INTENSIVE CARE UNIT	0	727,330	430,863	1,158,193	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	87,558	51,869	139,427	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,545,727	915,672	2,461,399	50.00
51.00	05100	RECOVERY ROOM	0	149,700	88,681	238,381	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	200,227	118,613	318,840	52.00
53.00	05300	ANESTHESIOLOGY	0	25,416	15,056	40,472	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	447,551	265,124	712,675	54.00
56.00	05600	RADIOISOTOPE	0	44,198	26,183	70,381	56.00
56.01	03630	ULTRA SOUND	0	156,486	92,701	249,187	56.01
57.00	05700	CT SCAN	0	111,703	66,172	177,875	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	61,659	36,526	98,185	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	421,652	249,782	671,434	59.00
60.00	06000	LABORATORY	0	235,988	139,797	375,785	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	7,625	4,517	12,142	65.00
66.00	06600	PHYSICAL THERAPY	0	131,503	77,901	209,404	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	148,735	88,109	236,844	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	137,374	81,379	218,753	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	542,581	321,419	864,000	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	573,436	339,698	913,134	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
Directly Assigned New Capital Related Costs							
0			1.00	2.00	2A	4.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	15,776,923	9,346,080	25,123,003	26,484
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0	102,528	60,737	163,265	66
200.00		Cross Foot Adjustments			0		200.00
201.00		Negative Cost Centers		0	0		0
202.00		TOTAL (sum lines 118 through 201)	0	15,879,451	9,406,817	25,286,268	26,550

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	231,971					5.01
5.02	00550	DATA PROCESSING	0	117,087				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	135	0	211,051			5.03
5.04	00570	ADMITTING	4,000	0	66	80,084		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	57,632	5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	24,945	0	1,513	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	1	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	567	0	0	0	0	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,165	0	213	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,980	0	10,621	0	0	14.00
15.00	01500	PHARMACY	9,134	0	1,241	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	400	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,695	0	10	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 APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	595	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	62,456	8,580	7,817	13,653	4,253	30.00
31.00	03100	INTENSIVE CARE UNIT	12,373	1,815	2,124	2,888	900	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,922	376	314	599	186	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,704	14,408	107,874	7,079	6,736	50.00
51.00	05100	RECOVERY ROOM	3,780	2,280	324	1,065	1,130	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,678	1,466	1,336	2,237	727	52.00
53.00	05300	ANESTHESIOLOGY	527	2,512	2,242	1,342	1,245	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,213	10,415	2,216	1,376	5,162	54.00
56.00	05600	RADIOISOTOPE	1,496	2,305	4,756	215	1,142	56.00
56.01	03630	ULTRA SOUND	2,691	1,940	118	633	962	56.01
57.00	05700	CT SCAN	2,689	7,750	1,866	3,160	3,841	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,625	2,251	709	677	1,116	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,119	7,592	52,179	3,957	3,763	59.00
60.00	06000	LABORATORY	0	10,562	4,482	8,172	5,235	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	6,061	2,122	1,275	2,903	1,052	65.00
66.00	06600	PHYSICAL THERAPY	7,043	1,591	147	1,341	789	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,855	2,319	133	1,344	1,150	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	231	137	25	37	68	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,966	0	3,278	2,462	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	7,073	0	5,338	3,506	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,801	0	14,872	6,841	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,087	378	91	14	187	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	10,150	2,781	3,276	278	1,379	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	13,078	7,667	4,074	3,626	3,800	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

Period:
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	231,394	117,087	211,043	80,084	57,632	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	577	0	8	0	0	194.00
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)	231,971	117,087	211,051	80,084	57,632	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

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Cost Center Description			OTHER ADMINISTRATIVE S AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	1,657,700					5.06
6.00	00600	MAINTENANCE & REPAIRS	133,392	7,349,302				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,368	24,329	83,744			8.00
9.00	00900	HOUSEKEEPING	24,388	216,786	0	704,945		9.00
10.00	01000	DIETARY	27,032	203,033	0	20,135	685,180	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	14,540	13,773	0	1,366	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,382	123,802	0	12,278	0	14.00
15.00	01500	PHARMACY	45,648	76,374	0	7,574	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,561	35,396	0	3,510	0	16.00
17.00	01700	SOCIAL SERVICE	5,655	2,554	0	253	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 APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	2,594	39,256	0	3,893	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	264,495	2,252,862	62,982	223,423	515,312	30.00
31.00	03100	INTENSIVE CARE UNIT	54,290	541,389	16,667	53,692	136,364	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	11,325	65,174	4,095	6,464	33,564	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	132,116	1,150,563	0	114,106	0	50.00
51.00	05100	RECOVERY ROOM	16,467	111,430	0	11,051	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,755	149,039	0	14,781	0	52.00
53.00	05300	ANESTHESIOLOGY	5,112	18,918	0	1,876	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	72,660	333,135	0	33,038	0	54.00
56.00	05600	RADIOISOTOPE	8,076	32,899	0	3,263	0	56.00
56.01	03630	ULTRA SOUND	12,596	116,481	0	11,552	0	56.01
57.00	05700	CT SCAN	18,545	83,147	0	8,246	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,371	45,896	0	4,552	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	33,843	313,857	0	31,126	0	59.00
60.00	06000	LABORATORY	80,269	175,658	0	17,421	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	22,859	5,676	0	563	0	65.00
66.00	06600	PHYSICAL THERAPY	27,353	97,884	0	9,708	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	22,203	110,711	0	10,980	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	907	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	179,341	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	171,475	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	82,694	0	0	0	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,595	102,254	0	10,141	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	53,345	403,871	0	40,053	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	61,720	426,838	0	42,331	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			OTHER ADMINISTRATIVE S AND GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,650,972	7,272,985	83,744	697,376	685,180	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	6,728	76,317	0	7,569	0	194.00
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)	1,657,700	7,349,302	83,744	704,945	685,180	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

