

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: 16-0117	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/25/2022 10:46 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 5/25/2022	Time: 10:46 am
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by THE FINLEY HOSPITAL (16-0117) 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	Carol Cross	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	Carol Cross		2
3	Signatory Title	REGIONAL VICE PRESIDENT - FINANCE		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	146,116	-32,310	0	0	1.00
2.00 Subprovider - IPF	0	10,205	1		0	2.00
3.00 Subprovider - IRF	0	-21,242	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	-2		0	9.00
200.00 Total	0	135,079	-32,311	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: 16-0117		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/25/2022 10:46 am	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 350 NORTH GRANDVIEW AVENUE			PO Box:				1.00		
2.00	City: DUBUQUE			State: IA		Zip Code: 52001		County: DUBUQUE		
		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		THE FINLEY HOSPITAL	160117	20220	1	07/01/1966	N	P	P
4.00	Subprovider - IPF		THE FINLEY HOSPITAL - MHU	16S117	20220	4	12/23/1998	N	P	P
5.00	Subprovider - IRF		THE FINLEY HOSPITAL - REHAB	16T117	20220	5	01/01/2004	N	P	N
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		FINLEY HOSPITAL HOME CARE	167002	20220		07/01/1966	N	P	O
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									
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)						2			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			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

Worksheet S-2
Part I
Date/Time Prepared:
5/25/2022 10:46 am

MCRIF32 - 17.4.174.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0117		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/25/2022 10:46 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.	N					60.00
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
		1.00	2.00	3.00			
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00		0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
5/25/2022 10:46 am

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00
	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
			1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					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)					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.					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)					76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0117	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/25/2022 10:46 am	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
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			
				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0117	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/25/2022 10:46 am
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	0	477,751 118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	H00185	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 16-0117		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/25/2022 10:46 am	
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: FINLEY TRI-STATES		Contractor's Name: WPS		Contractor's Number: 05001		141.00		
142.00	Street: 350 NORTH GRANDVIEW AVE		PO Box:				142.00		
143.00	City: DUBUQUE		State: IA		Zip Code: 52001		143.00		
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					Y	Y	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N		146.00	
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N	155.00	
156.00	Subprovider - IPF			N	N	N	N	156.00	
157.00	Subprovider - IRF			N	N	N	N	157.00	
158.00	SUBPROVIDER							158.00	
159.00	SNF			N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY			N	N	N	N	160.00	
161.00	CMHC				N	N	N	161.00	
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 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)							0.00	169.00
						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	0	171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0117	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/25/2022 10:46 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	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.	Y		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	04/27/2022	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		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		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
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Date/Time Prepared:
5/25/2022 10:46 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				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JODI		CHARLEY	41.00
42.00	Enter the employer/company name of the cost report preparer.	UNITYPOINT HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	515-241-7959		JODI.CHARLEY@UNITYPOINT.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 16-0117

Period:
From 01/01/2021
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		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT ANALYST	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: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/25/2022 10:46 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	77	28,105	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)		77	28,105	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	10	3,650	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
10.01 BURN INTENSIVE CARE UNIT	33.01	0	0	0.00	0	10.01
10.02 NURSING ADMINISTRATION	33.02	0	0	0.00	0	10.02
10.03 GEROPSYCH REVENUE	33.03	0	0	0.00	0	10.03
10.04 BURN INTENSIVE CARE UNIT	33.04	0	0	0.00	0	10.04
10.05 BURN INTENSIVE CARE UNIT	33.05	0	0	0.00	0	10.05
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		87	31,755	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	9	3,285		0	16.00
17.00 SUBPROVIDER - IRF	41.00	10	3,650		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		106				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: 16-0117

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From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/25/2022 10:46 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)	5,366	1,672	10,397			1.00
2.00	HMO and other (see instructions)	2,369	0				2.00
3.00	HMO IPF Subprovider	326	0				3.00
4.00	HMO IRF Subprovider	262	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)	5,366	1,672	10,397			7.00
8.00	INTENSIVE CARE UNIT	800	150	1,845			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01	BURN INTENSIVE CARE UNIT	0	0	0			10.01
10.02	NURSING ADMINISTRATION	0	0	0			10.02
10.03	GEROPSYCH REVENUE	0	0	0			10.03
10.04	BURN INTENSIVE CARE UNIT	0	0	0			10.04
10.05	BURN INTENSIVE CARE UNIT	0	0	0			10.05
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		471	1,288			13.00
14.00	Total (see instructions)	6,166	2,293	13,530	0.00	593.07	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,184	0	1,728	0.00	9.89	16.00
17.00	SUBPROVIDER - IRF	965	0	1,678	0.00	12.03	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	11,288	0	19,917	0.00	24.97	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
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	639.96	27.00
28.00	Observation Bed Days		281	1,906			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			201			30.00
31.00	Employee discount days - IRF			10			31.00
32.00	Labor & delivery days (see instructions)	0	0	195			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: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
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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	1,201	429	3,050	1.00
2.00 HMO and other (see instructions)			479	0		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
10.01 BURN INTENSIVE CARE UNIT						10.01
10.02 NURSING ADMINISTRATION						10.02
10.03 GEROPSYCH REVENUE						10.03
10.04 BURN INTENSIVE CARE UNIT						10.04
10.05 BURN INTENSIVE CARE UNIT						10.05
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	1,201	429	3,050	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	60	5	138	16.00
17.00 SUBPROVIDER - IRF	0.00	0	87	8	105	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/25/2022 10:46 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	46,176,535	58,918	46,235,453	1,233,593.00	37.48
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B	2,900,249	0	2,900,249	22,358.68	129.71	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		11,120,048	-75,210	11,044,838	224,962.00	49.10
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,580,018	0	3,580,018	32,913.00	108.77
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		261,556	0	261,556	1,715.75	152.44
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		9,870,000	0	9,870,000	188,565.00	52.34
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		8,658,462	0	8,658,462		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,511,329	0	2,511,329		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		384,462	0	384,462		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,563,214	0	1,563,214		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/25/2022 10:46 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	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	1,825,748	58,343	1,884,091	52,964.00	35.57	27.00
28.00	Administrative & General under contract (see inst.)		230,480	0	230,480	1,687.00	136.62	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	831,051	0	831,051	30,116.00	27.59	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	962,453	0	962,453	57,628.00	16.70	32.00
33.00	Housekeeping under contract (see instructions)		8,066	0	8,066	10.00	806.60	33.00
34.00	Dietary	10.00	799,838	0	799,838	43,900.00	18.22	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	2,367,774	0	2,367,774	60,553.00	39.10	38.00
39.00	Central Services and Supply	14.00	218,475	0	218,475	11,593.00	18.85	39.00
40.00	Pharmacy	15.00	1,447,699	0	1,447,699	34,899.00	41.48	40.00
41.00	Medical Records & Medical Records Library	16.00	-575	575	0	0.00	0.00	41.00
42.00	Social Service	17.00	768,497	0	768,497	23,164.00	33.18	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
5/25/2022 10:46 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)	43,514,832	58,918	43,573,750	1,212,931.32	35.92	1.00
2.00	Excluded area salaries (see instructions)	11,120,048	-75,210	11,044,838	224,962.00	49.10	2.00
3.00	Subtotal salaries (line 1 minus line 2)	32,394,784	134,128	32,528,912	987,969.32	32.93	3.00
4.00	Subtotal other wages & related costs (see inst.)	13,711,574	0	13,711,574	223,193.75	61.43	4.00
5.00	Subtotal wage-related costs (see inst.)	10,221,676	0	10,221,676	0.00	31.42	5.00
6.00	Total (sum of lines 3 thru 5)	56,328,034	134,128	56,462,162	1,211,163.07	46.62	6.00
7.00	Total overhead cost (see instructions)	9,459,506	58,918	9,518,424	316,514.00	30.07	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part IV
Date/Time Prepared:
5/25/2022 10:46 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,703,261	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	16,457	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)	5,858,392	8.02
8.03	Health Insurance (Purchased)	800	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	208,420	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	29,094	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)	355,985	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	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	3,214,240	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	115,238	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	52,366	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	11,554,253	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: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part V
Date/Time Prepared:
5/25/2022 10:46 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	3,588,084	11,554,252	1.00
2.00	Hospital	3,588,084	11,148,715	2.00
3.00	Subprovider - IPF	0	190,021	3.00
4.00	Subprovider - IRF	0	215,516	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 16-0117 Component CCN: 16-7002	Period: From 01/01/2021 To 12/31/2021	Worksheet S-4 Date/Time Prepared: 5/25/2022 10:46 am
				Home Health Agency I	PPS	
				1.00		
0.00	County					0.00
		Title V	Title XVIII	Title XIX	Other	Total
		1.00	2.00	3.00	4.00	5.00
HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	530	496	347	1,373
2.00	Unduplicated Census Count (see instructions)	0.00	643.00	240.00	1,941.00	2,824.00
				Number of Employees (Full Time Equivalent)		
		Enter the number of hours in your normal work week		Staff	Contract	Total
		0		1.00	2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES						
3.00	Administrator and Assistant Administrator(s)	0.00		0.00	0.00	0.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00
5.00	Other Administrative Personnel			0.00	0.00	0.00
6.00	Direct Nursing Service			24.97	0.00	24.97
7.00	Nursing Supervisor			0.00	0.00	0.00
8.00	Physical Therapy Service			0.00	0.00	0.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00
10.00	Occupational Therapy Service			0.00	0.00	0.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00
12.00	Speech Pathology Service			0.00	0.00	0.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00
14.00	Medical Social Service			0.00	0.00	0.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00
16.00	Home Health Aide			0.00	0.00	0.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00
18.00	Other (specify)			0.00	0.00	0.00
						CBSA Data
						1.00
HOME HEALTH AGENCY CBSA CODES						
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					5
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).					16300
20.01						20220
20.02						99914
20.03						99916
20.04						99952
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)
		Without Outliers	With Outliers			
		1.00	2.00	3.00	4.00	5.00
PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	4,581	416	119	25	5,141
22.00	Skilled Nursing Visit Charges	884,405	80,316	22,892	4,850	992,463
23.00	Physical Therapy Visits	3,331	502	51	17	3,901
24.00	Physical Therapy Visit Charges	698,460	105,210	10,710	3,360	817,740
25.00	Occupational Therapy Visits	809	347	2	3	1,161
26.00	Occupational Therapy Visit Charges	169,116	72,672	420	630	242,838
27.00	Speech Pathology Visits	214	95	1	0	310
28.00	Speech Pathology Visit Charges	48,837	21,682	228	0	70,747
29.00	Medical Social Service Visits	168	46	5	2	221
30.00	Medical Social Service Visit Charges	51,489	14,094	1,530	612	67,725
31.00	Home Health Aide Visits	476	74	0	4	554
32.00	Home Health Aide Visit Charges	43,792	6,808	0	368	50,968
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	9,579	1,480	178	51	11,288
34.00	Other Charges	0	0	0	0	0
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,896,099	300,782	35,780	9,820	2,242,481
36.00	Total Number of Episodes (standard/non outlier)	1,079		90	10	1,179
37.00	Total Number of Outlier Episodes		69		0	69
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 16-0117	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/25/2022 10:46 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)			0.306455	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			10,775,884	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				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			41,743,451	6.00
7.00	Medicaid cost (line 1 times line 6)			12,792,489	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)			2,016,605	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			108,415	9.00
10.00	Stand-alone CHIP charges			433,716	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			132,914	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			24,499	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)			2,041,104	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)	1,841,795	460,658	2,302,453	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	564,427	460,658	1,025,085	21.00
22.00	Payments received from patients for amounts previously written off as charity care	10,057	33,458	43,515	22.00
23.00	Cost of charity care (line 21 minus line 22)	554,370	427,200	981,570	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)			2,035,007	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			123,241	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			189,601	27.01
28.00	Non-Medicare bad debt expense (see instructions)			1,845,406	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			631,894	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			1,613,464	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			3,654,568	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0117

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

Worksheet A

Date/Time Prepared:
5/25/2022 10:46 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	CAP REL COSTS-BLDG & FIXT		1,500,451	1,500,451	-102,025	1,398,426	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00590	ADMINISTRATIVE & GENERAL	882,669	1,190,086	2,072,755	0	2,072,755	5.01
5.02	00591	REHAB ADMINISTRATION	197,749	49,009	246,758	0	246,758	5.02
5.03	00592	RADIOLOGY ADMINISTRATION	275,962	92,905	368,867	0	368,867	5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	318,660	109,427	428,087	44	428,131	5.04
5.05	00560	PURCHASING RECEIVING AND STORES	150,708	31,570	182,278	0	182,278	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	0	2,063,001	2,063,001	-6	2,062,995	6.01
7.00	00700	OPERATION OF PLANT	831,051	3,947,532	4,778,583	0	4,778,583	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	338,369	338,369	8.00
9.00	00900	HOUSEKEEPING	962,453	875,362	1,837,815	-11,954	1,825,861	9.00
10.00	01000	DIETARY	799,838	639,437	1,439,275	0	1,439,275	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,367,774	980,165	3,347,939	-770	3,347,169	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	218,475	346,632	565,107	-1,629	563,478	14.00
15.00	01500	PHARMACY	1,447,699	4,043,079	5,490,778	-3,543,837	1,946,941	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-575	10,297	9,722	0	9,722	16.00
17.00	01700	SOCIAL SERVICE	768,497	228,805	997,302	0	997,302	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 SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,546,796	4,373,277	10,920,073	-2,950,242	7,969,831	30.00
31.00	03100	INTENSIVE CARE UNIT	1,317,859	1,796,666	3,114,525	-653,606	2,460,919	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	698,449	724,180	1,422,629	-156,849	1,265,780	40.00
41.00	04100	SUBPROVIDER - IRF	821,199	512,672	1,333,871	-8,476	1,325,395	41.00
43.00	04300	NURSERY	423,541	93,428	516,969	644,892	1,161,861	43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,205,876	10,159,495	12,365,371	-5,137,997	7,227,374	50.00
51.00	05100	RECOVERY ROOM	1,227,331	531,995	1,759,326	249,123	2,008,449	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,259,349	1,259,349	52.00
53.00	05300	ANESTHESIOLOGY	35,685	550,478	586,163	-21,119	565,044	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	406,445	436,141	842,586	-51,048	791,538	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	135,276	520,838	656,114	-223,077	433,037	54.01
54.02	03630	ULTRA SOUND	262,275	75,477	337,752	-7,367	330,385	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	591,702	826,019	1,417,721	-24,568	1,393,153	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	350,601	214,823	565,424	-85,628	479,796	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	232,138	138,766	370,904	-29,532	341,372	58.00
60.00	06000	LABORATORY	1,928,633	5,264,887	7,193,520	-88,171	7,105,349	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	304,659	304,659	63.00
64.00	06400	INTRAVENOUS THERAPY	477,027	292,368	769,395	909,046	1,678,441	64.00
65.00	06500	RESPIRATORY THERAPY	734,063	532,148	1,266,211	-297,000	969,211	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	171,305	171,305	65.01
66.00	06600	PHYSICAL THERAPY	2,371,634	861,813	3,233,447	-688,554	2,544,893	66.00
67.00	06700	OCCUPATIONAL THERAPY	360,874	100,917	461,791	484,120	945,911	67.00
68.00	06800	SPEECH PATHOLOGY	137,420	37,349	174,769	266,735	441,504	68.00
69.00	06900	ELECTROCARDIOLOGY	196,907	81,130	278,037	-130,172	147,865	69.00
69.01	03140	CARDIOLOGY	518,716	2,203,169	2,721,885	-1,058,336	1,663,549	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	323,953	323,953	-9,304	314,649	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	1,811,910	1,811,910	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	5,286,506	5,286,506	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,792,001	3,792,001	73.00
74.00	07400	RENAL DIALYSIS	0	254,823	254,823	-7,547	247,276	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	160,243	50,482	210,725	-53,998	156,727	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	31,884	142,284	174,168	-4,595	169,573	76.98

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0117

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

Worksheet A

Date/Time Prepared:
5/25/2022 10:46 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	
76.99	07699 LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	663,262	763,408	1,426,670	1,003,058	2,429,728	90.00
91.00	09100 EMERGENCY	4,519,339	2,812,325	7,331,664	-1,251,740	6,079,924	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	14,509	14,509	-279	14,230	95.00
101.00	10100 HOME HEALTH AGENCY	1,838,933	1,740,882	3,579,815	-3,115	3,576,700	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE		1,302,673	1,302,673	0	1,302,673	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	38,415,068	53,841,133	92,256,201	-81,424	92,174,777	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	95,372	308,802	404,174	0	404,174	194.00
194.01	07951 BUSINESS HEALTH	469,297	221,190	690,487	-2,065	688,422	194.01
194.02	07952 VITACARE	240,800	86,525	327,325	-5,690	321,635	194.02
194.03	07953 CASCADE CLINIC	953,479	1,273,418	2,226,897	-6,223	2,220,674	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	269	269	0	269	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	45,758	34,285	80,043	0	80,043	194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	0	447,673	447,673	102,025	549,698	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	34,616	34,616	0	34,616	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	137,530	137,530	0	137,530	194.11
194.12	07962 LIFESTYLES	9,381	2,540	11,921	0	11,921	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	0	0	0	0	194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	587,675	2,012,122	2,599,797	0	2,599,797	194.17
194.18	07968 CONTRACTED ULTRASOUND	37,872	13,702	51,574	0	51,574	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	2,293,149	433,021	2,726,170	-518	2,725,652	194.19
194.20	07970 RETAIL PHARMACIES	440,233	1,625,177	2,065,410	0	2,065,410	194.20
194.22	07972 PHYSICIAN CLINICS	2,588,451	2,538,910	5,127,361	-6,105	5,121,256	194.22
200.00	TOTAL (SUM OF LINES 118 through 199)	46,176,535	63,010,913	109,187,448	0	109,187,448	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0117

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

Worksheet A

Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,009,422	3,407,848	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,602,327	1,602,327	4.00
5.01	00590	ADMINISTRATIVE & GENERAL	13,802,449	15,875,204	5.01
5.02	00591	REHAB ADMINISTRATION	0	246,758	5.02
5.03	00592	RADIOLOGY ADMINISTRATION	0	368,867	5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	0	428,131	5.04
5.05	00560	PURCHASING RECEIVING AND STORES	0	182,278	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	0	2,062,995	6.01
7.00	00700	OPERATION OF PLANT	-1,210,384	3,568,199	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	338,369	8.00
9.00	00900	HOUSEKEEPING	0	1,825,861	9.00
10.00	01000	DIETARY	-7,217	1,432,058	10.00
11.00	01100	CAFETERIA	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-112,803	3,234,366	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	41,336	604,814	14.00
15.00	01500	PHARMACY	-71,216	1,875,725	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-672	9,050	16.00
17.00	01700	SOCIAL SERVICE	0	997,302	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 SRVCES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-106,899	7,862,932	30.00
31.00	03100	INTENSIVE CARE UNIT	9,586	2,470,505	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	6,661	1,272,441	40.00
41.00	04100	SUBPROVIDER - IRF	5,625	1,331,020	41.00
43.00	04300	NURSERY	0	1,161,861	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	20,770	7,248,144	50.00
51.00	05100	RECOVERY ROOM	175,659	2,184,108	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,259,349	52.00
53.00	05300	ANESTHESIOLOGY	-212,261	352,783	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-19,554	771,984	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	-457	432,580	54.01
54.02	03630	ULTRA SOUND	0	330,385	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-122,332	1,270,821	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	-249	479,547	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	341,372	58.00
60.00	06000	LABORATORY	-97,836	7,007,513	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	304,659	63.00
64.00	06400	INTRAVENOUS THERAPY	2,490	1,680,931	64.00
65.00	06500	RESPIRATORY THERAPY	-731	968,480	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	171,305	65.01
66.00	06600	PHYSICAL THERAPY	-51,160	2,493,733	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	945,911	67.00
68.00	06800	SPEECH PATHOLOGY	0	441,504	68.00
69.00	06900	ELECTROCARDIOLOGY	15,786	163,651	69.00
69.01	03140	CARDIOLOGY	27,317	1,690,866	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-162,545	152,104	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	1,811,910	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,286,506	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,792,001	73.00
74.00	07400	RENAL DIALYSIS	0	247,276	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-15	156,712	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	169,573	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet A
Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-384,027	2,045,701	90.00
91.00	09100	EMERGENCY	-3,311,721	2,768,203	91.00
92.00	09200	OBSERVATION BEDS			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	14,230	95.00
101.00	10100	HOME HEALTH AGENCY	-179,400	3,397,300	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-1,302,673	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,365,276	102,540,053	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	MARKETING	0	404,174	194.00
194.01	07951	BUSINESS HEALTH	8,676	697,098	194.01
194.02	07952	VITACARE	0	321,635	194.02
194.03	07953	CASCADE CLINIC	27,161	2,247,835	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	269	194.04
194.05	07955	ENT CLINIC	0	0	194.05
194.06	07956	RSVP	0	80,043	194.06
194.07	07957	CONTRACT CLEANING	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	194.08
194.09	07959	RENTAL PROPERTY	2,754	552,452	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	34,616	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	137,530	194.11
194.12	07962	LIFESTYLES	0	11,921	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	194.13
194.14	07964	FOUNDATION	0	0	194.14
194.15	07965	PHYSICIAN BILLING	1,249	1,249	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	194.16
194.17	07967	NONREIMBURSABLE	-40,115	2,559,682	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	51,574	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	2,725,652	194.19
194.20	07970	RETAIL PHARMACIES	0	2,065,410	194.20
194.22	07972	PHYSICIAN CLINICS	22,939	5,144,195	194.22
200.00		TOTAL (SUM OF LINES 118 through 199)	10,387,940	119,575,388	200.00