Period:
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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	63,996				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	405	428,544			14.00
15.00	01500	PHARMACY	0	0	2,229	306,628		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	129	0	0	118,765	16.00
17.00	01700	SOCIAL SERVICE	0	728	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 APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	30,812	15,599	5,140	8,655	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,478	4,268	1,219	1,831	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,083	498	44	379	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	11,074	228,654	8,031	15,188	50.00
51.00	05100	RECOVERY ROOM	0	1,463	653	205	2,300	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,951	2,647	623	1,479	52.00
53.00	05300	ANESTHESIOLOGY	0	416	4,656	1,353	2,534	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	61	4,371	10,774	10,506	54.00
56.00	05600	RADIOISOTOPE	0	0	10,301	398	2,325	56.00
56.01	03630	ULTRA SOUND	0	0	240	1	1,957	56.01
57.00	05700	CT SCAN	0	0	3,971	950	7,817	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,516	298	2,271	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,226	112,688	1,324	7,658	59.00
60.00	06000	LABORATORY	0	0	0	0	10,654	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	109	2,593	56	2,141	65.00
66.00	06600	PHYSICAL THERAPY	0	2	234	0	1,605	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	392	217	132	2,339	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	51	0	139	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	19,220	370	5,010	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	7,135	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	267,876	13,921	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	8	131	0	381	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	1,086	5,914	316	2,806	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	5,572	7,893	7,518	7,734	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	63,995	428,544	306,628	118,765	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0	1	0	0	0	194.00
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)	0	63,996	428,544	306,628	118,765	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description			INTERNS & RESIDENTS				
			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS
			17.00	19.00	20.00	21.00	22.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
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	16,552				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 APPRVD	0			0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0				0 22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,449				30.00
31.00	03100	INTENSIVE CARE UNIT	3,294				31.00
40.00	04000	SUBPROVIDER - IPF	0				40.00
41.00	04100	SUBPROVIDER - IRF	0				41.00
42.00	04200	SUBPROVIDER	0				42.00
43.00	04300	NURSERY	809				43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0				50.00
51.00	05100	RECOVERY ROOM	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0				52.00
53.00	05300	ANESTHESIOLOGY	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0				54.00
56.00	05600	RADIOISOTOPE	0				56.00
56.01	03630	ULTRA SOUND	0				56.01
57.00	05700	CT SCAN	0				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	0				59.00
60.00	06000	LABORATORY	0				60.00
60.01	06001	BLOOD LABORATORY	0				60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0				62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0				62.01
65.00	06500	RESPIRATORY THERAPY	0				65.00
66.00	06600	PHYSICAL THERAPY	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	0				67.00
68.00	06800	SPEECH PATHOLOGY	0				68.00
69.00	06900	ELECTROCARDIOLOGY	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0				71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0				71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0				73.00
76.00	03160	CARDIOPULMONARY	0				76.00
76.97	07697	CARDIAC REHABILITATION	0				76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0				89.00
90.00	09000	CLINIC	0				90.00
90.01	09001	WOMENS HEALTH	0				90.01
90.02	09002	SPINE CENTER	0				90.02
91.00	09100	EMERGENCY	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0				92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0				99.10
101.00	10100	HOME HEALTH AGENCY	0				101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0				109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

Period:
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Part II
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Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
			17.00	19.00	20.00	21.00	22.00	
110.00	11000	INTESTINAL ACQUISITION	0					110.00
111.00	11100	ISLET ACQUISITION	0					111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,552	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0					194.00
200.00		Cross Foot Adjustments		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)	16,552	0	0	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description			PARAMED ED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
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 APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	130,386				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		8,315,171	0	8,315,171	30.00
31.00	03100	INTENSIVE CARE UNIT		1,998,195	0	1,998,195	31.00
40.00	04000	SUBPROVIDER - IPF		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF		0	0	0	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		267,532	0	267,532	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		4,285,860	0	4,285,860	50.00
51.00	05100	RECOVERY ROOM		390,960	0	390,960	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		530,320	0	530,320	52.00
53.00	05300	ANESTHESIOLOGY		83,265	0	83,265	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,211,107	0	1,211,107	54.00
56.00	05600	RADIOISOTOPE		137,727	0	137,727	56.00
56.01	03630	ULTRA SOUND		398,665	0	398,665	56.01
57.00	05700	CT SCAN		320,163	0	320,163	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		167,652	0	167,652	58.00
59.00	05900	CARDIAC CATHETERIZATION		1,248,463	0	1,248,463	59.00
60.00	06000	LABORATORY		688,238	0	688,238	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST		0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY		60,242	0	60,242	65.00
66.00	06600	PHYSICAL THERAPY		357,903	0	357,903	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		393,058	0	393,058	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		1,621	0	1,621	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		214,647	0	214,647	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT		0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		194,527	0	194,527	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		400,005	0	400,005	73.00
76.00	03160	CARDIOPULMONARY		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		339,144	0	339,144	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000	CLINIC		1,390,411	0	1,390,411	90.00
90.01	09001	WOMENS HEALTH		0	0	0	90.01
90.02	09002	SPINE CENTER		0	0	0	90.02
91.00	09100	EMERGENCY		1,506,475	0	1,506,475	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description		PARAMED ED PRGM-PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	24,901,351	0	24,901,351	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	254,531	0	254,531		194.00
200.00		Cross Foot Adjustments	130,386	0	130,386		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	130,386	25,286,268	0	25,286,268	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (GROSS SALARIES)	DATA PROCESSING (GROSS REVENUES)	
		NEW BLDG & FIXT (BLDG SQFT)	NEW MVBLE EQUIP (BLDG SQFT)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	624,781				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		624,781			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	656	656	79,686,807		4.00
5.01	00540	NONPATIENT TELEPHONES	5,729	5,729	319,750	79,367,057	5.01
5.02	00550	DATA PROCESSING	2,893	2,893	0	0	1,019,475,529
5.03	00560	PURCHASING RECEIVING AND STORES	5,211	5,211	46,044	46,044	0
5.04	00570	ADMITTING	1,867	1,867	1,368,622	1,368,622	0
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,424	1,424	0	0	0
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	40,235	40,235	8,534,058	8,534,058	0
6.00	00600	MAINTENANCE & REPAIRS	178,293	178,293	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	1,286	1,286	0	0	0
9.00	00900	HOUSEKEEPING	11,459	11,459	0	0	0
10.00	01000	DIETARY	10,732	10,732	194,103	194,103	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	728	728	1,425,053	1,425,053	0
14.00	01400	CENTRAL SERVICES & SUPPLY	6,544	6,544	677,400	677,400	0
15.00	01500	PHARMACY	4,037	4,037	3,124,930	3,124,930	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,871	1,871	136,923	136,923	0
17.00	01700	SOCIAL SERVICE	135	135	580,008	580,008	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING PROGRAM	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	2,075	2,075	203,461	203,461	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	119,083	119,083	21,373,251	21,373,251	74,607,809
31.00	03100	INTENSIVE CARE UNIT	28,617	28,617	4,232,838	4,232,838	15,782,434
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	3,445	3,445	999,568	999,568	3,271,378
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	60,817	60,817	8,793,817	8,793,817	126,590,275
51.00	05100	RECOVERY ROOM	5,890	5,890	1,293,292	1,293,292	19,826,383
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,878	7,878	2,284,700	2,284,700	12,751,574
53.00	05300	ANESTHESIOLOGY	1,000	1,000	180,314	180,314	21,842,645
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,609	17,609	4,520,445	4,520,445	90,566,993
56.00	05600	RADIOISOTOPE	1,739	1,739	511,693	511,693	20,040,316
56.01	03630	ULTRA SOUND	6,157	6,157	920,517	920,517	16,869,689
57.00	05700	CT SCAN	4,395	4,395	919,815	919,815	67,388,022
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,426	2,426	556,069	556,069	19,576,701
59.00	05900	CARDIAC CATHETERIZATION	16,590	16,590	2,093,503	2,093,503	66,017,003
60.00	06000	LABORATORY	9,285	9,285	0	0	91,847,800
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	300	300	2,073,460	2,073,460	18,454,619
66.00	06600	PHYSICAL THERAPY	5,174	5,174	2,409,615	2,409,615	13,836,727
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	5,852	5,852	1,318,755	1,318,755	20,166,949
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	78,901	78,901	1,194,764
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	43,185,844
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	61,504,900
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	120,011,505
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	5,405	5,405	371,764	371,764	3,282,622
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	21,348	21,348	3,472,577	3,472,577	24,186,854
90.01	09001	WOMENS HEALTH	0	0	0	0	0
90.02	09002	SPINE CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	22,562	22,562	4,474,078	4,474,078	66,671,723
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (GROSS SALARIES)	DATA PROCESSING (GROSS REVENUES)	
			NEW BLDG & FIXT (BLDG SQFT)	NEW MVBLE EQUIP (BLDG SQFT)				
			1.00	2.00	4.00	5.01	5.02	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	620,747	620,747	79,489,324	79,169,574	1,019,475,529	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	4,034	4,034	197,483	197,483	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	15,879,451	9,406,817	18,974,600	1,708,692	12,410,762	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.416027	15.056183	0.238115	0.021529	0.012174	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			26,550	231,971	117,087	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000333	0.002923	0.000115	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY \$)	ADMITTING (IP REVENUES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE S AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	48,805,927					5.03
5.04	00570	ADMITTING	15,184	437,157,457				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	17	0	1,019,475,529			5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL	349,880	0	0	-35,684,294	229,050,858	5.06
6.00	00600	MAINTENANCE & REPAIRS	223	0	0	0	18,431,970	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,018,105	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	3,369,949	9.00
10.00	01000	DIETARY	0	0	0	0	3,735,266	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	49,374	0	0	0	2,009,116	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,456,316	0	0	0	1,987,229	14.00
15.00	01500	PHARMACY	286,944	0	0	0	6,307,544	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	492,100	16.00
17.00	01700	SOCIAL SERVICE	2,353	0	0	0	781,460	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 APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0	0	0	0	358,413	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,807,706	74,607,809	74,607,809	0	36,539,753	30.00
31.00	03100	INTENSIVE CARE UNIT	491,182	15,782,434	15,782,434	0	7,501,747	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	72,673	3,271,378	3,271,378	0	1,564,911	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,944,486	38,685,637	126,590,275	0	18,255,607	50.00
51.00	05100	RECOVERY ROOM	75,008	5,822,315	19,826,383	0	2,275,436	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	309,031	12,221,942	12,751,574	0	3,696,946	52.00
53.00	05300	ANESTHESIOLOGY	518,474	7,335,035	21,842,645	0	706,342	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	512,522	7,520,235	90,566,993	0	10,040,049	54.00
56.00	05600	RADIOISOTOPE	1,099,949	1,174,858	20,040,316	0	1,115,869	56.00
56.01	03630	ULTRA SOUND	27,210	3,460,079	16,869,689	0	1,740,511	56.01
57.00	05700	CT SCAN	431,587	17,267,240	67,388,022	0	2,562,473	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	163,853	3,696,806	19,576,701	0	1,156,652	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,067,255	21,623,395	66,017,003	0	4,676,367	59.00
60.00	06000	LABORATORY	1,036,451	44,658,263	91,847,800	0	11,091,479	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	294,908	15,864,846	18,454,619	0	3,158,616	65.00
66.00	06600	PHYSICAL THERAPY	34,025	7,328,940	13,836,727	0	3,779,564	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	30,645	7,344,410	20,166,949	0	3,068,017	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,791	203,104	1,194,764	0	125,318	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,915,181	43,185,844	0	24,781,103	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	29,170,343	61,504,900	0	23,694,143	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	80,793,267	120,011,505	0	11,426,494	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	21,131	74,269	3,282,622	0	773,112	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	757,736	1,521,093	24,186,854	0	7,371,120	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	942,100	19,814,578	66,671,723	0	8,528,371	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY \$)	ADMITTING (IP REVENUES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE S AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	48,804,014	437,157,457	1,019,475,529	-35,684,294	228,121,152	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	1,913	0	0	0	929,706	194.00
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)	2,567,634	1,916,453	1,463,783		35,684,294	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.052609	0.004384	0.001436		0.155792	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	211,051	80,084	57,632		1,657,700	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.004324	0.000183	0.000057		0.007237	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: 14-0291