RECLASSIFICATIONS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet A-6
Date/Time Prepared:
5/25/2022 10:46 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - SAME DAY ICU RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	56,045	76,407		1.00
	0		56,045	76,407		
B - DRUGS RECLASS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,792,001		1.00
2.00	OCCUPATIONAL HEALTH	5.04	0	44		2.00
	ADMINISTRATION					
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
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
	0		0	3,792,045		
C - LAUNDRY RECLASS						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	338,369		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
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
29.00		0.00	0	0		29.00
	0		0	338,369		
D - CHAPLAIN RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.01	58,343	0		1.00
	0		58,343	0		
E - PROPERTY FOR FUTURE RECLASS						
1.00	RENTAL PROPERTY	194.09	0	102,025		1.00
	0		0	102,025		
H - MEDICAL SUPPLIES CHRGD TO PATIENTS						
1.00	MEDICAL SUPPLIES CHRGD TO	71.00	0	1,811,910		1.00
	PATIENTS					
2.00		0.00	0	0		2.00

RECLASSIFICATIONS

Provider CCN: 16-0117

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

Worksheet A-6

Date/Time Prepared:
5/25/2022 10:46 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
0			0	1,811,910	
I - IMPLANTABLE SUPPLIES RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	5,286,506	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
0			0	5,286,506	
J - CC MAPPING RECLASS					
1.00		0.00	0	0	1.00
2.00	CARDIOLOGY	69.01	182,964	72,284	2.00
3.00	CLINIC	90.00	412,107	155,448	3.00
4.00	CARDIOLOGY	69.01	18,027	9,789	4.00
5.00	RECOVERY ROOM	51.00	94,689	55,190	5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	825,097	434,252	6.00
7.00	OCCUPATIONAL THERAPY	67.00	198,670	68,769	7.00
8.00	ULTRA SOUND	54.02	0	8,223	8.00
9.00	INTRAVENOUS THERAPY	64.00	589,118	342,424	9.00
10.00	RESPIRATORY THERAPY	65.00	41,048	12,925	10.00
11.00	OPERATING ROOM	50.00	16,158	16,475	11.00
12.00	NURSERY	43.00	422,519	222,373	12.00
13.00	OCCUPATIONAL THERAPY	67.00	114,034	44,910	13.00
14.00	SPEECH PATHOLOGY	68.00	95,755	37,711	14.00
15.00	PULMONARY FUNCTION TESTING	65.01	106,086	65,219	15.00
16.00	ADULTS & PEDIATRICS	30.00	240,016	118,433	16.00
17.00	ADULTS & PEDIATRICS	30.00	262,416	174,730	17.00
18.00	INTRAVENOUS THERAPY	64.00	228,568	112,784	18.00
19.00	CLINIC	90.00	75,210	77,539	19.00
20.00	CLINIC	90.00	3,718	27,141	20.00
21.00	INTRAVENOUS THERAPY	64.00	152,686	101,666	21.00
22.00	CLINIC	90.00	121,390	63,888	22.00
23.00	OCCUPATIONAL THERAPY	67.00	41,004	16,733	23.00
24.00	RECOVERY ROOM	51.00	115,036	56,763	24.00
25.00	SPEECH PATHOLOGY	68.00	37,961	15,491	25.00
26.00	CLINIC	90.00	35,437	21,786	26.00
27.00	ADULTS & PEDIATRICS	30.00	62,587	83,004	27.00
28.00	CLINIC	90.00	61,938	82,145	28.00
29.00	OPERATING ROOM	50.00	11,069	3,171	29.00
30.00	ELECTROCARDIOLOGY	69.00	6,357	3,705	30.00
31.00	LABORATORY	60.00	25,751	15,831	31.00
32.00	ELECTROCARDIOLOGY	69.00	77,896	45,277	32.00
33.00	ADULTS & PEDIATRICS	30.00	43,503	57,696	33.00
34.00	ULTRA SOUND	54.02	4,742	2,285	34.00

RECLASSIFICATIONS

Provider CCN: 16-0117

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

Worksheet A-6

Date/Time Prepared:
5/25/2022 10:46 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
35.00	CLINIC	90.00	0	7,174	35.00
36.00	OPERATING ROOM	50.00	9,418	9,456	36.00
37.00	SPEECH PATHOLOGY	68.00	52,294	27,523	37.00
38.00	BLOOD STORING, PROCESSING & TRANS.	63.00	54,391	26,838	38.00
39.00	OPERATING ROOM	50.00	3,385	2,688	39.00
40.00	CLINIC	90.00	6,248	1,790	40.00
41.00	RADIOLOGY-DIAGNOSTIC	54.00	7,348	20,107	41.00
42.00	BLOOD STORING, PROCESSING & TRANS.	63.00	9,646	3,638	42.00
43.00	BLOOD STORING, PROCESSING & TRANS.	63.00	34,600	94,441	43.00
44.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	3,456	1,365	44.00
45.00	ANESTHESIOLOGY	53.00	6,116	16,736	45.00
46.00	CLINIC	90.00	9,578	7,209	46.00
47.00	CLINIC	90.00	467	2,053	47.00
48.00	INTRAVENOUS THERAPY	64.00	18,572	24,630	48.00
49.00	BLOOD STORING, PROCESSING & TRANS.	63.00	16,420	21,776	49.00
50.00	INTRAVENOUS THERAPY	64.00	20,880	10,989	50.00
51.00	BLOOD STORING, PROCESSING & TRANS.	63.00	25,758	17,151	51.00
52.00	CLINIC	90.00	23,905	15,917	52.00
			5,026,039	2,937,541	
K - RECLASS NEGATIVE BENEFIT STAT					
1.00	MEDICAL RECORDS & LIBRARY	16.00	575	0	1.00
	TOTALS		575	0	
500.00	Grand Total: Increases		5,141,002	14,344,803	500.00

RECLASSIFICATIONS

Provider CCN: 16-0117

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

Worksheet A-6

Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - SAME DAY ICU RECLASS						
1.00	INTENSIVE CARE UNIT	31.00	56,045	76,407	0		1.00
	0		56,045	76,407			
	B - DRUGS RECLASS						
1.00		0.00	0	0	0		1.00
2.00	MAINTENANCE & REPAIRS	6.01	0	6	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	20	0		3.00
4.00	PHARMACY	15.00	0	3,542,703	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	52,637	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	13,511	0		6.00
7.00	SUBPROVIDER - IPF	40.00	0	21	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	772	0		8.00
9.00	OPERATING ROOM	50.00	0	30,001	0		9.00
10.00	RECOVERY ROOM	51.00	0	28,576	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	9,329	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	386	0		12.00
13.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	1,304	0		13.00
14.00	ULTRA SOUND	54.02	0	339	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	80	0		15.00
16.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	4,746	0		16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	851	0		17.00
18.00	LABORATORY	60.00	0	24	0		18.00
19.00	INTRAVENOUS THERAPY	64.00	0	7,815	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	9,931	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	15	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	711	0		22.00
23.00	CARDIOLOGY	69.01	0	9,863	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	60	0		24.00
25.00	CLINIC	90.00	0	548	0		25.00
26.00	EMERGENCY	91.00	0	77,673	0		26.00
27.00	HOME HEALTH AGENCY	101.00	0	123	0		27.00
	0		0	3,792,045			
	C - LAUNDRY RECLASS						
1.00	HOUSEKEEPING	9.00	0	11,954	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	750	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,629	0		3.00
4.00	PHARMACY	15.00	0	1,134	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	89,931	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	14,829	0		6.00
7.00	SUBPROVIDER - IPF	40.00	0	4,065	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	7,336	0		8.00
9.00	OPERATING ROOM	50.00	0	40,232	0		9.00
10.00	RECOVERY ROOM	51.00	0	28,060	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	20,752	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	6,836	0		12.00
13.00	LABORATORY	60.00	0	688	0		13.00
14.00	INTRAVENOUS THERAPY	64.00	0	4,422	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	129	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	17,218	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	1,484	0		17.00
18.00	CARDIOLOGY	69.01	0	8,198	0		18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,021	0		19.00
20.00	RENAL DIALYSIS	74.00	0	373	0		20.00
21.00	CARDIAC REHABILITATION	76.97	0	25	0		21.00
22.00	HYPERBARIC OXYGEN THERAPY	76.98	0	2,075	0		22.00
23.00	EMERGENCY	91.00	0	54,348	0		23.00
24.00	AMBULANCE SERVICES	95.00	0	279	0		24.00
25.00	BUSINESS HEALTH	194.01	0	2,065	0		25.00
26.00	VITACARE	194.02	0	5,690	0		26.00
27.00	CASCADE CLINIC	194.03	0	6,223	0		27.00
28.00	CARDIO SPECIALTY CARE CLINIC	194.19	0	518	0		28.00
29.00	PHYSICIAN CLINICS	194.22	0	6,105	0		29.00
	0		0	338,369			
	D - CHAPLAIN RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.01	0	58,343	0		1.00
	0		0	58,343			
	E - PROPERTY FOR FUTURE RECLASS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	102,025	9		1.00
	0		0	102,025			

RECLASSIFICATIONS

Provider CCN: 16-0117

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

Worksheet A-6

Date/Time Prepared:
5/25/2022 10:46 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	H - MEDICAL SUPPLIES CHRGD TO PATIENTS						
1.00	ADULTS & PEDIATRICS	30.00	0	10,606	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	6,049	0		2.00
3.00	SUBPROVIDER - IPF	40.00	0	6	0		3.00
4.00	SUBPROVIDER - IRF	41.00	0	222	0		4.00
5.00	OPERATING ROOM	50.00	0	1,271,790	0		5.00
6.00	RECOVERY ROOM	51.00	0	2,200	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	396	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,854	0		8.00
9.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	214,340	0		9.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	769	0		11.00
12.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	75,893	0		12.00
13.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	28,265	0		13.00
15.00	INTRAVENOUS THERAPY	64.00	0	46,644	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	70,803	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	283	0		17.00
20.00	ELECTROCARDIOLOGY	69.00	0	23	0		20.00
21.00	CARDIOLOGY	69.01	0	59,043	0		21.00
25.00	CLINIC	90.00	0	3	0		25.00
26.00	EMERGENCY	91.00	0	15,729	0		26.00
27.00	HOME HEALTH AGENCY	101.00	0	2,992	0		27.00
	0		0	1,811,910			
	I - IMPLANTABLE SUPPLIES RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	43,642	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	14,494	0		2.00
3.00	SUBPROVIDER - IPF	40.00	0	8	0		3.00
4.00	SUBPROVIDER - IRF	41.00	0	146	0		4.00
5.00	OPERATING ROOM	50.00	0	3,867,794	0		5.00
6.00	RECOVERY ROOM	51.00	0	13,719	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	3,387	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4	0		8.00
9.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	1,360	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	96	0		10.00
11.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	9,810	0		11.00
12.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	416	0		12.00
13.00	INTRAVENOUS THERAPY	64.00	0	53,551	0		13.00
15.00	ELECTROCARDIOLOGY	69.00	0	1,120	0		15.00
16.00	CARDIOLOGY	69.01	0	1,054,048	0		16.00
17.00	CLINIC	90.00	0	173,636	0		17.00
18.00	EMERGENCY	91.00	0	49,275	0		18.00
	0		0	5,286,506			
	J - CC MAPPING RECLASS						
1.00		0.00	0	0	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	182,964	72,284	0		2.00
3.00	INTRAVENOUS THERAPY	64.00	412,107	155,448	0		3.00
4.00	CLINIC	90.00	18,027	9,789	0		4.00
5.00	CARDIOLOGY	69.01	94,689	55,190	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	825,097	434,252	0		6.00
7.00	PHYSICAL THERAPY	66.00	198,670	68,769	0		7.00
8.00	ELECTROENCEPHALOGRAPHY	70.00	0	8,223	0		8.00
9.00	EMERGENCY	91.00	589,118	342,424	0		9.00
10.00	CARDIAC REHABILITATION	76.97	41,048	12,925	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	16,158	16,475	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	422,519	222,373	0		12.00
13.00	PHYSICAL THERAPY	66.00	114,034	44,910	0		13.00
14.00	PHYSICAL THERAPY	66.00	95,755	37,711	0		14.00
15.00	RESPIRATORY THERAPY	65.00	106,086	65,219	0		15.00
16.00	ADULTS & PEDIATRICS	30.00	240,016	118,433	0		16.00
17.00	ADULTS & PEDIATRICS	30.00	262,416	174,730	0		17.00
18.00	ADULTS & PEDIATRICS	30.00	228,568	112,784	0		18.00
19.00	SUBPROVIDER - IPF	40.00	75,210	77,539	0		19.00
20.00	ANESTHESIOLOGY	53.00	3,718	27,141	0		20.00
21.00	ADULTS & PEDIATRICS	30.00	152,686	101,666	0		21.00
22.00	ADULTS & PEDIATRICS	30.00	121,390	63,888	0		22.00
23.00	PHYSICAL THERAPY	66.00	41,004	16,733	0		23.00
24.00	ADULTS & PEDIATRICS	30.00	115,036	56,763	0		24.00
25.00	PHYSICAL THERAPY	66.00	37,961	15,491	0		25.00
26.00	RESPIRATORY THERAPY	65.00	35,437	21,786	0		26.00

RECLASSIFICATIONS

Provider CCN: 16-0117

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

Worksheet A-6

Date/Time Prepared:
5/25/2022 10:46 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
27.00	INTENSIVE CARE UNIT	31.00	62,587	83,004	0		27.00
28.00	INTENSIVE CARE UNIT	31.00	61,938	82,145	0		28.00
29.00	ULTRA SOUND	54.02	11,069	3,171	0		29.00
30.00	CARDIOLOGY	69.01	6,357	3,705	0		30.00
31.00	RESPIRATORY THERAPY	65.00	25,751	15,831	0		31.00
32.00	EMERGENCY	91.00	77,896	45,277	0		32.00
33.00	INTENSIVE CARE UNIT	31.00	43,503	57,696	0		33.00
34.00	CLINIC	90.00	4,742	2,285	0		34.00
35.00	RENAL DIALYSIS	74.00	0	7,174	0		35.00
36.00	RADIOLOGY-DIAGNOSTIC	54.00	9,418	9,456	0		36.00
37.00	ADULTS & PEDIATRICS	30.00	52,294	27,523	0		37.00
38.00	ADULTS & PEDIATRICS	30.00	54,391	26,838	0		38.00
39.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	3,385	2,688	0		39.00
40.00	ULTRA SOUND	54.02	6,248	1,790	0		40.00
41.00	CARDIOLOGY	69.01	7,348	20,107	0		41.00
42.00	INTRAVENOUS THERAPY	64.00	9,646	3,638	0		42.00
43.00	LABORATORY	60.00	34,600	94,441	0		43.00
44.00	ELECTROCARDIOLOGY	69.00	3,456	1,365	0		44.00
45.00	CARDIOLOGY	69.01	6,116	16,736	0		45.00
46.00	RADIOLOGY-THERAPEUTIC	55.00	9,578	7,209	0		46.00
47.00	HYPERBARIC OXYGEN THERAPY	76.98	467	2,053	0		47.00
48.00	INTENSIVE CARE UNIT	31.00	18,572	24,630	0		48.00
49.00	INTENSIVE CARE UNIT	31.00	16,420	21,776	0		49.00
50.00	ADULTS & PEDIATRICS	30.00	20,880	10,989	0		50.00
51.00	ADULTS & PEDIATRICS	30.00	25,758	17,151	0		51.00
52.00	ADULTS & PEDIATRICS	30.00	23,905	15,917	0		52.00
	0		5,026,039	2,937,541			
	K - RECLASS NEGATIVE BENEFIT STAT						
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	575	0		1.00
	TOTALS		0	575			
500.00	Grand Total: Decreases		5,082,084	14,403,721			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
5/25/2022 10:46 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	6,140,303	0	0	0	60,500	1.00	
2.00	Land Improvements	7,215,187	283,461	0	283,461	0	2.00	
3.00	Buildings and Fixtures	104,688,300	4,159,565	0	4,159,565	2,611,027	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	14,447,032	0	0	0	13,764	5.00	
6.00	Movable Equipment	60,301,118	4,901,600	0	4,901,600	4,215,048	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	192,791,940	9,344,626	0	9,344,626	6,900,339	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	192,791,940	9,344,626	0	9,344,626	6,900,339	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,079,803	0				1.00	
2.00	Land Improvements	7,498,648	0				2.00	
3.00	Buildings and Fixtures	106,236,838	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	14,433,268	0				5.00	
6.00	Movable Equipment	60,987,670	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	195,236,227	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	195,236,227	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
5/25/2022 10:46 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	CAP REL COSTS-BLDG & FIXT	1,500,451	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,500,451	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	1,500,451				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	1,500,451				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
5/25/2022 10:46 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	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,407,848	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,407,848	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	3,407,848	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3,407,848	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0117

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

Worksheet A-8

Date/Time Prepared:
5/25/2022 10:46 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 - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)	B	-1,392,791	INTEREST EXPENSE	113.00	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	-4,700,288			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	15,820,360			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	B	-672	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0117

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

Worksheet A-8

Date/Time Prepared:
5/25/2022 10:46 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	
33.00	ADMINISTRATIVE & GENERAL REVENUE	B	-611	ADMINISTRATIVE & GENERAL	5.01	0	33.00
33.01	DIETARY REVENUE	B	-6,961	DIETARY	10.00	0	33.01
33.02	NURSING ADMINISTRATION REVENUE	B	-116,342	NURSING ADMINISTRATION	13.00	0	33.02
33.03	CENTRAL SERVICES & SUPPLY REVENUE	B	-540	CENTRAL SERVICES & SUPPLY	14.00	0	33.03
33.04	PHARMACY REVENUE	B	-65,120	PHARMACY	15.00	0	33.04
33.05	ADULTS & PEDIATRICS REVENUE	B	-2,740	ADULTS & PEDIATRICS	30.00	0	33.05
33.06	OPERATING ROOM REVENUE	B	-16,040	OPERATING ROOM	50.00	0	33.06
33.07	RECOVERY ROOM REVENUE	B	31	RECOVERY ROOM	51.00	0	33.07
33.08	LABORATORY REVENUE	B	-9,509	LABORATORY	60.00	0	33.08
33.09	PHYSICAL THERAPY REVENUE	B	-21,478	PHYSICAL THERAPY	66.00	0	33.09
33.10	OPERATION OF PLANT REVENUE	B	-83,443	OPERATION OF PLANT	7.00	0	33.10
33.11	CLINIC REVENUE	B	-9,720	CLINIC	90.00	0	33.11
33.12	CT SCAN REVENUE	B	-249	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	33.12
34.00	ELECTROENCEPHALOGRAPHY REVENUE	B	-27	ELECTROENCEPHALOGRAPHY	70.00	0	34.00
35.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.00
35.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.01
35.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.02
35.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.03
35.04	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.04
35.05	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.05
35.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.06
35.07	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.07
35.08	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.08
35.09	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.09
35.10	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.10
36.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	36.00
38.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	38.00
39.00	PHYSICIAN BILLING	A	1,249	PHYSICIAN BILLING	194.15	0	39.00
40.00	CHAPLAIN	A	58,343	ADMINISTRATIVE & GENERAL	5.01	0	40.00
41.00	DEPR ADJ	A	2,009,422	CAP REL COSTS-BLDG & FIXT	1.00	9	41.00
41.01	DEPR ADJ	A	0	RADIOLOGY ADMINISTRATION	5.03	0	41.01
41.02	DEPR ADJ	A	0	OCCUPATIONAL HEALTH ADMINISTRATION	5.04	0	41.02
41.03	DEPR ADJ	A	0	MAINTENANCE & REPAIRS	6.01	0	41.03
41.04	DEPR ADJ	A	-1,126,941	OPERATION OF PLANT	7.00	0	41.04
41.05	DEPR ADJ	A	0	HOUSEKEEPING	9.00	0	41.05
41.06	DEPR ADJ	A	-256	DIETARY	10.00	0	41.06
41.07	DEPR ADJ	A	3,539	NURSING ADMINISTRATION	13.00	0	41.07
41.08	DEPR ADJ	A	41,876	CENTRAL SERVICES & SUPPLY	14.00	0	41.08
41.09	DEPR ADJ	A	-6,096	PHARMACY	15.00	0	41.09
41.10	DEPR ADJ	A	0	MEDICAL RECORDS & LIBRARY	16.00	0	41.10
41.11	DEPR ADJ	A	0	SOCIAL SERVICE	17.00	0	41.11
41.12	DEPR ADJ	A	2,507	ADULTS & PEDIATRICS	30.00	0	41.12
41.13	DEPR ADJ	A	9,586	INTENSIVE CARE UNIT	31.00	0	41.13
41.14	DEPR ADJ	A	6,661	SUBPROVIDER - IPF	40.00	0	41.14
41.15	DEPR ADJ	A	5,625	SUBPROVIDER - IRF	41.00	0	41.15
41.16	DEPR ADJ	A	36,810	OPERATING ROOM	50.00	0	41.16
41.17	DEPR ADJ	A	175,628	RECOVERY ROOM	51.00	0	41.17
41.18	DEPR ADJ	A	61,675	ANESTHESIOLOGY	53.00	0	41.18
41.19	DEPR ADJ	A	-19,554	RADIOLOGY-DIAGNOSTIC	54.00	0	41.19
41.20	DEPR ADJ	A	-457	NUCLEAR MEDICINE - DIAGNOSTIC	54.01	0	41.20
41.21	DEPR ADJ	A	0	ULTRA SOUND	54.02	0	41.21
41.22	DEPR ADJ	A	259,011	RADIOLOGY-THERAPEUTIC	55.00	0	41.22