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description		MAINTENANCE & REPAIRS (BLDG SQFT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (BLDG SQFT)	DIETARY (PATIENT DAYS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		6.00	8.00	9.00	10.00	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	388,473				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,286	39,981			8.00
9.00	00900	HOUSEKEEPING	11,459	0	375,728		9.00
10.00	01000	DIETARY	10,732	0	10,732	39,981	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	728	0	728	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,544	0	6,544	0	14.00
15.00	01500	PHARMACY	4,037	0	4,037	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,871	0	1,871	0	16.00
17.00	01700	SOCIAL SERVICE	135	0	135	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 APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	2,075	0	2,075	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	119,083	30,069	119,083	30,069	30.00
31.00	03100	INTENSIVE CARE UNIT	28,617	7,957	28,617	7,957	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,445	1,955	3,445	1,955	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	60,817	0	60,817	0	50.00
51.00	05100	RECOVERY ROOM	5,890	0	5,890	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,878	0	7,878	0	52.00
53.00	05300	ANESTHESIOLOGY	1,000	0	1,000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,609	0	17,609	0	54.00
56.00	05600	RADIOISOTOPE	1,739	0	1,739	0	56.00
56.01	03630	ULTRA SOUND	6,157	0	6,157	0	56.01
57.00	05700	CT SCAN	4,395	0	4,395	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,426	0	2,426	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,590	0	16,590	0	59.00
60.00	06000	LABORATORY	9,285	0	9,285	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	300	0	300	0	65.00
66.00	06600	PHYSICAL THERAPY	5,174	0	5,174	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,852	0	5,852	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,405	0	5,405	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	21,348	0	21,348	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	22,562	0	22,562	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description			MAINTENANCE & REPAIRS (BLDG SQFT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (BLDG SQFT)	DIETARY (PATIENT DAYS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
			6.00	8.00	9.00	10.00	12.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	384,439	39,981	371,694	39,981	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	4,034	0	4,034	0	0	194.00
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)	21,303,523	1,247,241	4,523,362	5,034,927	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	54.839134	31.195843	12.038927	125.932993	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,349,302	83,744	704,945	685,180	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	18.918437	2.094595	1.876211	17.137640	0.000000	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: 14-0291

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (DRUG \$)	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			(NURS. HOURS)	(MED SUPPLY \$)		(GROSS REVENUES)	(PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	1,216,784					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,707	45,757,229				14.00
15.00	01500	PHARMACY	0	237,974	10,510,645			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,452	0	0	1,019,475,529		16.00
17.00	01700	SOCIAL SERVICE	13,849	0	0	0	39,981	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 APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	585,817	1,665,535	176,198	74,607,809	30,069	30.00
31.00	03100	INTENSIVE CARE UNIT	104,159	455,717	41,785	15,782,434	7,957	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	20,595	53,218	1,518	3,271,378	1,955	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	210,565	24,415,014	275,273	126,590,275	0	50.00
51.00	05100	RECOVERY ROOM	27,820	69,739	7,036	19,826,383	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	56,105	282,630	21,352	12,751,574	0	52.00
53.00	05300	ANESTHESIOLOGY	7,919	497,066	46,389	21,842,645	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,155	466,741	369,324	90,566,993	0	54.00
56.00	05600	RADIOISOTOPE	0	1,099,857	13,650	20,040,316	0	56.00
56.01	03630	ULTRA SOUND	0	25,644	22	16,869,689	0	56.01
57.00	05700	CT SCAN	0	423,978	32,560	67,388,022	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4	161,896	10,213	19,576,701	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	42,319	12,031,581	45,371	66,017,003	0	59.00
60.00	06000	LABORATORY	0	0	0	91,847,800	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	2,080	276,831	1,927	18,454,619	0	65.00
66.00	06600	PHYSICAL THERAPY	38	24,976	0	13,836,727	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,456	23,118	4,520	20,166,949	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,455	0	1,194,764	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,052,137	12,674	43,185,844	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	61,504,900	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	9,182,309	120,011,505	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	147	13,962	0	3,282,622	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	20,652	631,401	10,831	24,186,854	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	105,935	842,759	257,693	66,671,723	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description			NURSING ADMINISTRATION (NURS. HOURS)	CENTRAL SERVICES & SUPPLY (MED SUPPLY \$)	PHARMACY (DRUG \$)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,216,774	45,757,229	10,510,645	1,019,475,529	39,981	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	10	0	0	0	0	194.00
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)	2,370,807	2,749,489	7,574,496	698,672	939,217	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.948421	0.060089	0.720650	0.000685	23.491584	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	63,996	428,544	306,628	118,765	16,552	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.052594	0.009366	0.029173	0.000116	0.413997	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: 14-0291

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM-PASTORAL CARE (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			19.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVES AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
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	0					19.00
20.00	02000	NURSING PROGRAM		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				0		22.00
23.00	02300	PARAMED ED PRGM-PASTORAL CARE					1,060	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	579	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	243	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	36	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	29	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	173	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0291

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM-PASTORAL CARE (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			19.00	20.00	21.00	22.00	23.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	1,060	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07951	NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
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	0	0	553,023	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	521.719811	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	130,386	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	123.005660	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 11:20 am

			Title XVIII		Hospital		PPS
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	57,349,125		57,349,125	0	57,349,125
31.00	03100	INTENSIVE CARE UNIT	12,419,536		12,419,536	0	12,419,536
40.00	04000	SUBPROVIDER - IPF	0		0	0	0
41.00	04100	SUBPROVIDER - IRF	0		0	0	0
42.00	04200	SUBPROVIDER	0		0	0	0
43.00	04300	NURSERY	2,457,663		2,457,663	0	2,457,663
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,329,754		27,329,754	0	27,329,754
51.00	05100	RECOVERY ROOM	3,100,889		3,100,889	0	3,100,889
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,950,188		4,950,188	0	4,950,188
53.00	05300	ANESTHESIOLOGY	976,952		976,952	0	976,952
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,155,480		13,155,480	0	13,155,480
56.00	05600	RADIOISOTOPE	1,495,667		1,495,667	0	1,495,667
56.01	03630	ULTRA SOUND	2,436,551		2,436,551	0	2,436,551
57.00	05700	CT SCAN	3,350,716		3,350,716	0	3,350,716
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,529,601		1,529,601	0	1,529,601
59.00	05900	CARDIAC CATHETERIZATION	7,397,755		7,397,755	0	7,397,755
60.00	06000	LABORATORY	13,503,321		13,503,321	0	13,503,321
60.01	06001	BLOOD LABORATORY	0		0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	3,705,484	0	3,705,484	0	3,705,484
66.00	06600	PHYSICAL THERAPY	4,725,470	0	4,725,470	0	4,725,470
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	3,970,348		3,970,348	0	3,970,348
70.00	07000	ELECTROENCEPHALOGRAPHY	145,988		145,988	0	145,988
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,803,828		28,803,828	0	28,803,828
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0		0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	27,427,632		27,427,632	0	27,427,632
73.00	07300	DRUGS CHARGED TO PATIENTS	19,906,091		19,906,091	0	19,906,091
76.00	03160	CARDIOPULMONARY	0		0	0	0
76.97	07697	CARDIAC REHABILITATION	1,258,407		1,258,407	0	1,258,407
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	10,049,747		10,049,747	0	10,049,747
90.01	09001	WOMENS HEALTH	0		0	0	0
90.02	09002	SPINE CENTER	0		0	0	0
91.00	09100	EMERGENCY	11,944,607		11,944,607	0	11,944,607
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	15,494,018		15,494,018	0	15,494,018
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0		0		0
101.00	10100	HOME HEALTH AGENCY	0		0		0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0		0		0
110.00	11000	INTESTINAL ACQUISITION	0		0		0
111.00	11100	ISLET ACQUISITION	0		0		0
200.00		Subtotal (see instructions)	278,884,818	0	278,884,818	0	278,884,818
201.00		Less Observation Beds	15,494,018		15,494,018		15,494,018
202.00		Total (see instructions)	263,390,800	0	263,390,800	0	263,390,800

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 11:20 am

			Title XVIII			Hospital	PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	74,607,809		74,607,809		30.00
31.00	03100	INTENSIVE CARE UNIT	15,782,434		15,782,434		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	3,271,378		3,271,378		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	38,685,637	87,904,638	126,590,275	0.215891	0.000000
51.00	05100	RECOVERY ROOM	5,822,315	14,004,068	19,826,383	0.156402	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,221,942	529,632	12,751,574	0.388202	0.000000
53.00	05300	ANESTHESIOLOGY	7,335,035	14,507,610	21,842,645	0.044727	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,520,235	83,046,758	90,566,993	0.145257	0.000000
56.00	05600	RADIOISOTOPE	1,174,858	18,865,458	20,040,316	0.074633	0.000000
56.01	03630	ULTRA SOUND	3,460,079	13,409,610	16,869,689	0.144434	0.000000
57.00	05700	CT SCAN	17,267,240	50,120,782	67,388,022	0.049723	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,696,806	15,879,895	19,576,701	0.078134	0.000000
59.00	05900	CARDIAC CATHETERIZATION	21,623,395	44,393,608	66,017,003	0.112058	0.000000
60.00	06000	LABORATORY	44,658,263	47,189,537	91,847,800	0.147018	0.000000
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	15,864,846	2,589,773	18,454,619	0.200789	0.000000
66.00	06600	PHYSICAL THERAPY	7,328,940	6,507,787	13,836,727	0.341516	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000
69.00	06900	ELECTROCARDIOLOGY	7,344,410	12,822,539	20,166,949	0.196874	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	203,104	991,660	1,194,764	0.122190	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,915,181	25,270,663	43,185,844	0.666974	0.000000
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	29,170,343	32,334,557	61,504,900	0.445942	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	80,793,267	39,218,238	120,011,505	0.165868	0.000000
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	0.000000
76.97	07697	CARDIAC REHABILITATION	74,269	3,208,353	3,282,622	0.383354	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	1,521,093	22,665,761	24,186,854	0.415505	0.000000
90.01	09001	WOMENS HEALTH	0	0	0	0.000000	0.000000
90.02	09002	SPINE CENTER	0	0	0	0.000000	0.000000
91.00	09100	EMERGENCY	19,814,578	46,857,145	66,671,723	0.179156	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,409,177	14,616,279	24,025,456	0.644900	0.000000
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	446,566,634	596,934,351	1,043,500,985		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	446,566,634	596,934,351	1,043,500,985		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.215891			50.00
51.00	05100	RECOVERY ROOM	0.156402			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.388202			52.00
53.00	05300	ANESTHESIOLOGY	0.044727			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.145257			54.00
56.00	05600	RADIOISOTOPE	0.074633			56.00
56.01	03630	ULTRA SOUND	0.144434			56.01
57.00	05700	CT SCAN	0.049723			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078134			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.112058			59.00
60.00	06000	LABORATORY	0.147018			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000			62.01
65.00	06500	RESPIRATORY THERAPY	0.200789			65.00
66.00	06600	PHYSICAL THERAPY	0.341516			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.196874			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.122190			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.666974			71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000			71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.445942			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.165868			73.00
76.00	03160	CARDIOPULMONARY	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.383354			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0.415505			90.00
90.01	09001	WOMENS HEALTH	0.000000			90.01
90.02	09002	SPINE CENTER	0.000000			90.02
91.00	09100	EMERGENCY	0.179156			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.644900			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
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: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 11:20 am