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0117

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

Worksheet A-8

Date/Time Prepared:
5/25/2022 10:46 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	
41.23	DEPR ADJ	A		0 COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	41.23
41.24	DEPR ADJ	A		0 MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	41.24
41.25	DEPR ADJ	A	-10,727	LABORATORY	60.00	0	41.25
41.26	DEPR ADJ	A	2,490	INTRAVENOUS THERAPY	64.00	0	41.26
41.27	DEPR ADJ	A	910	RESPIRATORY THERAPY	65.00	0	41.27
41.28	DEPR ADJ	A	-29,682	PHYSICAL THERAPY	66.00	0	41.28
41.29	DEPR ADJ	A		0 OCCUPATIONAL THERAPY	67.00	0	41.29
41.30	DEPR ADJ	A		0 SPEECH PATHOLOGY	68.00	0	41.30
41.31	DEPR ADJ	A	16,144	ELECTROCARDIOLOGY	69.00	0	41.31
41.32	DEPR ADJ	A	27,317	CARDIOLOGY	69.01	0	41.32
41.33	DEPR ADJ	A	10,956	ELECTROENCEPHALOGRAPHY	70.00	0	41.33
41.34	DEPR ADJ	A	-15	CARDIAC REHABILITATION	76.97	0	41.34
41.35	DEPR ADJ	A		0 HYPERBARIC OXYGEN THERAPY	76.98	0	41.35
41.36	DEPR ADJ	A		0 CLINIC	90.00	0	41.36
41.37	DEPR ADJ	A	-758	EMERGENCY	91.00	0	41.37
41.38	DEPR ADJ	A	-75	HOME HEALTH AGENCY	101.00	0	41.38
41.39	DEPR ADJ	A		0 MARKETING	194.00	0	41.39
41.40	DEPR ADJ	A	8,676	BUSINESS HEALTH	194.01	0	41.40
41.41	DEPR ADJ	A		0 VITACARE	194.02	0	41.41
41.42	DEPR ADJ	A	27,161	CASCADE CLINIC	194.03	0	41.42
41.43	DEPR ADJ	A		0 RSVP	194.06	0	41.43
41.44	DEPR ADJ	A	2,754	RENTAL PROPERTY	194.09	0	41.44
41.45	DEPR ADJ	A		0 NORTH GRANDVIEW OFFICE	194.11	0	41.45
41.46	DEPR ADJ	A		0 LIFESTYLES	194.12	0	41.46
41.47	DEPR ADJ	A	-40,115	NONREIMBURSABLE	194.17	0	41.47
41.48	DEPR ADJ	A		0 CARDIO SPECIALTY CARE CLINIC	194.19	0	41.48
41.49	DEPR ADJ	A		0 RETAIL PHARMACIES	194.20	0	41.49
41.50	DEPR ADJ	A	22,939	PHYSICIAN CLINICS	194.22	0	41.50
41.51	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.51
41.52	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.52
41.53	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.53
41.54	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.54
41.55	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.55
42.00	OFFSET PROVIDER TAX ASSESSMENT	A	-562,523	ADMINISTRATIVE & GENERAL	5.01	0	42.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		10,387,940				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: 16-0117

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2022 10:46 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	FINLEY TRI-STATES ALLOCATION	1,602,327	0	1.00
2.00	5.01	ADMINISTRATIVE & GENERAL	FINLEY TRI-STATES ALLOCATION	14,307,240	0	2.00
3.00	113.00	INTEREST EXPENSE	FINLEY TRI-STATES ALLOCATION	838,622	748,504	3.00
4.00	101.00	HOME HEALTH AGENCY	FINLEY TRI-STATES ALLOCATION	730,551	909,876	4.00
4.01	0.00			0	0	4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			17,478,740	1,658,380	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	
	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	IOWA HEALTH SYS	100.00	HOME OFFICE	100.00	6.00
7.00	B	FINLEY TRISTATE	100.00	HOME OFFICE	100.00	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: 16-0117

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2022 10:46 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	1,602,327	0		1.00
2.00	14,307,240	0		2.00
3.00	90,118	0		3.00
4.00	-179,325	0		4.00
4.01	0	0		4.01
5.00	15,820,360			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	HEALTHCARE		6.00
7.00	HEALTHCARE		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: 16-0117

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

Worksheet A-8-2

Date/Time Prepared:

5/25/2022 10:46 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	166,150	95,950	70,200	211,500	585	1.00
2.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	276,813	273,750	3,063	239,400	25	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	271,900	0	5.00
6.00	54.02	ULTRA SOUND	0	0	0	271,900	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	381,343	381,343	0	271,900	0	7.00
8.00	57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	271,900	0	8.00
9.00	66.00	PHYSICAL THERAPY	0	0	0	211,500	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	358	358	0	211,500	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	173,779	173,279	500	211,500	3	11.00
12.00	76.97	CARDIAC REHABILITATION	0	0	0	211,500	0	12.00
13.00	90.00	CLINIC	387,627	368,440	19,187	211,500	131	13.00
14.00	91.00	EMERGENCY	3,310,963	3,310,963	0	211,500	0	14.00
15.00	60.00	LABORATORY	191,231	32,375	158,856	260,300	908	15.00
16.00	65.00	RESPIRATORY THERAPY	8,250	-1,500	9,750	211,500	65	16.00
200.00			4,896,514	4,634,958	261,556		1,717	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	59,484	2,974	0	0	0	1.00
2.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	2,877	144	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	54.02	ULTRA SOUND	0	0	0	0	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	7.00
8.00	57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	8.00
9.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	305	15	0	0	0	11.00
12.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	12.00
13.00	90.00	CLINIC	13,320	666	0	0	0	13.00
14.00	91.00	EMERGENCY	0	0	0	0	0	14.00
15.00	60.00	LABORATORY	113,631	5,682	0	0	0	15.00
16.00	65.00	RESPIRATORY THERAPY	6,609	330	0	0	0	16.00
200.00			196,226	9,811	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	59,484	10,716	106,666		1.00
2.00	41.00	SUBPROVIDER - IRF	0	0	0	0		2.00
3.00	43.00	NURSERY	0	0	0	0		3.00
4.00	53.00	ANESTHESIOLOGY	0	2,877	186	273,936		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0		5.00
6.00	54.02	ULTRA SOUND	0	0	0	0		6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	381,343		7.00
8.00	57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0		8.00
9.00	66.00	PHYSICAL THERAPY	0	0	0	0		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	358		10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	305	195	173,474		11.00
12.00	76.97	CARDIAC REHABILITATION	0	0	0	0		12.00
13.00	90.00	CLINIC	0	13,320	5,867	374,307		13.00
14.00	91.00	EMERGENCY	0	0	0	3,310,963		14.00
15.00	60.00	LABORATORY	0	113,631	45,225	77,600		15.00
16.00	65.00	RESPIRATORY THERAPY	0	6,609	3,141	1,641		16.00
200.00			0	196,226	65,330	4,700,288		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,407,848	3,407,848			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,602,327	0	0	1,602,327	4.00
5.01	00590	ADMINISTRATIVE & GENERAL	15,875,204	416,167	0	32,612	16,323,983
5.02	00591	REHAB ADMINISTRATION	246,758	0	0	6,853	253,611
5.03	00592	RADIOLOGY ADMINISTRATION	368,867	0	0	9,564	378,431
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	428,131	0	0	11,043	439,174
5.05	00560	PURCHASING RECEIVING AND STORES	182,278	0	0	5,223	187,501
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	2,062,995	9,973	0	0	2,072,968
7.00	00700	OPERATION OF PLANT	3,568,199	396,625	0	28,801	3,993,625
8.00	00800	LAUNDRY & LINEN SERVICE	338,369	0	0	0	338,369
9.00	00900	HOUSEKEEPING	1,825,861	28,976	0	33,355	1,888,192
10.00	01000	DIETARY	1,432,058	81,999	0	27,719	1,541,776
11.00	01100	CAFETERIA	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,234,366	61,937	0	82,058	3,378,361
14.00	01400	CENTRAL SERVICES & SUPPLY	604,814	40,335	0	7,571	652,720
15.00	01500	PHARMACY	1,875,725	43,368	0	50,171	1,969,264
16.00	01600	MEDICAL RECORDS & LIBRARY	9,050	29,034	0	0	38,084
17.00	01700	SOCIAL SERVICE	997,302	4,409	0	26,633	1,028,344
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 SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,862,932	561,171	0	161,710	8,585,813
31.00	03100	INTENSIVE CARE UNIT	2,470,505	55,382	0	36,694	2,562,581
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	1,272,441	70,881	0	21,599	1,364,921
41.00	04100	SUBPROVIDER - IRF	1,331,020	123,499	0	28,459	1,482,978
43.00	04300	NURSERY	1,161,861	44,330	0	29,321	1,235,512
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,248,144	299,675	0	77,834	7,625,653
51.00	05100	RECOVERY ROOM	2,184,108	176,243	0	49,803	2,410,154
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,259,349	69,533	0	28,595	1,357,477
53.00	05300	ANESTHESIOLOGY	352,783	3,831	0	1,320	357,934
54.00	05400	RADIOLOGY-DIAGNOSTIC	771,984	133,309	0	13,454	918,747
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	432,580	6,363	0	4,571	443,514
54.02	03630	ULTRA SOUND	330,385	2,763	0	8,654	341,802
55.00	05500	RADIOLOGY-THERAPEUTIC	1,270,821	0	0	20,174	1,290,995
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	479,547	7,566	0	12,270	499,383
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	341,372	10,089	0	8,045	359,506
60.00	06000	LABORATORY	7,007,513	47,276	0	66,532	7,121,321
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	304,659	9,396	0	4,880	318,935
64.00	06400	INTRAVENOUS THERAPY	1,680,931	77,157	0	36,912	1,795,000
65.00	06500	RESPIRATORY THERAPY	968,480	24,606	0	21,065	1,014,151
65.01	03560	PULMONARY FUNCTION TESTING	171,305	3,254	0	3,677	178,236
66.00	06600	PHYSICAL THERAPY	2,493,733	50,000	0	65,299	2,609,032
67.00	06700	OCCUPATIONAL THERAPY	945,911	0	0	24,765	970,676
68.00	06800	SPEECH PATHOLOGY	441,504	7,249	0	11,209	459,962
69.00	06900	ELECTROCARDIOLOGY	163,651	6,941	0	3,283	173,875
69.01	03140	CARDIOLOGY	1,690,866	111,842	0	20,974	1,823,682
70.00	07000	ELECTROENCEPHALOGRAPHY	152,104	6,575	0	0	158,679
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,811,910	0	0	0	1,811,910
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,286,506	0	0	0	5,286,506
73.00	07300	DRUGS CHARGED TO PATIENTS	3,792,001	0	0	0	3,792,001
74.00	07400	RENAL DIALYSIS	247,276	10,291	0	0	257,567
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
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		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
76.97	07697	CARDIAC REHABILITATION	156,712	20,986	0	4,131	181,829	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	169,573	6,440	0	1,089	177,102	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,045,701	66,279	0	48,189	2,160,169	90.00
91.00	09100	EMERGENCY	2,768,203	97,113	0	133,506	2,998,822	91.00
92.00	09200	OBSERVATION BEDS					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	14,230	0	0	0	14,230	95.00
101.00	10100	HOME HEALTH AGENCY	3,397,300	0	0	63,730	3,461,030	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	102,540,053	3,222,863	0	1,333,347	102,086,088	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	404,174	0	0	3,305	407,479	194.00
194.01	07951	BUSINESS HEALTH	697,098	0	0	16,264	713,362	194.01
194.02	07952	VITACARE	321,635	0	0	8,345	329,980	194.02
194.03	07953	CASCADE CLINIC	2,247,835	0	0	33,044	2,280,879	194.03
194.04	07954	ORTHOPEDIC CLINIC	269	0	0	0	269	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	80,043	0	0	1,586	81,629	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	552,452	0	0	0	552,452	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	34,616	0	0	0	34,616	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	137,530	0	0	0	137,530	194.11
194.12	07962	LIFESTYLES	11,921	0	0	325	12,246	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	1,249	0	0	0	1,249	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	2,559,682	150,069	0	20,366	2,730,117	194.17
194.18	07968	CONTRACTED ULTRASOUND	51,574	0	0	1,312	52,886	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	2,725,652	0	0	79,471	2,805,123	194.19
194.20	07970	RETAIL PHARMACIES	2,065,410	0	0	15,257	2,080,667	194.20
194.22	07972	PHYSICIAN CLINICS	5,144,195	34,916	0	89,705	5,268,816	194.22
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)	119,575,388	3,407,848	0	1,602,327	119,575,388	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
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Cost Center Description			ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	Subtotal	OCCUPATIONAL HEALTH ADMINISTRATION	
			5.01	5.02	5.03	5A.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL	16,323,983					5.01
5.02	00591	REHAB ADMINISTRATION	40,096	293,707				5.02
5.03	00592	RADIOLOGY ADMINISTRATION	59,830		438,261			5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	69,433	0	0	508,607	508,607	5.04
5.05	00560	PURCHASING RECEIVING AND STORES	29,644	0	0	217,145	928	5.05
6.00	00600	MAINTENANCE & REPAIRS	0		0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	327,734	0	0	2,400,702	10,256	6.01
7.00	00700	OPERATION OF PLANT	631,388	0	0	4,625,013	19,758	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	53,496	0	0	391,865	1,674	8.00
9.00	00900	HOUSEKEEPING	298,521	0	0	2,186,713	9,342	9.00
10.00	01000	DIETARY	243,753	0	0	1,785,529	7,628	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	534,115	0	0	3,912,476	16,714	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	103,194	0	0	755,914	3,229	14.00
15.00	01500	PHARMACY	311,339	0	0	2,280,603	9,743	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,021	0	0	44,105	188	16.00
17.00	01700	SOCIAL SERVICE	162,580	0	0	1,190,924	5,088	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 SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,357,447	0	0	9,943,260	42,433	30.00
31.00	03100	INTENSIVE CARE UNIT	405,141	0	0	2,967,722	12,678	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	215,793	0	0	1,580,714	6,753	40.00
41.00	04100	SUBPROVIDER - IRF	234,457	0	0	1,717,435	7,337	41.00
43.00	04300	NURSERY	195,333	0	0	1,430,845	6,113	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,205,608	0	0	8,831,261	37,727	50.00
51.00	05100	RECOVERY ROOM	381,043	0	0	2,791,197	11,924	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	214,616	0	0	1,572,093	6,716	52.00
53.00	05300	ANESTHESIOLOGY	56,589	0	0	414,523	1,771	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	145,253	0	133,179	1,197,179	5,114	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	70,119	0	103,704	617,337	2,637	54.01
54.02	03630	ULTRA SOUND	54,039	0	53,384	449,225	1,919	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	204,105	0	0	1,495,100	6,387	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	78,952	0	89,370	667,705	2,852	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	56,838	0	58,624	474,968	2,029	58.00
60.00	06000	LABORATORY	1,125,874	0	0	8,247,195	35,232	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	50,423	0	0	369,358	1,578	63.00
64.00	06400	INTRAVENOUS THERAPY	283,788	0	0	2,078,788	8,881	64.00
65.00	06500	RESPIRATORY THERAPY	160,336	0	0	1,174,487	5,017	65.00
65.01	03560	PULMONARY FUNCTION TESTING	28,179	0	0	206,415	882	65.01
66.00	06600	PHYSICAL THERAPY	412,485	127,479	0	3,148,996	13,453	66.00
67.00	06700	OCCUPATIONAL THERAPY	153,463	18,206	0	1,142,345	4,880	67.00
68.00	06800	SPEECH PATHOLOGY	72,720	6,890	0	539,572	2,305	68.00
69.00	06900	ELECTROCARDIOLOGY	27,489	0	0	201,364	860	69.00
69.01	03140	CARDIOLOGY	288,322	0	0	2,112,004	9,022	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	25,087	0	0	183,766	785	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	286,461	0	0	2,098,371	8,964	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	835,791	0	0	6,122,297	26,154	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	599,512	0	0	4,391,513	18,761	73.00
74.00	07400	RENAL DIALYSIS	40,721	0	0	298,288	1,274	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	28,747	0	0	210,576	900	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	28,000	0	0	205,102	876	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