			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	57,349,125		57,349,125	0	57,349,125
31.00	03100	INTENSIVE CARE UNIT	12,419,536		12,419,536	0	12,419,536
40.00	04000	SUBPROVIDER - IPF	0		0	0	0
41.00	04100	SUBPROVIDER - IRF	0		0	0	0
42.00	04200	SUBPROVIDER	0		0	0	0
43.00	04300	NURSERY	2,457,663		2,457,663	0	2,457,663
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,329,754		27,329,754	0	27,329,754
51.00	05100	RECOVERY ROOM	3,100,889		3,100,889	0	3,100,889
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,950,188		4,950,188	0	4,950,188
53.00	05300	ANESTHESIOLOGY	976,952		976,952	0	976,952
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,155,480		13,155,480	0	13,155,480
56.00	05600	RADIOISOTOPE	1,495,667		1,495,667	0	1,495,667
56.01	03630	ULTRA SOUND	2,436,551		2,436,551	0	2,436,551
57.00	05700	CT SCAN	3,350,716		3,350,716	0	3,350,716
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,529,601		1,529,601	0	1,529,601
59.00	05900	CARDIAC CATHETERIZATION	7,397,755		7,397,755	0	7,397,755
60.00	06000	LABORATORY	13,503,321		13,503,321	0	13,503,321
60.01	06001	BLOOD LABORATORY	0		0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	3,705,484	0	3,705,484	0	3,705,484
66.00	06600	PHYSICAL THERAPY	4,725,470	0	4,725,470	0	4,725,470
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	3,970,348		3,970,348	0	3,970,348
70.00	07000	ELECTROENCEPHALOGRAPHY	145,988		145,988	0	145,988
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,803,828		28,803,828	0	28,803,828
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0		0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	27,427,632		27,427,632	0	27,427,632
73.00	07300	DRUGS CHARGED TO PATIENTS	19,906,091		19,906,091	0	19,906,091
76.00	03160	CARDIOPULMONARY	0		0	0	0
76.97	07697	CARDIAC REHABILITATION	1,258,407		1,258,407	0	1,258,407
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	10,049,747		10,049,747	0	10,049,747
90.01	09001	WOMENS HEALTH	0		0	0	0
90.02	09002	SPINE CENTER	0		0	0	0
91.00	09100	EMERGENCY	11,944,607		11,944,607	0	11,944,607
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	15,494,018		15,494,018	0	15,494,018
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0		0		0
101.00	10100	HOME HEALTH AGENCY	0		0		0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0		0		0
110.00	11000	INTESTINAL ACQUISITION	0		0		0
111.00	11100	ISLET ACQUISITION	0		0		0
200.00		Subtotal (see instructions)	278,884,818	0	278,884,818	0	278,884,818
201.00		Less Observation Beds	15,494,018		15,494,018		15,494,018
202.00		Total (see instructions)	263,390,800	0	263,390,800	0	263,390,800

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 11:20 am

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	74,607,809		74,607,809		30.00
31.00	03100	INTENSIVE CARE UNIT	15,782,434		15,782,434		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	3,271,378		3,271,378		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	38,685,637	87,904,638	126,590,275	0.215891	0.000000
51.00	05100	RECOVERY ROOM	5,822,315	14,004,068	19,826,383	0.156402	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,221,942	529,632	12,751,574	0.388202	0.000000
53.00	05300	ANESTHESIOLOGY	7,335,035	14,507,610	21,842,645	0.044727	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,520,235	83,046,758	90,566,993	0.145257	0.000000
56.00	05600	RADIOISOTOPE	1,174,858	18,865,458	20,040,316	0.074633	0.000000
56.01	03630	ULTRA SOUND	3,460,079	13,409,610	16,869,689	0.144434	0.000000
57.00	05700	CT SCAN	17,267,240	50,120,782	67,388,022	0.049723	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,696,806	15,879,895	19,576,701	0.078134	0.000000
59.00	05900	CARDIAC CATHETERIZATION	21,623,395	44,393,608	66,017,003	0.112058	0.000000
60.00	06000	LABORATORY	44,658,263	47,189,537	91,847,800	0.147018	0.000000
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	15,864,846	2,589,773	18,454,619	0.200789	0.000000
66.00	06600	PHYSICAL THERAPY	7,328,940	6,507,787	13,836,727	0.341516	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000
69.00	06900	ELECTROCARDIOLOGY	7,344,410	12,822,539	20,166,949	0.196874	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	203,104	991,660	1,194,764	0.122190	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,915,181	25,270,663	43,185,844	0.666974	0.000000
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	29,170,343	32,334,557	61,504,900	0.445942	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	80,793,267	39,218,238	120,011,505	0.165868	0.000000
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	0.000000
76.97	07697	CARDIAC REHABILITATION	74,269	3,208,353	3,282,622	0.383354	0.000000
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000
90.00	09000	CLINIC	1,521,093	22,665,761	24,186,854	0.415505	0.000000
90.01	09001	WOMENS HEALTH	0	0	0	0.000000	0.000000
90.02	09002	SPINE CENTER	0	0	0	0.000000	0.000000
91.00	09100	EMERGENCY	19,814,578	46,857,145	66,671,723	0.179156	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,409,177	14,616,279	24,025,456	0.644900	0.000000
	OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	446,566,634	596,934,351	1,043,500,985		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	446,566,634	596,934,351	1,043,500,985		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	03630	ULTRA SOUND	0.000000			56.01
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000			62.01
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000			71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03160	CARDIOPULMONARY	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	WOMENS HEALTH	0.000000			90.01
90.02	09002	SPINE CENTER	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
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: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/24/2022 11:20 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	8,315,171	0	8,315,171	41,200	201.82	30.00
31.00	INTENSIVE CARE UNIT	1,998,195		1,998,195	7,957	251.12	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	267,532		267,532	1,935	138.26	43.00
200.00	Total (lines 30 through 199)	10,580,898		10,580,898	51,092		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	13,273	2,678,757				30.00
31.00	INTENSIVE CARE UNIT	3,039	763,154				31.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	16,312	3,441,911				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part II
Date/Time Prepared:
5/24/2022 11:20 am