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Cost Center Description		ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	Subtotal	OCCUPATIONAL HEALTH ADMINISTRATION	
		5.01	5.02	5.03	5A.03	5.04	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	341,521	0	0	2,501,690	10,687	90.00
91.00	09100 EMERGENCY	474,111	0	0	3,472,933	14,836	91.00
92.00	09200 OBSERVATION BEDS				0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	2,250	0	0	16,480	70	95.00
101.00	10100 HOME HEALTH AGENCY	547,185	141,132	0	4,149,347	17,726	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	13,558,942	293,707	438,261	99,321,047	422,081	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	64,422	0	0	471,901	2,016	194.00
194.01	07951 BUSINESS HEALTH	112,782	0	0	826,144	3,529	194.01
194.02	07952 VITACARE	52,170	0	0	382,150	1,633	194.02
194.03	07953 CASCADE CLINIC	360,605	0	0	2,641,484	11,284	194.03
194.04	07954 ORTHOPEDIC CLINIC	43	0	0	312	1	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	12,905	0	0	94,534	404	194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	87,342	0	0	639,794	2,733	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	5,473	0	0	40,089	171	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	21,743	0	0	159,273	680	194.11
194.12	07962 LIFESTYLES	1,936	0	0	14,182	61	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	0	0	0	0	194.14
194.15	07965 PHYSICIAN BILLING	197	0	0	1,446	6	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	431,629	0	0	3,161,746	13,507	194.17
194.18	07968 CONTRACTED ULTRASOUND	8,361	0	0	61,247	262	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	443,487	0	0	3,248,610	13,878	194.19
194.20	07970 RETAIL PHARMACIES	328,951	0	0	2,409,618	10,294	194.20
194.22	07972 PHYSICIAN CLINICS	832,995	0	0	6,101,811	26,067	194.22
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	16,323,983	293,707	438,261	119,575,388	508,607	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description			Subtotal	PURCHASING RECEIVING AND STORES	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.04	5.05	6.00	6.01	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES	218,073	218,073				5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0			6.00
6.01	00601	MAINTENANCE & REPAIRS	2,410,958	4,405	0	2,415,363		6.01
7.00	00700	OPERATION OF PLANT	4,644,771	8,486	0	321,290	4,974,547	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	393,539	719	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,196,055	4,012	0	23,472	55,759	9.00
10.00	01000	DIETARY	1,793,157	3,276	0	66,424	157,793	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,929,190	7,179	0	50,173	119,188	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	759,143	1,387	0	32,674	77,618	14.00
15.00	01500	PHARMACY	2,290,346	4,184	0	35,130	83,454	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	44,293	81	0	23,519	55,870	16.00
17.00	01700	SOCIAL SERVICE	1,196,012	2,185	0	3,572	8,484	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 SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,985,693	18,253	0	454,584	1,079,881	30.00
31.00	03100	INTENSIVE CARE UNIT	2,980,400	5,445	0	44,863	106,573	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	1,587,467	2,900	0	57,417	136,397	40.00
41.00	04100	SUBPROVIDER - IRF	1,724,772	3,151	0	100,042	237,653	41.00
43.00	04300	NURSERY	1,436,958	2,625	0	35,910	85,306	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,868,988	16,204	0	242,755	576,674	50.00
51.00	05100	RECOVERY ROOM	2,803,121	5,121	0	142,768	339,150	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,578,809	2,884	0	56,326	133,804	52.00
53.00	05300	ANESTHESIOLOGY	416,294	761	0	3,104	7,373	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,202,293	2,197	0	107,988	256,530	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	619,974	1,133	0	5,155	12,245	54.01
54.02	03630	ULTRA SOUND	451,144	824	0	2,238	5,317	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,501,487	2,743	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	670,557	1,225	0	6,129	14,560	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	476,997	871	0	8,172	19,414	58.00
60.00	06000	LABORATORY	8,282,427	15,132	0	38,297	90,975	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	370,936	678	0	7,611	18,080	63.00
64.00	06400	INTRAVENOUS THERAPY	2,087,669	3,814	0	62,502	148,475	64.00
65.00	06500	RESPIRATORY THERAPY	1,179,504	2,155	0	19,932	47,349	65.00
65.01	03560	PULMONARY FUNCTION TESTING	207,297	379	0	2,636	6,261	65.01
66.00	06600	PHYSICAL THERAPY	3,162,449	5,778	0	40,503	96,217	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,147,225	2,096	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	541,877	990	0	5,872	13,949	68.00
69.00	06900	ELECTROCARDIOLOGY	202,224	369	0	5,622	13,356	69.00
69.01	03140	CARDIOLOGY	2,121,026	3,875	0	90,598	215,220	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	184,551	337	0	5,326	12,652	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,107,335	3,850	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,148,451	11,233	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,410,274	8,058	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	299,562	547	0	8,336	19,803	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	211,476	386	0	17,000	40,384	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	205,978	376	0	5,217	12,393	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Subtotal	PURCHASING RECEIVING AND STORES	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5A.04	5.05	6.00	6.01	7.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2,512,377	4,590	0	53,690	127,543	90.00
91.00	09100 EMERGENCY	3,487,769	6,372	0	78,667	186,877	91.00
92.00	09200 OBSERVATION BEDS	0					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	16,550	30	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	4,167,073	7,613	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	99,234,521	180,909	0	2,265,514	4,618,577	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	473,917	866	0	0	0	194.00
194.01	07951 BUSINESS HEALTH	829,673	1,516	0	0	0	194.01
194.02	07952 VITACARE	383,783	701	0	0	0	194.02
194.03	07953 CASCADE CLINIC	2,652,768	4,847	0	0	0	194.03
194.04	07954 ORTHOPEDIC CLINIC	313	1	0	0	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	94,938	173	0	0	0	194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	642,527	1,174	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	40,260	74	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	159,953	292	0	0	0	194.11
194.12	07962 LIFESTYLES	14,243	26	0	0	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	0	0	0	0	194.14
194.15	07965 PHYSICIAN BILLING	1,452	3	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	3,175,253	5,801	0	121,565	288,781	194.17
194.18	07968 CONTRACTED ULTRASOUND	61,509	112	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	3,262,488	5,961	0	0	0	194.19
194.20	07970 RETAIL PHARMACIES	2,419,912	4,421	0	0	0	194.20
194.22	07972 PHYSICIAN CLINICS	6,127,878	11,196	0	28,284	67,189	194.22
200.00	Cross Foot Adjustments	0					200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	119,575,388	218,073	0	2,415,363	4,974,547	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	394,258					8.00
9.00	00900	HOUSEKEEPING	0	2,279,298				9.00
10.00	01000	DIETARY	0	73,119	2,093,769			10.00
11.00	01100	CAFETERIA	0	0	0	0		11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	829	55,230	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,198	35,967	0	0	0	14.00
15.00	01500	PHARMACY	1,632	38,671	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	25,890	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	3,932	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 SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	90,387	500,404	1,338,347	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	17,406	49,384	230,005	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	5,188	63,205	215,419	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	10,315	110,125	209,186	0	0	41.00
43.00	04300	NURSERY	7,523	39,530	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,710	267,223	0	0	0	50.00
51.00	05100	RECOVERY ROOM	38,272	157,157	12,591	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,691	62,003	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	175	3,416	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,691	118,872	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	5,674	0	0	0	54.01
54.02	03630	ULTRA SOUND	284	2,464	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	9,342	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	39	6,747	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8,996	0	0	0	58.00
60.00	06000	LABORATORY	174	42,156	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,127	8,378	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	27,623	68,801	5,735	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	166	21,941	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	30	2,901	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	1,202	44,586	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	931	6,464	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,562	6,189	0	0	0	69.00
69.01	03140	CARDIOLOGY	12,470	99,730	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	677	5,863	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
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
74.00	07400	RENAL DIALYSIS	419	9,176	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	25	18,713	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,149	5,743	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,972	59,101	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS	49,495	86,596	35,114	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	402	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	392,106	2,114,347	2,046,397	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	0	0	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	0	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	133,817	47,372	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	642	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	0	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	1,510	31,134	0	0	0	194.22
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)	394,258	2,279,298	2,093,769	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
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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	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	4,161,789				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	908,987			14.00
15.00	01500	PHARMACY	0	0	4,850	2,458,267		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	11	0	149,664	16.00
17.00	01700	SOCIAL SERVICE	0	0	70	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 SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	845,055	24,455	0	7,767	30.00
31.00	03100	INTENSIVE CARE UNIT	0	162,110	9,787	0	1,877	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	115,869	918	0	1,689	40.00
41.00	04100	SUBPROVIDER - IRF	0	140,924	2,391	0	1,463	41.00
43.00	04300	NURSERY	0	68,277	2,186	0	724	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	366,045	315,349	0	24,218	50.00
51.00	05100	RECOVERY ROOM	0	222,024	7,668	0	3,690	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	133,338	4,269	0	1,426	52.00
53.00	05300	ANESTHESIOLOGY	0	11,359	18,117	0	3,651	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	77,890	3,541	0	2,535	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	19,361	273	0	1,540	54.01
54.02	03630	ULTRA SOUND	0	26,547	1,653	0	1,348	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	74,719	905	0	4,319	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	57,977	1,145	0	8,269	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	35,648	1,158	0	3,564	58.00
60.00	06000	LABORATORY	0	419,218	254,716	0	14,902	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	26,525	5,308	0	555	63.00
64.00	06400	INTRAVENOUS THERAPY	0	178,559	7,239	0	4,069	64.00
65.00	06500	RESPIRATORY THERAPY	0	107,489	14,970	0	1,736	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	18,899	2,796	0	628	65.01
66.00	06600	PHYSICAL THERAPY	0	310,163	3,615	0	4,070	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	112,620	1,312	0	1,719	67.00
68.00	06800	SPEECH PATHOLOGY	0	46,370	486	0	577	68.00
69.00	06900	ELECTROCARDIOLOGY	0	14,732	658	0	541	69.00
69.01	03140	CARDIOLOGY	0	90,071	14,393	0	7,991	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	119	0	182	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	149,764	0	5,600	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	7,759	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,563,940	13,673	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	293	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	18,945	87	0	325	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	4,556	8	0	465	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
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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	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	201,801	17,151	0	6,308	90.00
91.00	09100	EMERGENCY	0	254,698	12,047	0	8,312	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	5,322	0	1,879	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,161,789	888,737	1,563,940	149,664	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	145	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	1,067	3,337	0	194.01
194.02	07952	VITACARE	0	0	350	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	2,818	69,747	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	233	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	4	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	2,895	120,375	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	1,590	1	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	801	625,779	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	0	10,347	75,088	0	194.22
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	4,161,789	908,987	2,458,267	149,664	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

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						5/25/2022 10:46 am		
Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS		
						SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	
			17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
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	1,214,255					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 SRVCES-SALARY & FRINGES APPRVD	0			0		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0				0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	745,431	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	132,280	0	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	123,892	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	120,307	0	0	0	0	41.00
43.00	04300	NURSERY	92,345	0	0	0	0	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	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
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Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS		
						SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	
						21.00	22.00	
OUTPATIENT SERVICE COST CENTERS			17.00	19.00	20.00			
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,214,255	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	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	0	0	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	0	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	0	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	0	0	0	0	194.22
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)	1,214,255	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE & GENERAL					5.01
5.02	00591	REHAB ADMINISTRATION					5.02
5.03	00592	RADIOLOGY ADMINISTRATION					5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION					5.04
5.05	00560	PURCHASING RECEIVING AND STORES					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS					6.01
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
11.01	01101	EMPLOYEE CAFETERIA					11.01
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 SRVCES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMEDICAL ED PRGM	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	15,090,257	0	15,090,257	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,740,130	0	3,740,130	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	2,310,361	0	2,310,361	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,660,329	0	2,660,329	41.00
43.00	04300	NURSERY	0	1,771,384	0	1,771,384	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	10,731,166	0	10,731,166	50.00
51.00	05100	RECOVERY ROOM	0	3,731,562	0	3,731,562	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,987,550	0	1,987,550	52.00
53.00	05300	ANESTHESIOLOGY	0	464,250	0	464,250	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,800,537	0	1,800,537	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	665,355	0	665,355	54.01
54.02	03630	ULTRA SOUND	0	491,819	0	491,819	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,593,515	0	1,593,515	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	766,648	0	766,648	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	554,820	0	554,820	58.00
60.00	06000	LABORATORY	0	9,157,997	0	9,157,997	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	440,198	0	440,198	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,594,486	0	2,594,486	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,395,242	0	1,395,242	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	241,827	0	241,827	65.01
66.00	06600	PHYSICAL THERAPY	0	3,668,583	0	3,668,583	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,264,972	0	1,264,972	67.00
68.00	06800	SPEECH PATHOLOGY	0	617,516	0	617,516	68.00
69.00	06900	ELECTROCARDIOLOGY	0	246,253	0	246,253	69.00
69.01	03140	CARDIOLOGY	0	2,655,374	0	2,655,374	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	209,707	0	209,707	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	2,266,549	0	2,266,549	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	6,167,443	0	6,167,443	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,995,945	0	5,995,945	73.00
74.00	07400	RENAL DIALYSIS	0	338,136	0	338,136	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	307,341	0	307,341	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	237,885	0	237,885	76.98

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description			PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	2,992,533	0	2,992,533	90.00
91.00	09100	EMERGENCY	0	4,205,947	0	4,205,947	91.00
92.00	09200	OBSERVATION BEDS			0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	16,982	0	16,982	95.00
101.00	10100	HOME HEALTH AGENCY	0	4,181,887	0	4,181,887	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	97,562,486	0	97,562,486	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	MARKETING	0	474,928	0	474,928	194.00
194.01	07951	BUSINESS HEALTH	0	835,593	0	835,593	194.01
194.02	07952	VITACARE	0	384,834	0	384,834	194.02
194.03	07953	CASCADE CLINIC	0	2,730,180	0	2,730,180	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	314	0	314	194.04
194.05	07955	ENT CLINIC	0	0	0	0	194.05
194.06	07956	RSVP	0	95,344	0	95,344	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	643,701	0	643,701	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	40,334	0	40,334	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	160,245	0	160,245	194.11
194.12	07962	LIFESTYLES	0	14,273	0	14,273	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	1,455	0	1,455	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	3,895,859	0	3,895,859	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	61,621	0	61,621	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	3,270,682	0	3,270,682	194.19
194.20	07970	RETAIL PHARMACIES	0	3,050,913	0	3,050,913	194.20
194.22	07972	PHYSICIAN CLINICS	0	6,352,626	0	6,352,626	194.22
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)	0	119,575,388	0	119,575,388	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00590	ADMINISTRATIVE & GENERAL	76,405	416,167	0	492,572	5.01
5.02	00591	REHAB ADMINISTRATION	0	0	0	0	5.02
5.03	00592	RADIOLOGY ADMINISTRATION	2,632	0	0	2,632	5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	2,210	0	0	2,210	5.04
5.05	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	20,626	9,973	0	30,599	6.01
7.00	00700	OPERATION OF PLANT	70,011	396,625	0	466,636	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	16,151	28,976	0	45,127	9.00
10.00	01000	DIETARY	16,345	81,999	0	98,344	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	215,668	61,937	0	277,605	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	98,860	40,335	0	139,195	14.00
15.00	01500	PHARMACY	121,301	43,368	0	164,669	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,984	29,034	0	32,018	16.00
17.00	01700	SOCIAL SERVICE	0	4,409	0	4,409	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 SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	111,102	561,171	0	672,273	30.00
31.00	03100	INTENSIVE CARE UNIT	98,631	55,382	0	154,013	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	8,394	70,881	0	79,275	40.00
41.00	04100	SUBPROVIDER - IRF	25,320	123,499	0	148,819	41.00
43.00	04300	NURSERY	13,743	44,330	0	58,073	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	672,667	299,675	0	972,342	50.00
51.00	05100	RECOVERY ROOM	233,834	176,243	0	410,077	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,838	69,533	0	96,371	52.00
53.00	05300	ANESTHESIOLOGY	118,576	3,831	0	122,407	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	133,859	133,309	0	267,168	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	65,985	6,363	0	72,348	54.01
54.02	03630	ULTRA SOUND	4,792	2,763	0	7,555	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	469,903	0	0	469,903	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	20,548	7,566	0	28,114	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	32,705	10,089	0	42,794	58.00
60.00	06000	LABORATORY	139,753	47,276	0	187,029	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,690	9,396	0	15,086	63.00
64.00	06400	INTRAVENOUS THERAPY	26,174	77,157	0	103,331	64.00
65.00	06500	RESPIRATORY THERAPY	33,099	24,606	0	57,705	65.00
65.01	03560	PULMONARY FUNCTION TESTING	6,060	3,254	0	9,314	65.01
66.00	06600	PHYSICAL THERAPY	35,084	50,000	0	85,084	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,506	0	0	17,506	67.00
68.00	06800	SPEECH PATHOLOGY	11,116	7,249	0	18,365	68.00
69.00	06900	ELECTROCARDIOLOGY	6,253	6,941	0	13,194	69.00
69.01	03140	CARDIOLOGY	151,033	111,842	0	262,875	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	26,414	6,575	0	32,989	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
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
74.00	07400	RENAL DIALYSIS	0	10,291	0	10,291	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,100	20,986	0	23,086	76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00		
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,709	6,440	0	9,149	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	54,035	66,279	0	120,314	0
91.00	09100	EMERGENCY	41,703	97,113	0	138,816	0
92.00	09200	OBSERVATION BEDS				0	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	2,045	0	0	2,045	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,240,864	3,222,863	0	6,463,727	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	MARKETING	0	0	0	0	0
194.01	07951	BUSINESS HEALTH	13,190	0	0	13,190	0
194.02	07952	VITACARE	0	0	0	0	0
194.03	07953	CASCADE CLINIC	99,429	0	0	99,429	0
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0
194.05	07955	ENT CLINIC	0	0	0	0	0
194.06	07956	RSVP	0	0	0	0	0
194.07	07957	CONTRACT CLEANING	0	0	0	0	0
194.08	07958	DIM MAINTENANCE	0	0	0	0	0
194.09	07959	RENTAL PROPERTY	20,263	0	0	20,263	0
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0
194.11	07961	NORTH GRANDVIEW OFFICE	1,785	0	0	1,785	0
194.12	07962	LIFESTYLES	0	0	0	0	0
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0
194.14	07964	FOUNDATION	0	0	0	0	0
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0
194.17	07967	NONREIMBURSABLE	55,430	150,069	0	205,499	0
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0
194.19	07969	CARDIO SPECIALTY CARE CLINIC	1,105	0	0	1,105	0
194.20	07970	RETAIL PHARMACIES	5,122	0	0	5,122	0
194.22	07972	PHYSICIAN CLINICS	128,849	34,916	0	163,765	0
200.00		Cross Foot Adjustments				0	0
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	3,566,037	3,407,848	0	6,973,885	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description			ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	OCCUPATIONAL HEALTH ADMINISTRATION	PURCHASING RECEIVING AND STORES	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL	492,572					5.01
5.02	00591	REHAB ADMINISTRATION	1,210	1,210				5.02
5.03	00592	RADIOLOGY ADMINISTRATION	1,805	0	4,437			5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	2,095	0	0	4,305		5.04
5.05	00560	PURCHASING RECEIVING AND STORES	895	0	0	8	903	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	9,890	0	0	86	19	6.01
7.00	00700	OPERATION OF PLANT	19,054	0	0	167	37	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,614	0	0	14	3	8.00
9.00	00900	HOUSEKEEPING	9,009	0	0	79	18	9.00
10.00	01000	DIETARY	7,356	0	0	64	14	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	16,118	0	0	141	31	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,114	0	0	27	6	14.00
15.00	01500	PHARMACY	9,395	0	0	82	18	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	182	0	0	2	0	16.00
17.00	01700	SOCIAL SERVICE	4,906	0	0	43	10	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 SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,922	0	0	376	32	30.00
31.00	03100	INTENSIVE CARE UNIT	12,226	0	0	107	24	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	6,512	0	0	57	13	40.00
41.00	04100	SUBPROVIDER - IRF	7,075	0	0	62	14	41.00
43.00	04300	NURSERY	5,895	0	0	52	11	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,382	0	0	318	71	50.00
51.00	05100	RECOVERY ROOM	11,499	0	0	100	22	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,477	0	0	57	13	52.00
53.00	05300	ANESTHESIOLOGY	1,708	0	0	15	3	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,383	0	1,349	43	10	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,116	0	1,050	22	5	54.01
54.02	03630	ULTRA SOUND	1,631	0	540	16	4	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	6,159	0	0	54	12	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,383	0	905	24	5	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,715	0	593	17	4	58.00
60.00	06000	LABORATORY	33,976	0	0	297	66	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,522	0	0	13	3	63.00
64.00	06400	INTRAVENOUS THERAPY	8,564	0	0	75	17	64.00
65.00	06500	RESPIRATORY THERAPY	4,839	0	0	42	9	65.00
65.01	03560	PULMONARY FUNCTION TESTING	850	0	0	7	2	65.01
66.00	06600	PHYSICAL THERAPY	12,448	524	0	113	25	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,631	75	0	41	9	67.00
68.00	06800	SPEECH PATHOLOGY	2,194	28	0	19	4	68.00
69.00	06900	ELECTROCARDIOLOGY	830	0	0	7	2	69.00
69.01	03140	CARDIOLOGY	8,701	0	0	76	17	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	757	0	0	7	1	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	8,645	0	0	76	17	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	25,222	0	0	220	49	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,092	0	0	158	35	73.00
74.00	07400	RENAL DIALYSIS	1,229	0	0	11	2	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	868	0	0	8	2	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	845	0	0	7	2	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description			ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	OCCUPATIONAL HEALTH ADMINISTRATION	PURCHASING RECEIVING AND STORES	
			5.01	5.02	5.03	5.04	5.05	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,306	0	0	90	20	90.00
91.00	09100	EMERGENCY	14,307	0	0	125	28	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	68	0	0	1	0	95.00
101.00	10100	HOME HEALTH AGENCY	16,513	583	0	149	33	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	409,133	1,210	4,437	3,575	742	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	1,944	0	0	17	4	194.00
194.01	07951	BUSINESS HEALTH	3,403	0	0	30	7	194.01
194.02	07952	VITACARE	1,574	0	0	14	3	194.02
194.03	07953	CASCADE CLINIC	10,882	0	0	95	21	194.03
194.04	07954	ORTHOPEDIC CLINIC	1	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	389	0	0	3	1	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	2,636	0	0	23	5	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	165	0	0	1	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	656	0	0	6	1	194.11
194.12	07962	LIFESTYLES	58	0	0	1	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	6	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	13,025	0	0	114	25	194.17
194.18	07968	CONTRACTED ULTRASOUND	252	0	0	2	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	13,383	0	0	117	26	194.19
194.20	07970	RETAIL PHARMACIES	9,927	0	0	87	19	194.20
194.22	07972	PHYSICIAN CLINICS	25,138	0	0	220	49	194.22
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)	492,572	1,210	4,437	4,305	903	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			6.00	6.01	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
6.01	00601	MAINTENANCE & REPAIRS	0	40,594				6.01
7.00	00700	OPERATION OF PLANT	0	5,400	491,294			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,631		8.00
9.00	00900	HOUSEKEEPING	0	394	5,507	0	60,134	9.00
10.00	01000	DIETARY	0	1,116	15,584	0	1,929	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	843	11,771	3	1,457	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	549	7,666	9	949	14.00
15.00	01500	PHARMACY	0	590	8,242	7	1,020	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	395	5,518	0	683	16.00
17.00	01700	SOCIAL SERVICE	0	60	838	0	104	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 SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	7,641	106,650	372	13,202	30.00
31.00	03100	INTENSIVE CARE UNIT	0	754	10,525	72	1,303	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	965	13,471	21	1,668	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,681	23,471	43	2,905	41.00
43.00	04300	NURSERY	0	604	8,425	31	1,043	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	4,080	56,953	222	7,050	50.00
51.00	05100	RECOVERY ROOM	0	2,399	33,495	158	4,146	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	947	13,215	61	1,636	52.00
53.00	05300	ANESTHESIOLOGY	0	52	728	1	90	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,815	25,335	119	3,136	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	87	1,209	0	150	54.01
54.02	03630	ULTRA SOUND	0	38	525	1	65	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	39	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	103	1,438	0	178	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	137	1,917	0	237	58.00
60.00	06000	LABORATORY	0	644	8,985	1	1,112	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	128	1,786	9	221	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,050	14,664	114	1,815	64.00
65.00	06500	RESPIRATORY THERAPY	0	335	4,676	1	579	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	44	618	0	77	65.01
66.00	06600	PHYSICAL THERAPY	0	681	9,503	5	1,176	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	99	1,378	4	171	68.00
69.00	06900	ELECTROCARDIOLOGY	0	94	1,319	11	163	69.00
69.01	03140	CARDIOLOGY	0	1,523	21,255	52	2,631	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	90	1,250	3	155	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
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
74.00	07400	RENAL DIALYSIS	0	140	1,956	2	242	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	286	3,988	0	494	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	88	1,224	13	152	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	902	12,596	41	1,559	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			6.00	6.01	7.00	8.00	9.00	
91.00	09100	EMERGENCY	0	1,322	18,456	205	2,285	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	2	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	38,076	456,137	1,622	55,783	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	0	0	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	0	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	2,043	28,521	0	3,530	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	3	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	0	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	475	6,636	6	821	194.22
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	40,594	491,294	1,631	60,134	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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Cost Center Description		DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		10.00	11.00	11.01	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE & GENERAL					5.01
5.02	00591	REHAB ADMINISTRATION					5.02
5.03	00592	RADIOLOGY ADMINISTRATION					5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION					5.04
5.05	00560	PURCHASING RECEIVING AND STORES					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS					6.01
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY	124,407				10.00
11.00	01100	CAFETERIA	0	0			11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0		11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	307,969	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	79,522	0	0	62,534	30.00
31.00	03100	INTENSIVE CARE UNIT	13,666	0	0	11,996	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	12,800	0	0	8,574	40.00
41.00	04100	SUBPROVIDER - IRF	12,429	0	0	10,428	41.00
43.00	04300	NURSERY	0	0	0	5,052	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	27,087	50.00
51.00	05100	RECOVERY ROOM	748	0	0	16,430	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	9,867	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	841	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	5,764	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	1,433	54.01
54.02	03630	ULTRA SOUND	0	0	0	1,964	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	5,529	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	4,290	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,638	58.00
60.00	06000	LABORATORY	0	0	0	31,022	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,963	63.00
64.00	06400	INTRAVENOUS THERAPY	341	0	0	13,213	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	7,954	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	1,399	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	22,952	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,334	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,431	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,090	69.00
69.01	03140	CARDIOLOGY	0	0	0	6,665	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,402	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	337	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	14,933	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description			DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			10.00	11.00	11.01	12.00	13.00	
91.00	09100	EMERGENCY	2,086	0	0	0	18,847	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	121,592	0	0	0	307,969	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	0	0	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	0	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	2,815	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	0	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	0	0	0	0	194.22
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)	124,407	0	0	0	307,969	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	151,515					14.00
15.00	01500	PHARMACY	808	184,831				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2	0	38,800			16.00
17.00	01700	SOCIAL SERVICE	12	0	0	10,382		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,076	0	2,016	6,373		30.00
31.00	03100	INTENSIVE CARE UNIT	1,631	0	487	1,131		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0		33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0		33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0		33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0		33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0		33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	153	0	438	1,059		40.00
41.00	04100	SUBPROVIDER - IRF	398	0	380	1,029		41.00
43.00	04300	NURSERY	364	0	188	790		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	52,565	0	6,240	0		50.00
51.00	05100	RECOVERY ROOM	1,278	0	958	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	712	0	370	0		52.00
53.00	05300	ANESTHESIOLOGY	3,020	0	948	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	590	0	658	0		54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	46	0	400	0		54.01
54.02	03630	ULTRA SOUND	275	0	350	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	151	0	1,121	0		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	191	0	2,146	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	193	0	925	0		58.00
60.00	06000	LABORATORY	42,457	0	3,868	0		60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	885	0	144	0		63.00
64.00	06400	INTRAVENOUS THERAPY	1,207	0	1,056	0		64.00
65.00	06500	RESPIRATORY THERAPY	2,495	0	451	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	466	0	163	0		65.01
66.00	06600	PHYSICAL THERAPY	603	0	1,056	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	219	0	446	0		67.00
68.00	06800	SPEECH PATHOLOGY	81	0	150	0		68.00
69.00	06900	ELECTROCARDIOLOGY	110	0	140	0		69.00
69.01	03140	CARDIOLOGY	2,399	0	2,074	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	20	0	47	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	24,963	0	1,454	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	2,014	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	117,588	3,549	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	76	0		74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	14	0	84	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1	0	121	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2,859	0	1,637	0		90.00
91.00	09100 EMERGENCY	2,008	0	2,157	0		91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0		95.00
101.00	10100 HOME HEALTH AGENCY	887	0	488	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	148,139	117,588	38,800	10,382	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
194.00	07950 MARKETING	24	0	0	0		194.00
194.01	07951 BUSINESS HEALTH	178	251	0	0		194.01
194.02	07952 VITACARE	58	0	0	0		194.02
194.03	07953 CASCADE CLINIC	470	5,244	0	0		194.03
194.04	07954 ORTHOPEDIC CLINIC	0	0	0	0		194.04
194.05	07955 ENT CLINIC	0	0	0	0		194.05
194.06	07956 RSVP	39	0	0	0		194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0		194.07
194.08	07958 DIM MAINTENANCE	0	0	0	0		194.08
194.09	07959 RENTAL PROPERTY	0	0	0	0		194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	0	0	0		194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	0	0	0		194.11
194.12	07962 LIFESTYLES	1	0	0	0		194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0		194.13
194.14	07964 FOUNDATION	0	0	0	0		194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	0		194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0		194.16
194.17	07967 NONREIMBURSABLE	483	9,051	0	0		194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	0	0		194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	265	0	0	0		194.19
194.20	07970 RETAIL PHARMACIES	133	47,051	0	0		194.20
194.22	07972 PHYSICIAN CLINICS	1,725	5,646	0	0		194.22
200.00	Cross Foot Adjustments						0 200.00
201.00	Negative Cost Centers	0	0	0	0		0 201.00
202.00	TOTAL (sum lines 118 through 201)	151,515	184,831	38,800	10,382	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
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Cost Center Description			INTERNS & RESIDENTS			PARAMEDICAL ED PRGM	Subtotal	
			NURSING PROGRAM	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS			
				20.00	21.00			
			23.00	24.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
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	0					20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD		0				21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			0			22.00
23.00	02300	PARAMEDICAL ED PRGM				0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					995,989	30.00
31.00	03100	INTENSIVE CARE UNIT					207,935	31.00
33.00	03300	BURN INTENSIVE CARE UNIT					0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT					0	33.01
33.02	03301	NURSING ADMINISTRATION					0	33.02
33.03	03303	GEROPSYCH REVENUE					0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT					0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT					0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT					0	34.00
40.00	04000	SUBPROVIDER - IPF					125,006	40.00
41.00	04100	SUBPROVIDER - IRF					208,734	41.00
43.00	04300	NURSERY					80,528	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					1,163,310	50.00
51.00	05100	RECOVERY ROOM					481,310	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					129,726	52.00
53.00	05300	ANESTHESIOLOGY					129,813	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					310,370	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC					78,866	54.01
54.02	03630	ULTRA SOUND					12,964	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC					482,968	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN					39,777	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)					51,170	58.00
60.00	06000	LABORATORY					309,457	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.					0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					21,760	63.00
64.00	06400	INTRAVENOUS THERAPY					145,447	64.00
65.00	06500	RESPIRATORY THERAPY					79,086	65.00
65.01	03560	PULMONARY FUNCTION TESTING					12,940	65.01
66.00	06600	PHYSICAL THERAPY					134,170	66.00
67.00	06700	OCCUPATIONAL THERAPY					31,261	67.00
68.00	06800	SPEECH PATHOLOGY					25,924	68.00
69.00	06900	ELECTROCARDIOLOGY					16,960	69.00
69.01	03140	CARDIOLOGY					308,268	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY					35,319	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS					35,155	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT					27,505	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					139,422	73.00
74.00	07400	RENAL DIALYSIS					13,949	74.00
76.00	03320	ELECTROSHOCK THERAPY					0	76.00
76.97	07697	CARDIAC REHABILITATION					30,232	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					11,939	76.98
76.99	07699	LITHOTRIPSY					0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
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	Cost Center Description		NURSING PROGRAM	INTERNS & RESIDENTS		PARAMEDICAL ED PRGM	Subtotal	
				SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS			
				20.00	21.00			
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC					165,257	90.00
91.00	09100	EMERGENCY					200,642	91.00
92.00	09200	OBSERVATION BEDS						92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					71	95.00
101.00	10100	HOME HEALTH AGENCY					20,698	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	6,263,928	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					0	190.00
194.00	07950	MARKETING					1,989	194.00
194.01	07951	BUSINESS HEALTH					17,059	194.01
194.02	07952	VITACARE					1,649	194.02
194.03	07953	CASCADE CLINIC					116,141	194.03
194.04	07954	ORTHOPEDIC CLINIC					1	194.04
194.05	07955	ENT CLINIC					0	194.05
194.06	07956	RSVP					432	194.06
194.07	07957	CONTRACT CLEANING					0	194.07
194.08	07958	DIM MAINTENANCE					0	194.08
194.09	07959	RENTAL PROPERTY					22,927	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER					166	194.10
194.11	07961	NORTH GRANDVIEW OFFICE					2,448	194.11
194.12	07962	LIFESTYLES					60	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES					0	194.13
194.14	07964	FOUNDATION					0	194.14
194.15	07965	PHYSICIAN BILLING					6	194.15
194.16	07966	GUEST MEALS / MOW'S					0	194.16
194.17	07967	NONREIMBURSABLE					265,106	194.17
194.18	07968	CONTRACTED ULTRASOUND					254	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC					14,899	194.19
194.20	07970	RETAIL PHARMACIES					62,339	194.20
194.22	07972	PHYSICIAN CLINICS					204,481	194.22
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	6,973,885	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00590	ADMINISTRATIVE & GENERAL		5.01
5.02	00591	REHAB ADMINISTRATION		5.02
5.03	00592	RADIOLOGY ADMINISTRATION		5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION		5.04
5.05	00560	PURCHASING RECEIVING AND STORES		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
6.01	00601	MAINTENANCE & REPAIRS		6.01
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
11.01	01101	EMPLOYEE CAFETERIA		11.01
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 SRVCES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMEDICAL ED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	995,989
31.00	03100	INTENSIVE CARE UNIT	0	207,935
33.00	03300	BURN INTENSIVE CARE UNIT	0	0
33.01	03302	BURN INTENSIVE CARE UNIT	0	0
33.02	03301	NURSING ADMINISTRATION	0	0
33.03	03303	GEROPSYCH REVENUE	0	0
33.04	03304	BURN INTENSIVE CARE UNIT	0	0
33.05	03305	BURN INTENSIVE CARE UNIT	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
40.00	04000	SUBPROVIDER - IPF	0	125,006
41.00	04100	SUBPROVIDER - IRF	0	208,734
43.00	04300	NURSERY	0	80,528
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,163,310
51.00	05100	RECOVERY ROOM	0	481,310
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	129,726
53.00	05300	ANESTHESIOLOGY	0	129,813
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	310,370
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	78,866
54.02	03630	ULTRA SOUND	0	12,964
55.00	05500	RADIOLOGY-THERAPEUTIC	0	482,968
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	39,777
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	51,170
60.00	06000	LABORATORY	0	309,457
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	21,760
64.00	06400	INTRAVENOUS THERAPY	0	145,447
65.00	06500	RESPIRATORY THERAPY	0	79,086
65.01	03560	PULMONARY FUNCTION TESTING	0	12,940
66.00	06600	PHYSICAL THERAPY	0	134,170
67.00	06700	OCCUPATIONAL THERAPY	0	31,261
68.00	06800	SPEECH PATHOLOGY	0	25,924
69.00	06900	ELECTROCARDIOLOGY	0	16,960
69.01	03140	CARDIOLOGY	0	308,268
70.00	07000	ELECTROENCEPHALOGRAPHY	0	35,319
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	35,155
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	27,505
73.00	07300	DRUGS CHARGED TO PATIENTS	0	139,422
74.00	07400	RENAL DIALYSIS	0	13,949
76.00	03320	ELECTROSHOCK THERAPY	0	0
76.97	07697	CARDIAC REHABILITATION	0	30,232
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	11,939