				Title XVIII		Hospital	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,285,860	126,590,275	0.033856	14,034,112	475,139	50.00
51.00	05100	RECOVERY ROOM	390,960	19,826,383	0.019719	2,122,856	41,861	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	530,320	12,751,574	0.041589	0	0	52.00
53.00	05300	ANESTHESIOLOGY	83,265	21,842,645	0.003812	2,584,880	9,854	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,211,107	90,566,993	0.013372	3,790,478	50,686	54.00
56.00	05600	RADIOISOTOPE	137,727	20,040,316	0.006872	653,767	4,493	56.00
56.01	03630	ULTRA SOUND	398,665	16,869,689	0.023632	1,563,720	36,954	56.01
57.00	05700	CT SCAN	320,163	67,388,022	0.004751	8,043,606	38,215	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	167,652	19,576,701	0.008564	1,712,495	14,666	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,248,463	66,017,003	0.018911	9,320,932	176,268	59.00
60.00	06000	LABORATORY	688,238	91,847,800	0.007493	17,647,425	132,232	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0.000000	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	60,242	18,454,619	0.003264	7,432,104	24,258	65.00
66.00	06600	PHYSICAL THERAPY	357,903	13,836,727	0.025866	4,208,732	108,863	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	393,058	20,166,949	0.019490	3,665,884	71,448	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,621	1,194,764	0.001357	110,561	150	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	214,647	43,185,844	0.004970	6,972,809	34,655	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	194,527	61,504,900	0.003163	13,175,699	41,675	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	400,005	120,011,505	0.003333	30,947,028	103,146	73.00
76.00	03160	CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	339,144	3,282,622	0.103315	26,342	2,722	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	1,390,411	24,186,854	0.057486	891,859	51,269	90.00
90.01	09001	WOMENS HEALTH	0	0	0.000000	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0.000000	0	0	90.02
91.00	09100	EMERGENCY	1,506,475	66,671,723	0.022595	9,277,363	209,622	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,246,509	24,025,456	0.093505	4,214,734	394,099	92.00
200.00		Total (lines 50 through 199)	16,566,962	949,839,364		142,397,386	2,022,275	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0291		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 5/24/2022 11:20 am	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	302,075	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	126,778	0	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00		
43.00	04300	NURSERY	0	0	0	18,782	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	447,635	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	302,075	41,200	7.33	13,273	30.00		
31.00	03100	INTENSIVE CARE UNIT		126,778	7,957	15.93	3,039	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00		
43.00	04300	NURSERY		18,782	1,935	9.71	0	43.00		
200.00		Total (lines 30 through 199)		447,635	51,092		16,312	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	97,291						30.00	
31.00	03100	INTENSIVE CARE UNIT	48,411						31.00	
40.00	04000	SUBPROVIDER - IPF	0						40.00	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
42.00	04200	SUBPROVIDER	0						42.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	145,702						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description			Title XVIII		Hospital		PPS
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	15,130 54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0 56.01
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0 62.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0 90.01
90.02	09002	SPINE CENTER	0	0	0	0	0 90.02
91.00	09100	EMERGENCY	0	0	0	0	90,258 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	81,607 92.00
200.00		Total (lines 50 through 199)	0	0	0	0	186,995 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/24/2022 11:20 am

			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	126,590,275	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	19,826,383	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	12,751,574	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	21,842,645	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,130	15,130	90,566,993	0.000167	54.00
56.00	05600	RADIOISOTOPE	0	0	0	20,040,316	0.000000	56.00
56.01	03630	ULTRA SOUND	0	0	0	16,869,689	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	67,388,022	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	19,576,701	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	66,017,003	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	91,847,800	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0.000000	62.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	18,454,619	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	13,836,727	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	20,166,949	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,194,764	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	43,185,844	0.000000	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	61,504,900	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	120,011,505	0.000000	73.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,282,622	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	24,186,854	0.000000	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0.000000	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	0	90,258	90,258	66,671,723	0.001354	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	81,607	81,607	24,025,456	0.003397	92.00
200.00		Total (lines 50 through 199)	0	186,995	186,995	949,839,364		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0291		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/24/2022 11:20 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	14,034,112	0	24,681,421	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	2,122,856	0	3,392,926	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	2,584,880	0	3,818,629	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000167	3,790,478	633	24,055,471	4,017	54.00
56.00	05600	RADIOISOTOPE		0.000000	653,767	0	8,001,228	0	56.00
56.01	03630	ULTRA SOUND		0.000000	1,563,720	0	3,305,112	0	56.01
57.00	05700	CT SCAN		0.000000	8,043,606	0	16,044,083	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	1,712,495	0	4,146,690	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	9,320,932	0	21,221,740	0	59.00
60.00	06000	LABORATORY		0.000000	17,647,425	0	9,851,302	0	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0.000000	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST		0.000000	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY		0.000000	7,432,104	0	939,963	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	4,208,732	0	360,335	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	3,665,884	0	3,734,221	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	110,561	0	166,428	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	6,972,809	0	9,829,424	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT		0.000000	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.000000	13,175,699	0	11,123,828	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	30,947,028	0	10,877,429	0	73.00
76.00	03160	CARDIOPULMONARY		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	26,342	0	1,510,646	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0	0	0	0	89.00
90.00	09000	CLINIC		0.000000	891,859	0	4,133,733	0	90.00
90.01	09001	WOMENS HEALTH		0.000000	0	0	0	0	90.01
90.02	09002	SPINE CENTER		0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY		0.001354	9,277,363	12,562	9,710,547	13,148	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.003397	4,214,734	14,317	4,385,905	14,899	92.00
200.00		Total (lines 50 through 199)			142,397,386	27,512	175,291,061	32,064	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/24/2022 11:20 am