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0117

Period:
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To 12/31/2021Worksheet B
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	165,257	90.00
91.00	09100	EMERGENCY	0	200,642	91.00
92.00	09200	OBSERVATION BEDS	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	71	95.00
101.00	10100	HOME HEALTH AGENCY	0	20,698	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	6,263,928	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	MARKETING	0	1,989	194.00
194.01	07951	BUSINESS HEALTH	0	17,059	194.01
194.02	07952	VITACARE	0	1,649	194.02
194.03	07953	CASCADE CLINIC	0	116,141	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	1	194.04
194.05	07955	ENT CLINIC	0	0	194.05
194.06	07956	RSVP	0	432	194.06
194.07	07957	CONTRACT CLEANING	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	22,927	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	166	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	2,448	194.11
194.12	07962	LIFESTYLES	0	60	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	194.13
194.14	07964	FOUNDATION	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	6	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	265,106	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	254	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	14,899	194.19
194.20	07970	RETAIL PHARMACIES	0	62,339	194.20
194.22	07972	PHYSICIAN CLINICS	0	204,481	194.22
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	6,973,885	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

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

Worksheet B-1

Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A.01	5.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	354,004					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	46,235,453			4.00
5.01	00590	ADMINISTRATIVE & GENERAL	43,231	0	941,012	-16,323,983	103,251,405	5.01
5.02	00591	REHAB ADMINISTRATION	0	0	197,749	0	253,611	5.02
5.03	00592	RADIOLOGY ADMINISTRATION	0	0	275,962	0	378,431	5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	0	0	318,660	0	439,174	5.04
5.05	00560	PURCHASING RECEIVING AND STORES	0	0	150,708	0	187,501	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	1,036	0	0	0	2,072,968	6.01
7.00	00700	OPERATION OF PLANT	41,201	0	831,051	0	3,993,625	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	338,369	8.00
9.00	00900	HOUSEKEEPING	3,010	0	962,453	0	1,888,192	9.00
10.00	01000	DIETARY	8,518	0	799,838	0	1,541,776	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,434	0	2,367,774	0	3,378,361	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,190	0	218,475	0	652,720	14.00
15.00	01500	PHARMACY	4,505	0	1,447,699	0	1,969,264	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,016	0	0	0	38,084	16.00
17.00	01700	SOCIAL SERVICE	458	0	768,497	0	1,028,344	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 SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	58,294	0	4,666,407	0	8,585,813	30.00
31.00	03100	INTENSIVE CARE UNIT	5,753	0	1,058,794	0	2,562,581	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	7,363	0	623,239	0	1,364,921	40.00
41.00	04100	SUBPROVIDER - IRF	12,829	0	821,199	0	1,482,978	41.00
43.00	04300	NURSERY	4,605	0	846,060	0	1,235,512	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,130	0	2,245,906	0	7,625,653	50.00
51.00	05100	RECOVERY ROOM	18,308	0	1,437,056	0	2,410,154	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,223	0	825,097	0	1,357,477	52.00
53.00	05300	ANESTHESIOLOGY	398	0	38,083	0	357,934	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,848	0	388,217	0	918,747	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	661	0	131,891	0	443,514	54.01
54.02	03630	ULTRA SOUND	287	0	249,700	0	341,802	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	582,124	0	1,290,995	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	786	0	354,057	0	499,383	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,048	0	232,138	0	359,506	58.00
60.00	06000	LABORATORY	4,911	0	1,919,784	0	7,121,321	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	976	0	140,815	0	318,935	63.00
64.00	06400	INTRAVENOUS THERAPY	8,015	0	1,065,098	0	1,795,000	64.00
65.00	06500	RESPIRATORY THERAPY	2,556	0	607,837	0	1,014,151	65.00
65.01	03560	PULMONARY FUNCTION TESTING	338	0	106,086	0	178,236	65.01
66.00	06600	PHYSICAL THERAPY	5,194	0	1,884,210	0	2,609,032	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	714,582	0	970,676	67.00
68.00	06800	SPEECH PATHOLOGY	753	0	323,430	0	459,962	68.00
69.00	06900	ELECTROCARDIOLOGY	721	0	94,740	0	173,875	69.00
69.01	03140	CARDIOLOGY	11,618	0	605,197	0	1,823,682	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	683	0	0	0	158,679	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	1,811,910	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	5,286,506	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,792,001	73.00
74.00	07400	RENAL DIALYSIS	1,069	0	0	0	257,567	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

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

Worksheet B-1

Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A.01	5.01	
76.97	07697	CARDIAC REHABILITATION	2,180	0	119,195	0	181,829	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	669	0	31,417	0	177,102	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,885	0	1,390,491	0	2,160,169	90.00
91.00	09100	EMERGENCY	10,088	0	3,852,325	0	2,998,822	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	14,230	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	1,838,933	0	3,461,030	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	334,788	0	38,473,986	-16,323,983	85,762,105	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	95,372	0	407,479	194.00
194.01	07951	BUSINESS HEALTH	0	0	469,297	0	713,362	194.01
194.02	07952	VITACARE	0	0	240,800	0	329,980	194.02
194.03	07953	CASCADE CLINIC	0	0	953,479	0	2,280,879	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	269	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	45,758	0	81,629	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	552,452	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	34,616	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	137,530	194.11
194.12	07962	LIFESTYLES	0	0	9,381	0	12,246	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	1,249	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	15,589	0	587,675	0	2,730,117	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	37,872	0	52,886	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	2,293,149	0	2,805,123	194.19
194.20	07970	RETAIL PHARMACIES	0	0	440,233	0	2,080,667	194.20
194.22	07972	PHYSICIAN CLINICS	3,627	0	2,588,451	0	5,268,816	194.22
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,407,848	0	1,602,327		16,323,983	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.626580	0.000000	0.034656		0.158099	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		492,572	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.004771	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: 16-0117

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

Worksheet B-1

Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description			REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	Reconciliation	OCCUPATIONAL HEALTH ADMINISTRATION	Reconciliation	
			(DOLLAR VALUE)	(DOLLAR VALUE)		(ACCUM. COST)		
			5.02	5.03	5A.04	5.04	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION	7,449,822					5.02
5.03	00592	RADIOLOGY ADMINISTRATION	0	2,772,779				5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION	0	0	-508,607	119,066,781		5.04
5.05	00560	PURCHASING RECEIVING AND STORES	0	0	0	217,145	-218,073	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	MAINTENANCE & REPAIRS	0	0	0	2,400,702	0	6.01
7.00	00700	OPERATION OF PLANT	0	0	0	4,625,013	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	391,865	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	2,186,713	0	9.00
10.00	01000	DIETARY	0	0	0	1,785,529	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	3,912,476	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	755,914	0	14.00
15.00	01500	PHARMACY	0	0	0	2,280,603	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	44,105	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,190,924	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 SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	9,943,260	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	2,967,722	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	1,580,714	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	1,717,435	0	41.00
43.00	04300	NURSERY	0	0	0	1,430,845	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	8,831,261	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,791,197	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,572,093	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	414,523	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	842,585	0	1,197,179	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	656,114	0	617,337	0	54.01
54.02	03630	ULTRA SOUND	0	337,752	0	449,225	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	1,495,100	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	565,424	0	667,705	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	370,904	0	474,968	0	58.00
60.00	06000	LABORATORY	0	0	0	8,247,195	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	369,358	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	2,078,788	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,174,487	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	206,415	0	65.01
66.00	06600	PHYSICAL THERAPY	3,233,447	0	0	3,148,996	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	461,791	0	0	1,142,345	0	67.00
68.00	06800	SPEECH PATHOLOGY	174,769	0	0	539,572	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	201,364	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	2,112,004	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	183,766	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	2,098,371	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	6,122,297	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,391,513	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	298,288	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	210,576	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	205,102	0	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

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

Worksheet B-1

Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description			REHAB ADMINISTRATION (DOLLAR VALUE)	RADIOLOGY ADMINISTRATION (DOLLAR VALUE)	Reconciliation	OCCUPATIONAL HEALTH ADMINISTRATION (ACCUM. COST)	Reconciliation	
			5.02	5.03	5A.04	5.04	5A.05	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	2,501,690	0	90.00
91.00	09100	EMERGENCY	0	0	0	3,472,933	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	16,480	0	95.00
101.00	10100	HOME HEALTH AGENCY	3,579,815	0	0	4,149,347	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,449,822	2,772,779	-508,607	98,812,440	-218,073	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	471,901	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	826,144	0	194.01
194.02	07952	VITACARE	0	0	0	382,150	0	194.02
194.03	07953	CASCADE CLINIC	0	0	0	2,641,484	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	312	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	94,534	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	639,794	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	40,089	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	159,273	0	194.11
194.12	07962	LIFESTYLES	0	0	0	14,182	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	1,446	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	3,161,746	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	61,247	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	3,248,610	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	0	2,409,618	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	0	0	6,101,811	0	194.22
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)	293,707	438,261		508,607		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.039425	0.158058		0.004272		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,210	4,437		4,305		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000162	0.001600		0.000036		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: 16-0117

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

Worksheet B-1

Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description		PURCHASING RECEIVING AND STORES (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.05	6.00	6.01	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE & GENERAL					5.01
5.02	00591	REHAB ADMINISTRATION					5.02
5.03	00592	RADIOLOGY ADMINISTRATION					5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION					5.04
5.05	00560	PURCHASING RECEIVING AND STORES	119,357,315				5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
6.01	00601	MAINTENANCE & REPAIRS	2,410,958	0	309,737		6.01
7.00	00700	OPERATION OF PLANT	4,644,771	0	41,201	268,536	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	393,539	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,196,055	0	3,010	3,010	9.00
10.00	01000	DIETARY	1,793,157	0	8,518	8,518	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,929,190	0	6,434	6,434	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	759,143	0	4,190	4,190	14.00
15.00	01500	PHARMACY	2,290,346	0	4,505	4,505	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	44,293	0	3,016	3,016	16.00
17.00	01700	SOCIAL SERVICE	1,196,012	0	458	458	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 SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,985,693	0	58,294	58,294	30.00
31.00	03100	INTENSIVE CARE UNIT	2,980,400	0	5,753	5,753	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	1,587,467	0	7,363	7,363	40.00
41.00	04100	SUBPROVIDER - IRF	1,724,772	0	12,829	12,829	41.00
43.00	04300	NURSERY	1,436,958	0	4,605	4,605	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,868,988	0	31,130	31,130	50.00
51.00	05100	RECOVERY ROOM	2,803,121	0	18,308	18,308	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,578,809	0	7,223	7,223	52.00
53.00	05300	ANESTHESIOLOGY	416,294	0	398	398	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,202,293	0	13,848	13,848	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	619,974	0	661	661	54.01
54.02	03630	ULTRA SOUND	451,144	0	287	287	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,501,487	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	670,557	0	786	786	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	476,997	0	1,048	1,048	58.00
60.00	06000	LABORATORY	8,282,427	0	4,911	4,911	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	370,936	0	976	976	63.00
64.00	06400	INTRAVENOUS THERAPY	2,087,669	0	8,015	8,015	64.00
65.00	06500	RESPIRATORY THERAPY	1,179,504	0	2,556	2,556	65.00
65.01	03560	PULMONARY FUNCTION TESTING	207,297	0	338	338	65.01
66.00	06600	PHYSICAL THERAPY	3,162,449	0	5,194	5,194	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,147,225	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	541,877	0	753	753	68.00
69.00	06900	ELECTROCARDIOLOGY	202,224	0	721	721	69.00
69.01	03140	CARDIOLOGY	2,121,026	0	11,618	11,618	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	184,551	0	683	683	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,107,335	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,148,451	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,410,274	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	299,562	0	1,069	1,069	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	211,476	0	2,180	2,180	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	205,978	0	669	669	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