			Title XVIII		Hospital		PPS	
	Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00			
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.215891	24,681,421	0	2,216	5,328,497	50.00
51.00	05100	RECOVERY ROOM	0.156402	3,392,926	0	0	530,660	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.388202	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.044727	3,818,629	0	0	170,796	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.145257	24,055,471	0	3,891	3,494,226	54.00
56.00	05600	RADIOISOTOPE	0.074633	8,001,228	0	21,104	597,156	56.00
56.01	03630	ULTRA SOUND	0.144434	3,305,112	0	0	477,371	56.01
57.00	05700	CT SCAN	0.049723	16,044,083	0	2,455	797,760	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078134	4,146,690	0	603	323,997	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.112058	21,221,740	0	904	2,378,066	59.00
60.00	06000	LABORATORY	0.147018	9,851,302	0	0	1,448,319	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0.200789	939,963	0	0	188,734	65.00
66.00	06600	PHYSICAL THERAPY	0.341516	360,335	0	0	123,060	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.196874	3,734,221	0	1,294	735,171	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.122190	166,428	0	0	20,336	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.666974	9,829,424	0	0	6,555,970	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.445942	11,123,828	0	0	4,960,582	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.165868	10,877,429	0	54,500	1,804,217	73.00
76.00	03160	CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.383354	1,510,646	0	0	579,112	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.415505	4,133,733	0	1,851	1,717,587	90.00
90.01	09001	WOMENS HEALTH	0.000000	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.179156	9,710,547	0	0	1,739,703	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.644900	4,385,905	0	0	2,828,470	92.00
200.00		Subtotal (see instructions)		175,291,061	0	88,818	36,799,790	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		175,291,061	0	88,818	36,799,790	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0291		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 5/24/2022 11:20 am	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	478					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	565					54.00
56.00	05600	RADIOISOTOPE	0	1,575					56.00
56.01	03630	ULTRA SOUND	0	0					56.01
57.00	05700	CT SCAN	0	122					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	47					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	101					59.00
60.00	06000	LABORATORY	0	0					60.00
60.01	06001	BLOOD LABORATORY	0	0					60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0					62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0					62.01
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	255					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0					71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,040					73.00
76.00	03160	CARDIOPULMONARY	0	0					76.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC							88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER							89.00
90.00	09000	CLINIC	0	769					90.00
90.01	09001	WOMENS HEALTH	0	0					90.01
90.02	09002	SPINE CENTER	0	0					90.02
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
200.00		Subtotal (see instructions)	0	12,952					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	12,952					202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/24/2022 11:20 am

			Title XIX		Hospital	Cost	
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.215891	0	0	310,465	0	50.00
51.00	05100 RECOVERY ROOM	0.156402	0	0	56,258	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.388202	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.044727	0	0	57,299	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.145257	0	0	556,932	0	54.00
56.00	05600 RADIOISOTOPE	0.074633	0	0	118,565	0	56.00
56.01	03630 ULTRA SOUND	0.144434	0	0	122,187	0	56.01
57.00	05700 CT SCAN	0.049723	0	0	456,980	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.078134	0	0	114,798	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.112058	0	0	29,659	0	59.00
60.00	06000 LABORATORY	0.147018	0	0	601,641	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
62.01	06201 BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	0	0	0	62.01
65.00	06500 RESPIRATORY THERAPY	0.200789	0	0	17,025	0	65.00
66.00	06600 PHYSICAL THERAPY	0.341516	0	0	65,459	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.196874	0	0	103,550	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.122190	0	0	8,410	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.666974	0	0	52,745	0	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.445942	0	0	82,311	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.165868	0	0	318,969	0	73.00
76.00	03160 CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.383354	0	0	1,856	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC						88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000 CLINIC	0.415505	0	0	363,639	0	90.00
90.01	09001 WOMENS HEALTH	0.000000	0	0	0	0	90.01
90.02	09002 SPINE CENTER	0.000000	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.179156	0	0	861,480	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.644900	0	0	257,169	0	92.00
200.00	Subtotal (see instructions)		0	0	4,557,397	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00	Net Charges (line 200 - line 201)		0	0	4,557,397	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0291		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 5/24/2022 11:20 am	
				Title XIX		Hospital		Cost	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	67,027					50.00
51.00	05100	RECOVERY ROOM	0	8,799					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	2,563					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	80,898					54.00
56.00	05600	RADIOISOTOPE	0	8,849					56.00
56.01	03630	ULTRA SOUND	0	17,648					56.01
57.00	05700	CT SCAN	0	22,722					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8,970					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,324					59.00
60.00	06000	LABORATORY	0	88,452					60.00
60.01	06001	BLOOD LABORATORY	0	0					60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0					62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0					62.01
65.00	06500	RESPIRATORY THERAPY	0	3,418					65.00
66.00	06600	PHYSICAL THERAPY	0	22,355					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	20,386					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,028					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	35,180					71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0					71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	36,706					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	52,907					73.00
76.00	03160	CARDIOPULMONARY	0	0					76.00
76.97	07697	CARDIAC REHABILITATION	0	712					76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC							88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER							89.00
90.00	09000	CLINIC	0	151,094					90.00
90.01	09001	WOMENS HEALTH	0	0					90.01
90.02	09002	SPINE CENTER	0	0					90.02
91.00	09100	EMERGENCY	0	154,339					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	165,848					92.00
200.00		Subtotal (see instructions)	0	953,225					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	953,225					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0291	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/24/2022 11:20 am	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			41,200	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			41,200	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)			30,069	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)			13,273	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)			57,349,125	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)			57,349,125	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)			57,349,125	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)			1,391.97	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			18,475,618	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)			18,475,618	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0291

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

Worksheet D-1

Date/Time Prepared:
5/24/2022 11:20 am

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	12,419,536	7,957	1,560.83	3,039	4,743,362
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
	Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					32,560,550
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					55,779,530
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,587,613
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,049,787
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,637,400
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					50,142,130
	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)					11,131
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,391.97
89.00	Observation bed cost (line 87 x line 88) (see instructions)					15,494,018

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0291

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

Worksheet D-1

Date/Time Prepared:
5/24/2022 11:20 am

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	8,315,171	57,349,125	0.144992	15,494,018	2,246,509
91.00	Nursing Program cost	0	57,349,125	0.000000	15,494,018	0
92.00	Allied health cost	302,075	57,349,125	0.005267	15,494,018	81,607
93.00	All other Medical Education	0	57,349,125	0.000000	15,494,018	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0291	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/24/2022 11:20 am
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			41,200 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			41,200 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)			30,069 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)			539 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			1,935 15.00
16.00	Nursery days (title V or XIX only)			37 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)			57,349,125 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)			57,349,125 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)			57,349,125 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)			1,391.97 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			750,272 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)			750,272 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0291

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

Worksheet D-1

Date/Time Prepared:
5/24/2022 11:20 am

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)	2,457,663	1,935	1,270.11	37	46,994
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	12,419,536	7,957	1,560.83	168	262,219
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,145,723
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,205,208
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)					11,131
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,391.97
89.00	Observation bed cost (line 87 x line 88) (see instructions)					15,494,018

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0291

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

Worksheet D-1

Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description		Title XIX		Hospital		Cost	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,315,171	57,349,125	0.144992	15,494,018	2,246,509	90.00
91.00	Nursing Program cost	0	57,349,125	0.000000	15,494,018	0	91.00
92.00	Allied health cost	0	57,349,125	0.000000	15,494,018	0	92.00
93.00	All other Medical Education	0	57,349,125	0.000000	15,494,018	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0291	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/24/2022 11:20 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		25,638,677	30.00
31.00	03100	INTENSIVE CARE UNIT		6,284,074	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.215891	14,034,112	50.00
51.00	05100	RECOVERY ROOM	0.156402	2,122,856	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.388202	0	52.00
53.00	05300	ANESTHESIOLOGY	0.044727	2,584,880	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.145257	3,790,478	54.00
56.00	05600	RADIOISOTOPE	0.074633	653,767	56.00
56.01	03630	ULTRA SOUND	0.144434	1,563,720	56.01
57.00	05700	CT SCAN	0.049723	8,043,606	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078134	1,712,495	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.112058	9,320,932	59.00
60.00	06000	LABORATORY	0.147018	17,647,425	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	62.01
65.00	06500	RESPIRATORY THERAPY	0.200789	7,432,104	65.00
66.00	06600	PHYSICAL THERAPY	0.341516	4,208,732	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.196874	3,665,884	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.122190	110,561	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.666974	6,972,809	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.445942	13,175,699	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.165868	30,947,028	73.00
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.383354	26,342	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.415505	891,859	90.00
90.01	09001	WOMENS HEALTH	0.000000	0	90.01
90.02	09002	SPINE CENTER	0.000000	0	90.02
91.00	09100	EMERGENCY	0.179156	9,277,363	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.644900	4,214,734	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		142,397,386	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		142,397,386	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0291	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/24/2022 11:20 am
			Title XIX	Hospital	Cost
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,403,209	30.00
31.00	03100	INTENSIVE CARE UNIT		601,867	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		122,537	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.215891	365,596	50.00
51.00	05100	RECOVERY ROOM	0.156402	58,444	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.388202	0	52.00
53.00	05300	ANESTHESIOLOGY	0.044727	68,514	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.145257	109,034	54.00
56.00	05600	RADIOISOTOPE	0.074633	4,058	56.00
56.01	03630	ULTRA SOUND	0.144434	80,660	56.01
57.00	05700	CT SCAN	0.049723	311,827	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078134	34,715	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.112058	177,043	59.00
60.00	06000	LABORATORY	0.147018	823,068	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	62.01
65.00	06500	RESPIRATORY THERAPY	0.200789	285,380	65.00
66.00	06600	PHYSICAL THERAPY	0.341516	80,880	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.196874	93,820	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.122190	3,014	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.666974	310,696	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.445942	173,543	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.165868	1,848,567	73.00
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.383354	705	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.415505	15,138	90.00
90.01	09001	WOMENS HEALTH	0.000000	0	90.01
90.02	09002	SPINE CENTER	0.000000	0	90.02
91.00	09100	EMERGENCY	0.179156	343,800	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.644900	162,174	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		5,350,676	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		5,350,676	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A
Date/Time Prepared:
5/24/2022 11:20 am

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			33,461,129	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			11,153,710	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)			508,346	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			169,449	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)			145.50	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)			0.76	30.00
31.00	Percentage of Medicaid patient days (see instructions)			8.23	31.00
32.00	Sum of lines 30 and 31			8.99	32.00
33.00	Allowable disproportionate share percentage (see instructions)			0.00	33.00
34.00	Disproportionate share adjustment (see instructions)			0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A
Date/Time Prepared:
5/24/2022 11:20 am

		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		7,647,644,855	7,647,644,855	35.00
35.01	Factor 3 (see instructions)		0.000070382	0.000071400	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0		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
41.00	Total ESRD Medicare discharges (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		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		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		45,292,634		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)			45,292,634	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			3,657,235	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			61,996	53.00
54.00	Special add-on payments for new technologies			629,177	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 intructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			145,702	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			27,512	58.00
59.00	Total (sum of amounts on lines 49 through 58)			49,814,256	59.00
60.00	Primary payer payments			5,869	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			49,808,387	61.00
62.00	Deductibles billed to program beneficiaries			4,257,752	62.00
63.00	Coinsurance billed to program beneficiaries			87,100	63.00
64.00	Allowable bad debts (see instructions)			279,705	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			181,808	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			255,387	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			45,645,343	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				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)				70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			256,774	70.93
70.94	HRR adjustment amount (see instructions)			-56,674	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0291	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/24/2022 11:20 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		45,845,443	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		45,537,899	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		307,544	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		434,083	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0291	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/24/2022 11:20 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		12,952	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		36,767,726	2.00
3.00	OPPS payments		34,338,812	3.00
4.00	Outlier payment (see instructions)		61,105	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.640	5.00
6.00	Line 2 times line 5		23,531,345	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		32,064	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		12,952	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		88,818	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)		88,818	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)		88,818	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		75,866	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)		12,952	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)		34,431,981	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		5,361,223	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	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)		29,083,710	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)		29,083,710	30.00
31.00	Primary payer payments		1,025	31.00
32.00	Subtotal (line 30 minus line 31)		29,082,685	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)		218,455	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		141,996	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		185,931	36.00
37.00	Subtotal (see instructions)		29,224,681	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		29,224,681	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		29,040,589	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)		184,092	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part I
Date/Time Prepared:
5/24/2022 11:20 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		45,537,899		29,040,589	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		45,537,899		29,040,589	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		307,544		184,092	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		45,845,443		29,224,681	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: 14-0291	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/24/2022 11:20 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

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

Provider CCN: 14-0291

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

Worksheet G

Date/Time Prepared:

5/24/2022 11:20 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	703,725,000	0	0	0	1.00
2.00	Temporary investments	139,742,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	1,838,859,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	724,803,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	3,407,129,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	470,257,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	8,448,955,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	2,554,215,000	0	0	0	23.00
24.00	Accumulated depreciation	0	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	-5,530,416,000	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)	5,943,011,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	12,394,605,000	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	1,393,816,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	13,788,421,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	23,138,561,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,562,089,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,296,458,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	68,247,000	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	786,501,000	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	3,713,295,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	3,298,508,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,795,779,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	5,094,287,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	8,807,582,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	14,330,979,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	14,330,979,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	23,138,561,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0291

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

Worksheet G-1

Date/Time Prepared:
5/24/2022 11:20 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		14,249,131,237		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		81,847,763				2.00
3.00	Total (sum of line 1 and line 2)		14,330,979,000		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		14,330,979,000		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		14,330,979,000		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0291

Period:
From 01/01/2021
To 12/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2022 11:20 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	78,290,240		78,290,240	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	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)	78,290,240		78,290,240	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	15,782,434		15,782,434	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	15,782,434		15,782,434	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	94,072,674		94,072,674	17.00
18.00	Ancillary services	348,090,915	575,412,996	923,503,911	18.00
19.00	Outpatient services	1,521,093	22,665,761	24,186,854	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		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY	3,271,378	0	3,271,378	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	446,956,060	598,078,757	1,045,034,817	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		287,885,877		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		287,885,877		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0291

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

Worksheet G-3

Date/Time Prepared:
5/24/2022 11:20 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,045,034,817	1.00
2.00	Less contractual allowances and discounts on patients' accounts	680,251,172	2.00
3.00	Net patient revenues (line 1 minus line 2)	364,783,645	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	287,885,877	4.00
5.00	Net income from service to patients (line 3 minus line 4)	76,897,768	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	3,303,199	24.00
24.50	COVID-19 PHE Funding	1,264,870	24.50
25.00	Total other income (sum of lines 6-24)	4,568,069	25.00
26.00	Total (line 5 plus line 25)	81,465,837	26.00
27.00	NET NON OPERATING EXPENSE	-381,926	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-381,926	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	81,847,763	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0291	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/24/2022 11:20 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,436,273	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		157,735	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)		105.13	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.76	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		8.23	8.00
9.00	Sum of lines 7 and 8		8.99	9.00
10.00	Allowable disproportionate share percentage (see instructions)		1.84	10.00
11.00	Disproportionate share adjustment (see instructions)		63,227	11.00
12.00	Total prospective capital payments (see instructions)		3,657,235	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