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

Worksheet B-1

Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description		PURCHASING RECEIVING AND STORES (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.05	6.00	6.01	7.00	8.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2,512,377	0	6,885	6,885	12,766	90.00
91.00	09100 EMERGENCY	3,487,769	0	10,088	10,088	63,363	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	16,550	0	0	0	515	95.00
101.00	10100 HOME HEALTH AGENCY	4,167,073	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	99,016,448	0	290,521	249,320	501,967	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	473,917	0	0	0	0	194.00
194.01	07951 BUSINESS HEALTH	829,673	0	0	0	0	194.01
194.02	07952 VITACARE	383,783	0	0	0	0	194.02
194.03	07953 CASCADE CLINIC	2,652,768	0	0	0	0	194.03
194.04	07954 ORTHOPEDIC CLINIC	313	0	0	0	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	94,938	0	0	0	0	194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	642,527	0	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	40,260	0	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	159,953	0	0	0	0	194.11
194.12	07962 LIFESTYLES	14,243	0	0	0	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	0	0	0	0	194.14
194.15	07965 PHYSICIAN BILLING	1,452	0	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	3,175,253	0	15,589	15,589	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	61,509	0	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	3,262,488	0	0	0	822	194.19
194.20	07970 RETAIL PHARMACIES	2,419,912	0	0	0	0	194.20
194.22	07972 PHYSICIAN CLINICS	6,127,878	0	3,627	3,627	1,933	194.22
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)	218,073	0	2,415,363	4,974,547	394,258	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.001827	0.000000	7.798109	18.524693	0.781139	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	903	0	40,594	491,294	1,631	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000008	0.000000	0.131060	1.829528	0.003231	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: 16-0117

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

Worksheet B-1

Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		9.00	10.00	11.00	11.01	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE & GENERAL					5.01
5.02	00591	REHAB ADMINISTRATION					5.02
5.03	00592	RADIOLOGY ADMINISTRATION					5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION					5.04
5.05	00560	PURCHASING RECEIVING AND STORES					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MAINTENANCE & REPAIRS					6.01
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	265,526				9.00
10.00	01000	DIETARY	8,518	50,386			10.00
11.00	01100	CAFETERIA	0	0	0		11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,434	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,190	0	0	0	14.00
15.00	01500	PHARMACY	4,505	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,016	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	458	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	58,294	32,207	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,753	5,535	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	7,363	5,184	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	12,829	5,034	0	0	41.00
43.00	04300	NURSERY	4,605	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	31,130	0	0	0	50.00
51.00	05100	RECOVERY ROOM	18,308	303	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,223	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	398	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,848	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	661	0	0	0	54.01
54.02	03630	ULTRA SOUND	287	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	786	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,048	0	0	0	58.00
60.00	06000	LABORATORY	4,911	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	976	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	8,015	138	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,556	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	338	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	5,194	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	753	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	721	0	0	0	69.00
69.01	03140	CARDIOLOGY	11,618	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	683	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
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
74.00	07400	RENAL DIALYSIS	1,069	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,180	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	669	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

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

Worksheet B-1

Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		9.00	10.00	11.00	11.01	12.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	6,885	0	0	0	0	90.00
91.00	09100 EMERGENCY	10,088	845	0	0	0	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	246,310	49,246	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	07950 MARKETING	0	0	0	0	0	194.00
194.01	07951 BUSINESS HEALTH	0	0	0	0	0	194.01
194.02	07952 VITACARE	0	0	0	0	0	194.02
194.03	07953 CASCADE CLINIC	0	0	0	0	0	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	0	0	0	0	0	194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962 LIFESTYLES	0	0	0	0	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	0	0	0	0	194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	15,589	1,140	0	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
194.20	07970 RETAIL PHARMACIES	0	0	0	0	0	194.20
194.22	07972 PHYSICIAN CLINICS	3,627	0	0	0	0	194.22
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)	2,279,298	2,093,769	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8.584086	41.554579	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	60,134	124,407	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.226471	2.469079	0.000000	0.000000	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: 16-0117

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

Worksheet B-1

Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	739,014					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,134,478				14.00
15.00	01500	PHARMACY	0	43,404	5,960,430			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	95	0	318,357,853		16.00
17.00	01700	SOCIAL SERVICE	0	630	0	0	16,936	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 SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	150,058	218,844	0	16,524,839	10,397	30.00
31.00	03100	INTENSIVE CARE UNIT	28,786	87,584	0	3,994,103	1,845	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	20,575	8,219	0	3,593,725	1,728	40.00
41.00	04100	SUBPROVIDER - IRF	25,024	21,393	0	3,112,551	1,678	41.00
43.00	04300	NURSERY	12,124	19,562	0	1,539,362	1,288	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	64,999	2,822,026	0	51,450,332	0	50.00
51.00	05100	RECOVERY ROOM	39,425	68,618	0	7,851,970	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,677	38,201	0	3,033,668	0	52.00
53.00	05300	ANESTHESIOLOGY	2,017	162,129	0	7,768,046	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,831	31,687	0	5,394,097	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	3,438	2,444	0	3,277,347	0	54.01
54.02	03630	ULTRA SOUND	4,714	14,791	0	2,869,017	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	13,268	8,103	0	9,189,231	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	10,295	10,251	0	17,594,014	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,330	10,366	0	7,583,760	0	58.00
60.00	06000	LABORATORY	74,441	2,279,441	0	31,706,175	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,710	47,504	0	1,180,600	0	63.00
64.00	06400	INTRAVENOUS THERAPY	31,707	64,778	0	8,657,339	0	64.00
65.00	06500	RESPIRATORY THERAPY	19,087	133,968	0	3,693,202	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	3,356	25,025	0	1,337,157	0	65.01
66.00	06600	PHYSICAL THERAPY	55,076	32,348	0	8,659,768	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,998	11,744	0	3,657,025	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,234	4,346	0	1,228,013	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,616	5,891	0	1,151,273	0	69.00
69.01	03140	CARDIOLOGY	15,994	128,806	0	17,002,650	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,061	0	386,388	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	1,340,234	0	11,914,337	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	16,508,652	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,792,001	29,090,846	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	623,501	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,364	777	0	691,662	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	809	71	0	989,242	0	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

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

Worksheet B-1

Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
76.99	07699	LITHOTRIPSY	13.00	14.00	15.00	16.00	17.00	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	35,834	153,487	0	13,421,499	0	90.00
91.00	09100	EMERGENCY	45,227	107,812	0	17,684,406	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	47,630	0	3,998,056	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	739,014	7,953,270	3,792,001	318,357,853	16,936	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	1,297	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	9,547	8,091	0	0	194.01
194.02	07952	VITACARE	0	3,133	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	25,216	169,112	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	2,082	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	32	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	25,911	291,867	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	14,230	3	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	7,167	1,517,295	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	92,593	182,061	0	0	194.22
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)	4,161,789	908,987	2,458,267	149,664	1,214,255	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.631543	0.111745	0.412431	0.000470	71.696682	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	307,969	151,515	184,831	38,800	10,382	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.416730	0.018626	0.031010	0.000122	0.613014	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: 16-0117

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

Worksheet B-1

Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICAL ED PRGM (ASSIGNED TIME)	
					SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
			19.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
5.04	00593	OCCUPATIONAL HEALTH ADMINISTRATION						5.04
5.05	00560	PURCHASING RECEIVING AND STORES						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MAINTENANCE & REPAIRS						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
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 SRVCES-SALARY & FRINGES APPRVD			0			21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				0		22.00
23.00	02300	PARAMEDICAL ED PRGM					0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0117

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

Worksheet B-1

Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME) 19.00	NURSING PROGRAM (ASSIGNED TIME) 20.00	INTERNS & RESIDENTS		PARAMEDICAL ED PRGM (ASSIGNED TIME) 23.00	
					SRVCES-SALARY & FRINGES (ASSIGNED TIME) 21.00	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME) 22.00		
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	0	0	194.01
194.02	07952	VITACARE	0	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	0	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
194.20	07970	RETAIL PHARMACIES	0	0	0	0	0	194.20
194.22	07972	PHYSICIAN CLINICS	0	0	0	0	0	194.22
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	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0				206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

Worksheet C
Part I
Date/Time Prepared:

MCRIF32 - 17.4.174.1

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/25/2022 10:46 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	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,286,117		14,286,117		30.00
31.00	03100	INTENSIVE CARE UNIT	3,994,103		3,994,103		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0		0		33.01
33.02	03301	NURSING ADMINISTRATION	0		0		33.02
33.03	03303	GEROPSYCH REVENUE	0		0		33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0		0		33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0		0		33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	3,593,725		3,593,725		40.00
41.00	04100	SUBPROVIDER - IRF	3,112,551		3,112,551		41.00
43.00	04300	NURSERY	1,539,362		1,539,362		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,811,157	43,639,175	51,450,332	0.208573	50.00
51.00	05100	RECOVERY ROOM	745,554	7,106,416	7,851,970	0.475239	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,844,518	189,150	3,033,668	0.655164	52.00
53.00	05300	ANESTHESIOLOGY	1,291,365	6,476,681	7,768,046	0.059764	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	936,899	4,457,198	5,394,097	0.333798	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	110,920	3,166,427	3,277,347	0.203016	54.01
54.02	03630	ULTRA SOUND	512,346	2,356,671	2,869,017	0.171424	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	86,668	9,102,563	9,189,231	0.173411	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	4,110,215	13,483,799	17,594,014	0.043574	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	638,902	6,944,858	7,583,760	0.073159	58.00
60.00	06000	LABORATORY	10,215,350	21,490,825	31,706,175	0.288840	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	677,184	503,416	1,180,600	0.372860	63.00
64.00	06400	INTRAVENOUS THERAPY	1,931,916	6,725,423	8,657,339	0.299686	64.00
65.00	06500	RESPIRATORY THERAPY	3,064,964	628,238	3,693,202	0.377787	65.00
65.01	03560	PULMONARY FUNCTION TESTING	580,343	756,814	1,337,157	0.180852	65.01
66.00	06600	PHYSICAL THERAPY	2,498,336	6,161,432	8,659,768	0.423635	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,741,209	1,915,816	3,657,025	0.345902	67.00
68.00	06800	SPEECH PATHOLOGY	673,378	554,635	1,228,013	0.502858	68.00
69.00	06900	ELECTROCARDIOLOGY	323,372	827,901	1,151,273	0.213896	69.00
69.01	03140	CARDIOLOGY	7,240,694	9,761,956	17,002,650	0.156174	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	25,815	360,573	386,388	0.542737	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	4,680,788	7,233,549	11,914,337	0.190237	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,910,384	12,598,268	16,508,652	0.373589	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,805,459	15,285,387	29,090,846	0.206111	73.00
74.00	07400	RENAL DIALYSIS	611,760	11,741	623,501	0.542318	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	691,662	691,662	0.444351	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,835	982,407	989,242	0.240472	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,493,895	11,927,604	13,421,499	0.222966	90.00
91.00	09100	EMERGENCY	2,884,441	14,799,965	17,684,406	0.237834	91.00
92.00	09200	OBSERVATION BEDS	342,969	1,895,753	2,238,722	1.044999	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	3,998,056	3,998,056		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	102,323,494	216,034,359	318,357,853		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	102,323,494	216,034,359	318,357,853		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/25/2022 10:46 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
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
33.01	03302	BURN INTENSIVE CARE UNIT				33.01
33.02	03301	NURSING ADMINISTRATION				33.02
33.03	03303	GEROPSYCH REVENUE				33.03
33.04	03304	BURN INTENSIVE CARE UNIT				33.04
33.05	03305	BURN INTENSIVE CARE UNIT				33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.208573			50.00
51.00	05100	RECOVERY ROOM	0.475239			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.655164			52.00
53.00	05300	ANESTHESIOLOGY	0.059788			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.333798			54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.203016			54.01
54.02	03630	ULTRA SOUND	0.171424			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.173411			55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.043574			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.073159			58.00
60.00	06000	LABORATORY	0.290266			60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.372860			63.00
64.00	06400	INTRAVENOUS THERAPY	0.299686			64.00
65.00	06500	RESPIRATORY THERAPY	0.378637			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.180852			65.01
66.00	06600	PHYSICAL THERAPY	0.423635			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.345902			67.00
68.00	06800	SPEECH PATHOLOGY	0.502858			68.00
69.00	06900	ELECTROCARDIOLOGY	0.213896			69.00
69.01	03140	CARDIOLOGY	0.156174			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.543242			70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.190237			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.373589			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206111			73.00
74.00	07400	RENAL DIALYSIS	0.542318			74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.444351			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.240472			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.223403			90.00
91.00	09100	EMERGENCY	0.237834			91.00
92.00	09200	OBSERVATION BEDS	1.044999			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/25/2022 10:46 am

			Title XIX		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE	Total Costs	
						Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,090,257		15,090,257	10,716	15,100,973	30.00
31.00	03100	INTENSIVE CARE UNIT	3,740,130		3,740,130	0	3,740,130	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0		0	0	0	33.01
33.02	03301	NURSING ADMINISTRATION	0		0	0	0	33.02
33.03	03303	GEROPSYCH REVENUE	0		0	0	0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0		0	0	0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0		0	0	0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,310,361		2,310,361	0	2,310,361	40.00
41.00	04100	SUBPROVIDER - IRF	2,660,329		2,660,329	0	2,660,329	41.00
43.00	04300	NURSERY	1,771,384		1,771,384	0	1,771,384	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,731,166		10,731,166	0	10,731,166	50.00
51.00	05100	RECOVERY ROOM	3,731,562		3,731,562	0	3,731,562	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,987,550		1,987,550	0	1,987,550	52.00
53.00	05300	ANESTHESIOLOGY	464,250		464,250	186	464,436	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,800,537		1,800,537	0	1,800,537	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	665,355		665,355	0	665,355	54.01
54.02	03630	ULTRA SOUND	491,819		491,819	0	491,819	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,593,515		1,593,515	0	1,593,515	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	766,648		766,648	0	766,648	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	554,820		554,820	0	554,820	58.00
60.00	06000	LABORATORY	9,157,997		9,157,997	45,225	9,203,222	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	440,198		440,198	0	440,198	63.00
64.00	06400	INTRAVENOUS THERAPY	2,594,486		2,594,486	0	2,594,486	64.00
65.00	06500	RESPIRATORY THERAPY	1,395,242	0	1,395,242	3,141	1,398,383	65.00
65.01	03560	PULMONARY FUNCTION TESTING	241,827	0	241,827	0	241,827	65.01
66.00	06600	PHYSICAL THERAPY	3,668,583	0	3,668,583	0	3,668,583	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,264,972	0	1,264,972	0	1,264,972	67.00
68.00	06800	SPEECH PATHOLOGY	617,516	0	617,516	0	617,516	68.00
69.00	06900	ELECTROCARDIOLOGY	246,253		246,253	0	246,253	69.00
69.01	03140	CARDIOLOGY	2,655,374		2,655,374	0	2,655,374	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	209,707		209,707	195	209,902	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,266,549		2,266,549	0	2,266,549	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,167,443		6,167,443	0	6,167,443	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,995,945		5,995,945	0	5,995,945	73.00
74.00	07400	RENAL DIALYSIS	338,136		338,136	0	338,136	74.00
76.00	03320	ELECTROSHOCK THERAPY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	307,341		307,341	0	307,341	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	237,885		237,885	0	237,885	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,992,533		2,992,533	5,867	2,998,400	90.00
91.00	09100	EMERGENCY	4,205,947		4,205,947	0	4,205,947	91.00
92.00	09200	OBSERVATION BEDS	2,339,463		2,339,463	0	2,339,463	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	16,982		16,982	0	16,982	95.00
101.00	10100	HOME HEALTH AGENCY	4,181,887		4,181,887	0	4,181,887	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	99,901,949	0	99,901,949	65,330	99,967,279	200.00
201.00		Less Observation Beds	2,339,463		2,339,463		2,339,463	201.00
202.00		Total (see instructions)	97,562,486	0	97,562,486	65,330	97,627,816	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/25/2022 10:46 am

			Title XIX		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	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,286,117		14,286,117		30.00
31.00	03100	INTENSIVE CARE UNIT	3,994,103		3,994,103		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0		0		33.01
33.02	03301	NURSING ADMINISTRATION	0		0		33.02
33.03	03303	GEROPSYCH REVENUE	0		0		33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0		0		33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0		0		33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	3,593,725		3,593,725		40.00
41.00	04100	SUBPROVIDER - IRF	3,112,551		3,112,551		41.00
43.00	04300	NURSERY	1,539,362		1,539,362		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,811,157	43,639,175	51,450,332	0.208573	50.00
51.00	05100	RECOVERY ROOM	745,554	7,106,416	7,851,970	0.475239	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,844,518	189,150	3,033,668	0.655164	52.00
53.00	05300	ANESTHESIOLOGY	1,291,365	6,476,681	7,768,046	0.059764	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	936,899	4,457,198	5,394,097	0.333798	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	110,920	3,166,427	3,277,347	0.203016	54.01
54.02	03630	ULTRA SOUND	512,346	2,356,671	2,869,017	0.171424	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	86,668	9,102,563	9,189,231	0.173411	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	4,110,215	13,483,799	17,594,014	0.043574	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	638,902	6,944,858	7,583,760	0.073159	58.00
60.00	06000	LABORATORY	10,215,350	21,490,825	31,706,175	0.288840	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	677,184	503,416	1,180,600	0.372860	63.00
64.00	06400	INTRAVENOUS THERAPY	1,931,916	6,725,423	8,657,339	0.299686	64.00
65.00	06500	RESPIRATORY THERAPY	3,064,964	628,238	3,693,202	0.377787	65.00
65.01	03560	PULMONARY FUNCTION TESTING	580,343	756,814	1,337,157	0.180852	65.01
66.00	06600	PHYSICAL THERAPY	2,498,336	6,161,432	8,659,768	0.423635	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,741,209	1,915,816	3,657,025	0.345902	67.00
68.00	06800	SPEECH PATHOLOGY	673,378	554,635	1,228,013	0.502858	68.00
69.00	06900	ELECTROCARDIOLOGY	323,372	827,901	1,151,273	0.213896	69.00
69.01	03140	CARDIOLOGY	7,240,694	9,761,956	17,002,650	0.156174	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	25,815	360,573	386,388	0.542737	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	4,680,788	7,233,549	11,914,337	0.190237	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,910,384	12,598,268	16,508,652	0.373589	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,805,459	15,285,387	29,090,846	0.206111	73.00
74.00	07400	RENAL DIALYSIS	611,760	11,741	623,501	0.542318	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	691,662	691,662	0.444351	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,835	982,407	989,242	0.240472	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,493,895	11,927,604	13,421,499	0.222966	90.00
91.00	09100	EMERGENCY	2,884,441	14,799,965	17,684,406	0.237834	91.00
92.00	09200	OBSERVATION BEDS	342,969	1,895,753	2,238,722	1.044999	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	3,998,056	3,998,056		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	102,323,494	216,034,359	318,357,853		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	102,323,494	216,034,359	318,357,853		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
33.01	03302	BURN INTENSIVE CARE UNIT				33.01
33.02	03301	NURSING ADMINISTRATION				33.02
33.03	03303	GEROPSYCH REVENUE				33.03
33.04	03304	BURN INTENSIVE CARE UNIT				33.04
33.05	03305	BURN INTENSIVE CARE UNIT				33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.208573			50.00
51.00	05100	RECOVERY ROOM	0.475239			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.655164			52.00
53.00	05300	ANESTHESIOLOGY	0.059788			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.333798			54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.203016			54.01
54.02	03630	ULTRA SOUND	0.171424			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.173411			55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.043574			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.073159			58.00
60.00	06000	LABORATORY	0.290266			60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.372860			63.00
64.00	06400	INTRAVENOUS THERAPY	0.299686			64.00
65.00	06500	RESPIRATORY THERAPY	0.378637			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.180852			65.01
66.00	06600	PHYSICAL THERAPY	0.423635			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.345902			67.00
68.00	06800	SPEECH PATHOLOGY	0.502858			68.00
69.00	06900	ELECTROCARDIOLOGY	0.213896			69.00
69.01	03140	CARDIOLOGY	0.156174			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.543242			70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.190237			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.373589			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206111			73.00
74.00	07400	RENAL DIALYSIS	0.542318			74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.444351			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.240472			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.223403			90.00
91.00	09100	EMERGENCY	0.237834			91.00
92.00	09200	OBSERVATION BEDS	1.044999			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part II
Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description			Title XIX		Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,731,166	1,163,310	9,567,856	0	0
51.00	05100	RECOVERY ROOM	3,731,562	481,310	3,250,252	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,987,550	129,726	1,857,824	0	0
53.00	05300	ANESTHESIOLOGY	464,250	129,813	334,437	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,800,537	310,370	1,490,167	0	0
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	665,355	78,866	586,489	0	0
54.02	03630	ULTRA SOUND	491,819	12,964	478,855	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	1,593,515	482,968	1,110,547	0	0
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	766,648	39,777	726,871	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	554,820	51,170	503,650	0	0
60.00	06000	LABORATORY	9,157,997	309,457	8,848,540	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	440,198	21,760	418,438	0	0
64.00	06400	INTRAVENOUS THERAPY	2,594,486	145,447	2,449,039	0	0
65.00	06500	RESPIRATORY THERAPY	1,395,242	79,086	1,316,156	0	0
65.01	03560	PULMONARY FUNCTION TESTING	241,827	12,940	228,887	0	0
66.00	06600	PHYSICAL THERAPY	3,668,583	134,170	3,534,413	0	0
67.00	06700	OCCUPATIONAL THERAPY	1,264,972	31,261	1,233,711	0	0
68.00	06800	SPEECH PATHOLOGY	617,516	25,924	591,592	0	0
69.00	06900	ELECTROCARDIOLOGY	246,253	16,960	229,293	0	0
69.01	03140	CARDIOLOGY	2,655,374	308,268	2,347,106	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	209,707	35,319	174,388	0	0
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,266,549	35,155	2,231,394	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,167,443	27,505	6,139,938	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	5,995,945	139,422	5,856,523	0	0
74.00	07400	RENAL DIALYSIS	338,136	13,949	324,187	0	0
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	307,341	30,232	277,109	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	237,885	11,939	225,946	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,992,533	165,257	2,827,276	0	0
91.00	09100	EMERGENCY	4,205,947	200,642	4,005,305	0	0
92.00	09200	OBSERVATION BEDS	2,339,463	154,299	2,185,164	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	16,982	71	16,911	0	0
101.00	10100	HOME HEALTH AGENCY	4,181,887	20,698	4,161,189	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
200.00		Subtotal (sum of lines 50 thru 199)	74,329,488	4,800,035	69,529,453	0	0
201.00		Less Observation Beds	2,339,463	154,299	2,185,164	0	0
202.00		Total (line 200 minus line 201)	71,990,025	4,645,736	67,344,289	0	0

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part II
Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,731,166	51,450,332	0.208573	50.00
51.00	05100	RECOVERY ROOM	3,731,562	7,851,970	0.475239	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,987,550	3,033,668	0.655164	52.00
53.00	05300	ANESTHESIOLOGY	464,250	7,768,046	0.059764	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,800,537	5,394,097	0.333798	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	665,355	3,277,347	0.203016	54.01
54.02	03630	ULTRA SOUND	491,819	2,869,017	0.171424	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,593,515	9,189,231	0.173411	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	766,648	17,594,014	0.043574	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	554,820	7,583,760	0.073159	58.00
60.00	06000	LABORATORY	9,157,997	31,706,175	0.288840	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	440,198	1,180,600	0.372860	63.00
64.00	06400	INTRAVENOUS THERAPY	2,594,486	8,657,339	0.299686	64.00
65.00	06500	RESPIRATORY THERAPY	1,395,242	3,693,202	0.377787	65.00
65.01	03560	PULMONARY FUNCTION TESTING	241,827	1,337,157	0.180852	65.01
66.00	06600	PHYSICAL THERAPY	3,668,583	8,659,768	0.423635	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,264,972	3,657,025	0.345902	67.00
68.00	06800	SPEECH PATHOLOGY	617,516	1,228,013	0.502858	68.00
69.00	06900	ELECTROCARDIOLOGY	246,253	1,151,273	0.213896	69.00
69.01	03140	CARDIOLOGY	2,655,374	17,002,650	0.156174	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	209,707	386,388	0.542737	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,266,549	11,914,337	0.190237	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,167,443	16,508,652	0.373589	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,995,945	29,090,846	0.206111	73.00
74.00	07400	RENAL DIALYSIS	338,136	623,501	0.542318	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	307,341	691,662	0.444351	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	237,885	989,242	0.240472	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,992,533	13,421,499	0.222966	90.00
91.00	09100	EMERGENCY	4,205,947	17,684,406	0.237834	91.00
92.00	09200	OBSERVATION BEDS	2,339,463	2,238,722	1.044999	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	16,982	0	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	4,181,887	3,998,056	1.045980	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (sum of lines 50 thru 199)	74,329,488	291,831,995		200.00
201.00		Less Observation Beds	2,339,463	0		201.00
202.00		Total (line 200 minus line 201)	71,990,025	291,831,995		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/25/2022 10:46 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	995,989	0	995,989	12,303	80.95	30.00	
31.00	INTENSIVE CARE UNIT	207,935		207,935	1,845	112.70	31.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01	
33.02	NURSING ADMINISTRATION	0		0	0	0.00	33.02	
33.03	GEROPSYCH REVENUE	0		0	0	0.00	33.03	
33.04	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.04	
33.05	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.05	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
40.00	SUBPROVIDER - IPF	125,006	0	125,006	1,728	72.34	40.00	
41.00	SUBPROVIDER - IRF	208,734	0	208,734	1,678	124.39	41.00	
43.00	NURSERY	80,528		80,528	1,288	62.52	43.00	
200.00	Total (lines 30 through 199)	1,618,192		1,618,192	18,842		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	5,366	434,378					30.00
31.00	INTENSIVE CARE UNIT	800	90,160					31.00
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
33.01	BURN INTENSIVE CARE UNIT	0	0					33.01
33.02	NURSING ADMINISTRATION	0	0					33.02
33.03	GEROPSYCH REVENUE	0	0					33.03
33.04	BURN INTENSIVE CARE UNIT	0	0					33.04
33.05	BURN INTENSIVE CARE UNIT	0	0					33.05
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
40.00	SUBPROVIDER - IPF	1,184	85,651					40.00
41.00	SUBPROVIDER - IRF	965	120,036					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	8,315	730,225					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 16-0117	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/25/2022 10:46 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	1,163,310	51,450,332	0.022610	3,223,484	72,883	50.00
51.00	05100	RECOVERY ROOM	481,310	7,851,970	0.061298	379,932	23,289	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	129,726	3,033,668	0.042762	18,243	780	52.00
53.00	05300	ANESTHESIOLOGY	129,813	7,768,046	0.016711	488,957	8,171	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	310,370	5,394,097	0.057539	488,503	28,108	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	78,866	3,277,347	0.024064	57,709	1,389	54.01
54.02	03630	ULTRA SOUND	12,964	2,869,017	0.004519	244,051	1,103	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	482,968	9,189,231	0.052558	16,305	857	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	39,777	17,594,014	0.002261	1,957,192	4,425	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	51,170	7,583,760	0.006747	273,266	1,844	58.00
60.00	06000	LABORATORY	309,457	31,706,175	0.009760	4,621,356	45,104	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21,760	1,180,600	0.018431	334,083	6,157	63.00
64.00	06400	INTRAVENOUS THERAPY	145,447	8,657,339	0.016800	886,768	14,898	64.00
65.00	06500	RESPIRATORY THERAPY	79,086	3,693,202	0.021414	1,612,063	34,521	65.00
65.01	03560	PULMONARY FUNCTION TESTING	12,940	1,337,157	0.009677	289,850	2,805	65.01
66.00	06600	PHYSICAL THERAPY	134,170	8,659,768	0.015493	955,424	14,802	66.00
67.00	06700	OCCUPATIONAL THERAPY	31,261	3,657,025	0.008548	546,051	4,668	67.00
68.00	06800	SPEECH PATHOLOGY	25,924	1,228,013	0.021111	129,620	2,736	68.00
69.00	06900	ELECTROCARDIOLOGY	16,960	1,151,273	0.014732	175,529	2,586	69.00
69.01	03140	CARDIOLOGY	308,268	17,002,650	0.018131	3,656,913	66,303	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	35,319	386,388	0.091408	10,517	961	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	35,155	11,914,337	0.002951	2,264,781	6,683	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	27,505	16,508,652	0.001666	2,117,931	3,528	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	139,422	29,090,846	0.004793	5,740,884	27,516	73.00
74.00	07400	RENAL DIALYSIS	13,949	623,501	0.022372	428,932	9,596	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	30,232	691,662	0.043709	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	11,939	989,242	0.012069	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	165,257	13,421,499	0.012313	544,318	6,702	90.00
91.00	09100	EMERGENCY	200,642	17,684,406	0.011346	1,411,813	16,018	91.00
92.00	09200	OBSERVATION BEDS	154,299	2,238,722	0.068923	155,409	10,711	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	4,779,266	287,833,939		33,029,884	419,144	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part III
Date/Time Prepared:
5/25/2022 10:46 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	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01	
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02	
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03	
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04	
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	12,303	0.00	5,366	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	1,845	0.00	800	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00	
33.01	03302	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.01	
33.02	03301	NURSING ADMINISTRATION		0	0	0.00	0	33.02	
33.03	03303	GEROPSYCH REVENUE		0	0	0.00	0	33.03	
33.04	03304	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.04	
33.05	03305	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.05	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	1,728	0.00	1,184	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	1,678	0.00	965	41.00	
43.00	04300	NURSERY		0	1,288	0.00	0	43.00	
200.00		Total (lines 30 through 199)		0	18,842		8,315	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0						33.01
33.02	03301	NURSING ADMINISTRATION	0						33.02
33.03	03303	GEROPSYCH REVENUE	0						33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0						33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0						33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/25/2022 10:46 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	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/25/2022 10:46 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	51,450,332	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	7,851,970	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,033,668	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,768,046	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	5,394,097	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	3,277,347	0.000000	54.01
54.02	03630	ULTRA SOUND	0	0	0	2,869,017	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	9,189,231	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	17,594,014	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	7,583,760	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	31,706,175	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,180,600	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	8,657,339	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,693,202	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	1,337,157	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	8,659,768	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,657,025	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,228,013	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,151,273	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	17,002,650	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	386,388	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	11,914,337	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	16,508,652	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	29,090,846	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	623,501	0.000000	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	691,662	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	989,242	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	13,421,499	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	17,684,406	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	2,238,722	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	287,833,939		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0117	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/25/2022 10:46 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	3,223,484	0	13,944,795	0
51.00	05100 RECOVERY ROOM	0.000000	379,932	0	2,190,961	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	18,243	0	2,213	0
53.00	05300 ANESTHESIOLOGY	0.000000	488,957	0	2,042,545	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	488,503	0	1,058,866	0
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	57,709	0	1,336,012	0
54.02	03630 ULTRA SOUND	0.000000	244,051	0	535,413	0
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	16,305	0	3,930,778	0
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	1,957,192	0	3,634,787	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	273,266	0	1,863,075	0
60.00	06000 LABORATORY	0.000000	4,621,356	0	2,991,524	0
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	334,083	0	203,850	0
64.00	06400 INTRAVENOUS THERAPY	0.000000	886,768	0	1,806,546	0
65.00	06500 RESPIRATORY THERAPY	0.000000	1,612,063	0	228,857	0
65.01	03560 PULMONARY FUNCTION TESTING	0.000000	289,850	0	277,552	0
66.00	06600 PHYSICAL THERAPY	0.000000	955,424	0	173,828	0
67.00	06700 OCCUPATIONAL THERAPY	0.000000	546,051	0	62,759	0
68.00	06800 SPEECH PATHOLOGY	0.000000	129,620	0	11,276	0
69.00	06900 ELECTROCARDIOLOGY	0.000000	175,529	0	226,474	0
69.01	03140 CARDIOLOGY	0.000000	3,656,913	0	4,806,515	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	10,517	0	132,672	0
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	2,264,781	0	2,899,122	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	2,117,931	0	5,262,890	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	5,740,884	0	5,054,506	0
74.00	07400 RENAL DIALYSIS	0.000000	428,932	0	8,793	0
76.00	03320 ELECTROSHOCK THERAPY	0.000000	0	0	0	0
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	306,849	0
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	625,125	0
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	544,318	0	6,058,736	0
91.00	09100 EMERGENCY	0.000000	1,411,813	0	3,104,567	0
92.00	09200 OBSERVATION BEDS	0.000000	155,409	0	575,802	0
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					
200.00	Total (lines 50 through 199)		33,029,884	0	65,357,688	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/25/2022 10:46 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	0.208573	13,944,795	0	0	2,908,508	50.00
51.00	05100	RECOVERY ROOM	0.475239	2,190,961	0	0	1,041,230	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.655164	2,213	0	0	1,450	52.00
53.00	05300	ANESTHESIOLOGY	0.059764	2,042,545	0	0	122,071	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.333798	1,058,866	0	0	353,447	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.203016	1,336,012	0	0	271,232	54.01
54.02	03630	ULTRA SOUND	0.171424	535,413	0	0	91,783	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.173411	3,930,778	0	0	681,640	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.043574	3,634,787	0	0	158,382	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.073159	1,863,075	0	0	136,301	58.00
60.00	06000	LABORATORY	0.288840	2,991,524	0	0	864,072	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.372860	203,850	0	0	76,008	63.00
64.00	06400	INTRAVENOUS THERAPY	0.299686	1,806,546	0	0	541,397	64.00
65.00	06500	RESPIRATORY THERAPY	0.377787	228,857	0	0	86,459	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.180852	277,552	0	0	50,196	65.01
66.00	06600	PHYSICAL THERAPY	0.423635	173,828	0	0	73,640	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.345902	62,759	0	0	21,708	67.00
68.00	06800	SPEECH PATHOLOGY	0.502858	11,276	0	0	5,670	68.00
69.00	06900	ELECTROCARDIOLOGY	0.213896	226,474	0	0	48,442	69.00
69.01	03140	CARDIOLOGY	0.156174	4,806,515	0	0	750,653	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.542737	132,672	0	0	72,006	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.190237	2,899,122	0	0	551,520	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.373589	5,262,890	15,400	0	1,966,158	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206111	5,054,506	0	168,223	1,041,789	73.00
74.00	07400	RENAL DIALYSIS	0.542318	8,793	0	0	4,769	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.444351	306,849	0	0	136,349	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.240472	625,125	0	0	150,325	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.222966	6,058,736	0	0	1,350,892	90.00
91.00	09100	EMERGENCY	0.237834	3,104,567	0	0	738,372	91.00
92.00	09200	OBSERVATION BEDS	1.044999	575,802	0	0	601,713	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		65,357,688	15,400	168,223	14,898,182	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		65,357,688	15,400	168,223	14,898,182	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 16-0117		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 5/25/2022 10:46 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	0					
51.00	05100	RECOVERY ROOM	0	0					
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					
53.00	05300	ANESTHESIOLOGY	0	0					
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0					
54.02	03630	ULTRA SOUND	0	0					
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0					
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					
60.00	06000	LABORATORY	0	0					
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0					
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					
64.00	06400	INTRAVENOUS THERAPY	0	0					
65.00	06500	RESPIRATORY THERAPY	0	0					
65.01	03560	PULMONARY FUNCTION TESTING	0	0					
66.00	06600	PHYSICAL THERAPY	0	0					
67.00	06700	OCCUPATIONAL THERAPY	0	0					
68.00	06800	SPEECH PATHOLOGY	0	0					
69.00	06900	ELECTROCARDIOLOGY	0	0					
69.01	03140	CARDIOLOGY	0	0					
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0					
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,753	0					
73.00	07300	DRUGS CHARGED TO PATIENTS	0	34,673					
74.00	07400	RENAL DIALYSIS	0	0					
76.00	03320	ELECTROSHOCK THERAPY	0	0					
76.97	07697	CARDIAC REHABILITATION	0	0					
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					
76.99	07699	LITHOTRIPSY	0	0					
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					
91.00	09100	EMERGENCY	0	0					
92.00	09200	OBSERVATION BEDS	0	0					
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						
200.00		Subtotal (see instructions)	5,753	34,673					
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						
202.00		Net Charges (line 200 - line 201)	5,753	34,673					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 16-0117	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/25/2022 10:46 am
				Component CCN: 16-S117		
				Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,163,310	51,450,332	0.022610	0	0	50.00
51.00 05100 RECOVERY ROOM	481,310	7,851,970	0.061298	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	129,726	3,033,668	0.042762	0	0	52.00
53.00 05300 ANESTHESIOLOGY	129,813	7,768,046	0.016711	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	310,370	5,394,097	0.057539	7,899	455	54.00
54.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	78,866	3,277,347	0.024064	0	0	54.01
54.02 03630 ULTRA SOUND	12,964	2,869,017	0.004519	1,432	6	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	482,968	9,189,231	0.052558	16,871	887	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	39,777	17,594,014	0.002261	21,057	48	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	51,170	7,583,760	0.006747	0	0	58.00
60.00 06000 LABORATORY	309,457	31,706,175	0.009760	118,840	1,160	60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	21,760	1,180,600	0.018431	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	145,447	8,657,339	0.016800	5,721	96	64.00
65.00 06500 RESPIRATORY THERAPY	79,086	3,693,202	0.021414	29,324	628	65.00
65.01 03560 PULMONARY FUNCTION TESTING	12,940	1,337,157	0.009677	1,204	12	65.01
66.00 06600 PHYSICAL THERAPY	134,170	8,659,768	0.015493	45,937	712	66.00
67.00 06700 OCCUPATIONAL THERAPY	31,261	3,657,025	0.008548	27,774	237	67.00
68.00 06800 SPEECH PATHOLOGY	25,924	1,228,013	0.021111	4,088	86	68.00
69.00 06900 ELECTROCARDIOLOGY	16,960	1,151,273	0.014732	3,160	47	69.00
69.01 03140 CARDIOLOGY	308,268	17,002,650	0.018131	1,506	27	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	35,319	386,388	0.091408	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	35,155	11,914,337	0.002951	6,194	18	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	27,505	16,508,652	0.001666	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	139,422	29,090,846	0.004793	62,748	301	73.00
74.00 07400 RENAL DIALYSIS	13,949	623,501	0.022372	1,466	33	74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0	0.000000	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	30,232	691,662	0.043709	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	11,939	989,242	0.012069	0	0	76.98
76.99 07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	165,257	13,421,499	0.012313	93	1	90.00
91.00 09100 EMERGENCY	200,642	17,684,406	0.011346	26,408	300	91.00
92.00 09200 OBSERVATION BEDS	0	2,238,722	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	4,624,967	287,833,939		381,722	5,054	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0117 Component CCN: 16-S117		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/25/2022 10:46 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0117 Component CCN: 16-S117		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/25/2022 10:46 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	51,450,332	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	7,851,970	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	3,033,668	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	7,768,046	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	5,394,097	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	3,277,347	0.000000	54.01
54.02	03630	ULTRA SOUND		0	0	0	2,869,017	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	9,189,231	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	17,594,014	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	7,583,760	0.000000	58.00
60.00	06000	LABORATORY		0	0	0	31,706,175	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	1,180,600	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	8,657,339	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	3,693,202	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	1,337,157	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	8,659,768	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	3,657,025	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	1,228,013	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	1,151,273	0.000000	69.00
69.01	03140	CARDIOLOGY		0	0	0	17,002,650	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	386,388	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	11,914,337	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	16,508,652	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	29,090,846	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	623,501	0.000000	74.00
76.00	03320	ELECTROSHOCK THERAPY		0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	691,662	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	989,242	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	13,421,499	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	17,684,406	0.000000	91.00
92.00	09200	OBSERVATION BEDS		0	0	0	2,238,722	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0			95.00
200.00		Total (lines 50 through 199)		0	0	0	287,833,939		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0117 Component CCN: 16-S117		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/25/2022 10:46 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	7,899	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0.000000	1,432	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	16,871	0	0	3,695	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	21,057	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	118,840	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	5,721	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	29,324	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	1,204	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	45,937	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	27,774	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	4,088	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	3,160	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0.000000	1,506	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	6,194	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	62,748	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,466	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	93	0	0	373	0	90.00
91.00	09100	EMERGENCY	0.000000	26,408	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			381,722	0	4,068	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 16-0117

Period:

Worksheet D

Component CCN: 16-S117

From 01/01/2021

Part V

To 12/31/2021

Date/Time Prepared:
5/25/2022 10:46 am

Title XVIII

Subprovider -

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	0.208573	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.475239	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.655164	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.059764	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.333798	0	0	0	0 54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.203016	0	0	0	0 54.01
54.02	03630 ULTRA SOUND	0.171424	0	0	0	0 54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.173411	3,695	0	0	641 55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.043574	0	0	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.073159	0	0	0	0 58.00
60.00	06000 LABORATORY	0.288840	0	0	0	0 60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0 62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.372860	0	0	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	0.299686	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.377787	0	0	0	0 65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.180852	0	0	0	0 65.01
66.00	06600 PHYSICAL THERAPY	0.423635	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.345902	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.502858	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.213896	0	0	0	0 69.00
69.01	03140 CARDIOLOGY	0.156174	0	0	0	0 69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.542737	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.190237	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.373589	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.206111	0	0	91	0 73.00
74.00	07400 RENAL DIALYSIS	0.542318	0	0	0	0 74.00
76.00	03320 ELECTROSHOCK THERAPY	0.000000	0	0	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	0.444351	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.240472	0	0	0	0 76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.222966	373	0	0	83 90.00
91.00	09100 EMERGENCY	0.237834	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS	1.044999	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.000000		0		95.00
200.00	Subtotal (see instructions)		4,068	0	91	724 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		4,068	0	91	724 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 16-0117 Component CCN: 16-S117		Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/25/2022 10:46 am
			Title XVIII		Subprovider - IPF	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00	
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	54.01	
54.02	03630	ULTRA SOUND	0	0	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00	
60.00	06000	LABORATORY	0	0	60.00	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00	
69.01	03140	CARDIOLOGY	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19	73.00	
74.00	07400	RENAL DIALYSIS	0	0	74.00	
76.00	03320	ELECTROSHOCK THERAPY	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	90.00	
91.00	09100	EMERGENCY	0	0	91.00	
92.00	09200	OBSERVATION BEDS	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0		95.00	
200.00		Subtotal (see instructions)	0	19	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00	
202.00		Net Charges (line 200 - line 201)	0	19	202.00	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 16-0117	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/25/2022 10:46 am	
				Component CCN: 16-T117			
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
			1.00	2.00	3.00	4.00	5.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,163,310	51,450,332	0.022610	0	50.00
51.00	05100	RECOVERY ROOM	481,310	7,851,970	0.061298	382	23 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	129,726	3,033,668	0.042762	0	0 52.00
53.00	05300	ANESTHESIOLOGY	129,813	7,768,046	0.016711	1,430	24 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	310,370	5,394,097	0.057539	8,329	479 54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	78,866	3,277,347	0.024064	0	0 54.01
54.02	03630	ULTRA SOUND	12,964	2,869,017	0.004519	3,482	16 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	482,968	9,189,231	0.052558	0	0 55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	39,777	17,594,014	0.002261	48,186	109 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	51,170	7,583,760	0.006747	4,967	34 58.00
60.00	06000	LABORATORY	309,457	31,706,175	0.009760	145,778	1,423 60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21,760	1,180,600	0.018431	896	17 63.00
64.00	06400	INTRAVENOUS THERAPY	145,447	8,657,339	0.016800	9,574	161 64.00
65.00	06500	RESPIRATORY THERAPY	79,086	3,693,202	0.021414	48,295	1,034 65.00
65.01	03560	PULMONARY FUNCTION TESTING	12,940	1,337,157	0.009677	9,752	94 65.01
66.00	06600	PHYSICAL THERAPY	134,170	8,659,768	0.015493	447,078	6,927 66.00
67.00	06700	OCCUPATIONAL THERAPY	31,261	3,657,025	0.008548	451,545	3,860 67.00
68.00	06800	SPEECH PATHOLOGY	25,924	1,228,013	0.021111	115,636	2,441 68.00
69.00	06900	ELECTROCARDIOLOGY	16,960	1,151,273	0.014732	1,654	24 69.00
69.01	03140	CARDIOLOGY	308,268	17,002,650	0.018131	6,529	118 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	35,319	386,388	0.091408	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	35,155	11,914,337	0.002951	73,222	216 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	27,505	16,508,652	0.001666	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	139,422	29,090,846	0.004793	175,119	839 73.00
74.00	07400	RENAL DIALYSIS	13,949	623,501	0.022372	32,372	724 74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	30,232	691,662	0.043709	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	11,939	989,242	0.012069	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	165,257	13,421,499	0.012313	416	5 90.00
91.00	09100	EMERGENCY	200,642	17,684,406	0.011346	5,746	65 91.00
92.00	09200	OBSERVATION BEDS	0	2,238,722	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00	Total (lines 50 through 199)		4,624,967	287,833,939		1,590,388	18,633 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0117 Component CCN: 16-T117		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/25/2022 10:46 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND		0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY		0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	0	0	71.00
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
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0117 Component CCN: 16-T117		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/25/2022 10:46 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	51,450,332	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	7,851,970	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	3,033,668	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	7,768,046	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	5,394,097	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	3,277,347	0.000000	54.01
54.02	03630	ULTRA SOUND		0	0	0	2,869,017	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	9,189,231	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	17,594,014	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	7,583,760	0.000000	58.00
60.00	06000	LABORATORY		0	0	0	31,706,175	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	1,180,600	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	8,657,339	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	3,693,202	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	1,337,157	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	8,659,768	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	3,657,025	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	1,228,013	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	1,151,273	0.000000	69.00
69.01	03140	CARDIOLOGY		0	0	0	17,002,650	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	386,388	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	11,914,337	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	16,508,652	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	29,090,846	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	623,501	0.000000	74.00
76.00	03320	ELECTROSHOCK THERAPY		0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	691,662	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	989,242	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	13,421,499	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	17,684,406	0.000000	91.00
92.00	09200	OBSERVATION BEDS		0	0	0	2,238,722	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0			95.00
200.00		Total (lines 50 through 199)		0	0	0	287,833,939		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0117 Component CCN: 16-T117		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/25/2022 10:46 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	382	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,430	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	8,329	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0.000000	3,482	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	48,186	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	4,967	0	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	145,778	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	896	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	9,574	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	48,295	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	9,752	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	447,078	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	451,545	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	115,636	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,654	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0.000000	6,529	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	73,222	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	175,119	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	32,372	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	416	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	5,746	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			1,590,388	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/25/2022 10:46 am

			Title XIX		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	995,989	0	995,989	12,303	80.95	30.00
31.00	INTENSIVE CARE UNIT	207,935		207,935	1,845	112.70	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
33.02	NURSING ADMINISTRATION	0		0	0	0.00	33.02
33.03	GEROPSYCH REVENUE	0		0	0	0.00	33.03
33.04	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.04
33.05	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.05
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	125,006	0	125,006	1,728	72.34	40.00
41.00	SUBPROVIDER - IRF	208,734	0	208,734	1,678	124.39	41.00
43.00	NURSERY	80,528		80,528	1,288	62.52	43.00
200.00	Total (lines 30 through 199)	1,618,192		1,618,192	18,842		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	1,672	135,348				30.00
31.00	INTENSIVE CARE UNIT	150	16,905				31.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
33.01	BURN INTENSIVE CARE UNIT	0	0				33.01
33.02	NURSING ADMINISTRATION	0	0				33.02
33.03	GEROPSYCH REVENUE	0	0				33.03
33.04	BURN INTENSIVE CARE UNIT	0	0				33.04
33.05	BURN INTENSIVE CARE UNIT	0	0				33.05
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
43.00	NURSERY	471	29,447				43.00
200.00	Total (lines 30 through 199)	2,293	181,700				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part II
Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description		Title XIX		Hospital		PPS	
		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	1,163,310	51,450,332	0.022610	0	0	50.00
51.00	05100 RECOVERY ROOM	481,310	7,851,970	0.061298	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	129,726	3,033,668	0.042762	0	0	52.00
53.00	05300 ANESTHESIOLOGY	129,813	7,768,046	0.016711	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	310,370	5,394,097	0.057539	0	0	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	78,866	3,277,347	0.024064	0	0	54.01
54.02	03630 ULTRA SOUND	12,964	2,869,017	0.004519	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	482,968	9,189,231	0.052558	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	39,777	17,594,014	0.002261	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	51,170	7,583,760	0.006747	0	0	58.00
60.00	06000 LABORATORY	309,457	31,706,175	0.009760	0	0	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	21,760	1,180,600	0.018431	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	145,447	8,657,339	0.016800	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	79,086	3,693,202	0.021414	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	12,940	1,337,157	0.009677	0	0	65.01
66.00	06600 PHYSICAL THERAPY	134,170	8,659,768	0.015493	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	31,261	3,657,025	0.008548	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	25,924	1,228,013	0.021111	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	16,960	1,151,273	0.014732	0	0	69.00
69.01	03140 CARDIOLOGY	308,268	17,002,650	0.018131	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	35,319	386,388	0.091408	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	35,155	11,914,337	0.002951	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	27,505	16,508,652	0.001666	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	139,422	29,090,846	0.004793	0	0	73.00
74.00	07400 RENAL DIALYSIS	13,949	623,501	0.022372	0	0	74.00
76.00	03320 ELECTROSHOCK THERAPY	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	30,232	691,662	0.043709	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	11,939	989,242	0.012069	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	165,257	13,421,499	0.012313	0	0	90.00
91.00	09100 EMERGENCY	200,642	17,684,406	0.011346	0	0	91.00
92.00	09200 OBSERVATION BEDS	154,299	2,238,722	0.068923	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	4,779,266	287,833,939		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part III
Date/Time Prepared:
5/25/2022 10:46 am

				Title XIX		Hospital	PPS		
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
33.01	03302	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01	
33.02	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.02	
33.03	03303	GEROPSYCH REVENUE	0	0	0	0	0	33.03	
33.04	03304	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.04	
33.05	03305	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.05	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	12,303	0.00	1,672	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	1,845	0.00	150	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00	
33.01	03302	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.01	
33.02	03301	NURSING ADMINISTRATION		0	0	0.00	0	33.02	
33.03	03303	GEROPSYCH REVENUE		0	0	0.00	0	33.03	
33.04	03304	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.04	
33.05	03305	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.05	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	1,728	0.00	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	1,678	0.00	0	41.00	
43.00	04300	NURSERY		0	1,288	0.00	471	43.00	
200.00		Total (lines 30 through 199)		0	18,842		2,293	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
33.01	03302	BURN INTENSIVE CARE UNIT	0						33.01
33.02	03301	NURSING ADMINISTRATION	0						33.02
33.03	03303	GEROPSYCH REVENUE	0						33.03
33.04	03304	BURN INTENSIVE CARE UNIT	0						33.04
33.05	03305	BURN INTENSIVE CARE UNIT	0						33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description			Title XIX		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	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description			Title XIX			Hospital	PPS	
			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	51,450,332	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	7,851,970	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,033,668	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,768,046	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	5,394,097	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	3,277,347	0.000000	54.01
54.02	03630	ULTRA SOUND	0	0	0	2,869,017	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	9,189,231	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	17,594,014	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	7,583,760	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	31,706,175	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,180,600	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	8,657,339	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,693,202	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	1,337,157	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	8,659,768	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,657,025	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,228,013	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,151,273	0.000000	69.00
69.01	03140	CARDIOLOGY	0	0	0	17,002,650	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	386,388	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	11,914,337	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	16,508,652	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	29,090,846	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	623,501	0.000000	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	691,662	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	989,242	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	13,421,499	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	17,684,406	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	2,238,722	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	287,833,939		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description		Title XIX		Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
		9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0 54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0 54.01
54.02	03630 ULTRA SOUND	0.000000	0	0	0	0 54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0 55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0 58.00
60.00	06000 LABORATORY	0.000000	0	0	0	0 60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0 62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0 65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.000000	0	0	0	0 65.01
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0 69.00
69.01	03140 CARDIOLOGY	0.000000	0	0	0	0 69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0 73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0 74.00
76.00	03320 ELECTROSHOCK THERAPY	0.000000	0	0	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	0	0	0	0 90.00
91.00	09100 EMERGENCY	0.000000	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS	0.000000	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50 through 199)		0	0	0	0 200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 16-0117	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/25/2022 10:46 am	
				Component CCN: 16-S117			
				Title XIX		Subprovider - IPF	PPS
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,163,310	51,450,332	0.022610	0	0
51.00	05100	RECOVERY ROOM	481,310	7,851,970	0.061298	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	129,726	3,033,668	0.042762	0	52.00
53.00	05300	ANESTHESIOLOGY	129,813	7,768,046	0.016711	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	310,370	5,394,097	0.057539	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	78,866	3,277,347	0.024064	0	54.01
54.02	03630	ULTRA SOUND	12,964	2,869,017	0.004519	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	482,968	9,189,231	0.052558	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	39,777	17,594,014	0.002261	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	51,170	7,583,760	0.006747	0	58.00
60.00	06000	LABORATORY	309,457	31,706,175	0.009760	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21,760	1,180,600	0.018431	0	63.00
64.00	06400	INTRAVENOUS THERAPY	145,447	8,657,339	0.016800	0	64.00
65.00	06500	RESPIRATORY THERAPY	79,086	3,693,202	0.021414	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	12,940	1,337,157	0.009677	0	65.01
66.00	06600	PHYSICAL THERAPY	134,170	8,659,768	0.015493	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	31,261	3,657,025	0.008548	0	67.00
68.00	06800	SPEECH PATHOLOGY	25,924	1,228,013	0.021111	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,960	1,151,273	0.014732	0	69.00
69.01	03140	CARDIOLOGY	308,268	17,002,650	0.018131	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	35,319	386,388	0.091408	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	35,155	11,914,337	0.002951	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	27,505	16,508,652	0.001666	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	139,422	29,090,846	0.004793	0	73.00
74.00	07400	RENAL DIALYSIS	13,949	623,501	0.022372	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	30,232	691,662	0.043709	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	11,939	989,242	0.012069	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	165,257	13,421,499	0.012313	0	0
91.00	09100	EMERGENCY	200,642	17,684,406	0.011346	0	0
92.00	09200	OBSERVATION BEDS	0	2,238,722	0.000000	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	4,624,967	287,833,939		0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0117 Component CCN: 16-S117		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/25/2022 10:46 am	
				Title XIX		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0117 Component CCN: 16-S117		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/25/2022 10:46 am	
				Title XIX		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	51,450,332	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	7,851,970	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	3,033,668	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	7,768,046	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	5,394,097	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	3,277,347	0.000000	54.01
54.02	03630	ULTRA SOUND		0	0	0	2,869,017	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	9,189,231	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	17,594,014	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	7,583,760	0.000000	58.00
60.00	06000	LABORATORY		0	0	0	31,706,175	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	1,180,600	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	8,657,339	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	3,693,202	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	1,337,157	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	8,659,768	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	3,657,025	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	1,228,013	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	1,151,273	0.000000	69.00
69.01	03140	CARDIOLOGY		0	0	0	17,002,650	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	386,388	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	11,914,337	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	16,508,652	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	29,090,846	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	623,501	0.000000	74.00
76.00	03320	ELECTROSHOCK THERAPY		0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	691,662	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	989,242	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	13,421,499	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	17,684,406	0.000000	91.00
92.00	09200	OBSERVATION BEDS		0	0	0	2,238,722	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0			95.00
200.00		Total (lines 50 through 199)		0	0	0	287,833,939		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 16-0117 Component CCN: 16-S117		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/25/2022 10:46 am	
				Title XIX		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	0	54.01
54.02	03630	ULTRA SOUND	0.000000	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0.000000	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0117	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/25/2022 10:46 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)			12,303	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			12,303	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			10,397	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			5,366	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)			15,100,973	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)			15,100,973	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)			15,100,973	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)			1,227.42	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			6,586,336	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)			6,586,336	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0117

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

Worksheet D-1

Date/Time Prepared:
5/25/2022 10:46 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	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,740,130	1,845	2,027.17	800	1,621,736	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0	45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0	45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					8,144,263	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					16,352,335	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					524,538	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					419,144	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					943,682	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					15,408,653	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,906	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,227.42	88.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0117		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/25/2022 10:46 am	
				Title XVIII		Hospital		PPS	
Cost Center Description								1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,339,463		89.00	
Cost Center Description			Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
			1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
90.00	Capital-related cost			995,989	15,100,973	0.065955	2,339,463	154,299 90.00	
91.00	Nursing Program cost			0	15,100,973	0.000000	2,339,463	0 91.00	
92.00	Allied health cost			0	15,100,973	0.000000	2,339,463	0 92.00	
93.00	All other Medical Education			0	15,100,973	0.000000	2,339,463	0 93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/25/2022 10:46 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,728	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,728	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,728	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,184	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,310,361	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,310,361	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,310,361	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)		1,337.01	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,583,020	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,583,020	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0117	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
				Component CCN: 16-S117		Date/Time Prepared: 5/25/2022 10:46 am	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0	45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0	45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					107,500	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,690,520	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					85,651	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,054	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					90,705	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,599,815	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0117 Component CCN: 16-S117		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/25/2022 10:46 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description									
								1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0		89.00
Cost Center Description			Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
			1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
90.00	Capital-related cost		125,006	2,310,361	0.054107	0	0	90.00	
91.00	Nursing Program cost		0	2,310,361	0.000000	0	0	91.00	
92.00	Allied health cost		0	2,310,361	0.000000	0	0	92.00	
93.00	All other Medical Education		0	2,310,361	0.000000	0	0	93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0117 Component CCN: 16-T117	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/25/2022 10:46 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,678	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,678	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,678	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)		965	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,660,329	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,660,329	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,660,329	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)		1,585.42	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,529,930	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,529,930	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0117	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
				Component CCN: 16-T117		Date/Time Prepared: 5/25/2022 10:46 am	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0	45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0	45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					545,824	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,075,754	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					120,036	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					18,633	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					138,669	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,937,085	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0117 Component CCN: 16-T117		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/25/2022 10:46 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description								1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00	
Cost Center Description			Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
			1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
90.00	Capital-related cost			208,734	2,660,329	0.078462	0	90.00	
91.00	Nursing Program cost			0	2,660,329	0.000000	0	91.00	
92.00	Allied health cost			0	2,660,329	0.000000	0	92.00	
93.00	All other Medical Education			0	2,660,329	0.000000	0	93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0117	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/25/2022 10:46 am	
		Title XIX	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)			12,303	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			12,303	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			10,397	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			1,672	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)			1,288	15.00
16.00	Nursery days (title V or XIX only)			471	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)			15,100,973	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)			15,100,973	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)			15,100,973	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)			1,227.42	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,052,246	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			2,052,246	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0117

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

Worksheet D-1

Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description		Title XIX			Hospital	PPS	
		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)	1,771,384	1,288	1,375.30	471	647,766	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	3,740,130	1,845	2,027.17	150	304,076	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0	45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0	45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,004,088	49.00
	PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					181,700	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					181,700	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,822,388	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					1,906	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,227.42	88.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0117		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/25/2022 10:46 am	
				Title XIX		Hospital		PPS	
Cost Center Description								1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,339,463		89.00	
Cost Center Description			Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
			1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
90.00	Capital-related cost			995,989	15,100,973	0.065955	2,339,463	154,299 90.00	
91.00	Nursing Program cost			0	15,100,973	0.000000	2,339,463	0 91.00	
92.00	Allied health cost			0	15,100,973	0.000000	2,339,463	0 92.00	
93.00	All other Medical Education			0	15,100,973	0.000000	2,339,463	0 93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/25/2022 10:46 am
		Title XIX	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,728	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,728	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,728	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)		0	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)		1,288	15.00
16.00	Nursery days (title V or XIX only)		471	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,310,361	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,310,361	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,310,361	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)		1,337.01	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	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)		0	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 16-0117

Period:

Worksheet D-1

Component CCN: 16-S117

From 01/01/2021

Date/Time Prepared:

To 12/31/2021

5/25/2022 10:46 am

Title XIX

Subprovider -

PPS

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
45.02	NURSING ADMINISTRATION	0	0	0.00	0	0	45.02
45.03	GEROPSYCH REVENUE	0	0	0.00	0	0	45.03
45.04	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.04
45.05	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.05
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					0	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 16-0117 Component CCN: 16-S117		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/25/2022 10:46 am	
				Title XIX		Subprovider - IPF		PPS	
Cost Center Description									
								1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0		89.00
Cost Center Description			Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
			1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
90.00	Capital-related cost		125,006	2,310,361	0.054107	0	0	90.00	
91.00	Nursing Program cost		0	2,310,361	0.000000	0	0	91.00	
92.00	Allied health cost		0	2,310,361	0.000000	0	0	92.00	
93.00	All other Medical Education		0	2,310,361	0.000000	0	0	93.00	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 16-0117	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/25/2022 10:46 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		6,545,932	30.00
31.00	03100	INTENSIVE CARE UNIT		1,848,180	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03302	BURN INTENSIVE CARE UNIT		0	33.01
33.02	03301	NURSING ADMINISTRATION		0	33.02
33.03	03303	GEROPSYCH REVENUE		0	33.03
33.04	03304	BURN INTENSIVE CARE UNIT		0	33.04
33.05	03305	BURN INTENSIVE CARE UNIT		0	33.05
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		47,628	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.208573	3,223,484	50.00
51.00	05100	RECOVERY ROOM	0.475239	379,932	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.655164	18,243	52.00
53.00	05300	ANESTHESIOLOGY	0.059788	488,957	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.333798	488,503	54.00
54.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.203016	57,709	54.01
54.02	03630	ULTRA SOUND	0.171424	244,051	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.173411	16,305	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.043574	1,957,192	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.073159	273,266	58.00
60.00	06000	LABORATORY	0.290266	4,621,356	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.372860	334,083	63.00
64.00	06400	INTRAVENOUS THERAPY	0.299686	886,768	64.00
65.00	06500	RESPIRATORY THERAPY	0.378637	1,612,063	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.180852	289,850	65.01
66.00	06600	PHYSICAL THERAPY	0.423635	955,424	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.345902	546,051	67.00
68.00	06800	SPEECH PATHOLOGY	0.502858	129,620	68.00
69.00	06900	ELECTROCARDIOLOGY	0.213896	175,529	69.00
69.01	03140	CARDIOLOGY	0.156174	3,656,913	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.543242	10,517	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.190237	2,264,781	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.373589	2,117,931	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206111	5,740,884	73.00
74.00	07400	RENAL DIALYSIS	0.542318	428,932	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.444351	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.240472	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.223403	544,318	90.00
91.00	09100	EMERGENCY	0.237834	1,411,813	91.00
92.00	09200	OBSERVATION BEDS	1.044999	155,409	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		33,029,884	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)		33,029,884	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/25/2022 10:46 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
33.01	03302 BURN INTENSIVE CARE UNIT				33.01
33.02	03301 NURSING ADMINISTRATION				33.02
33.03	03303 GEROPSYCH REVENUE				33.03
33.04	03304 BURN INTENSIVE CARE UNIT				33.04
33.05	03305 BURN INTENSIVE CARE UNIT				33.05
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - IPF		2,469,806		40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.208573	0	0	50.00
51.00	05100 RECOVERY ROOM	0.475239	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.655164	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.059788	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.333798	7,899	2,637	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.203016	0	0	54.01
54.02	03630 ULTRA SOUND	0.171424	1,432	245	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.173411	16,871	2,926	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.043574	21,057	918	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.073159	0	0	58.00
60.00	06000 LABORATORY	0.290266	118,840	34,495	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.372860	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.299686	5,721	1,715	64.00
65.00	06500 RESPIRATORY THERAPY	0.378637	29,324	11,103	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.180852	1,204	218	65.01
66.00	06600 PHYSICAL THERAPY	0.423635	45,937	19,461	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.345902	27,774	9,607	67.00
68.00	06800 SPEECH PATHOLOGY	0.502858	4,088	2,056	68.00
69.00	06900 ELECTROCARDIOLOGY	0.213896	3,160	676	69.00
69.01	03140 CARDIOLOGY	0.156174	1,506	235	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.543242	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.190237	6,194	1,178	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.373589	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.206111	62,748	12,933	73.00
74.00	07400 RENAL DIALYSIS	0.542318	1,466	795	74.00
76.00	03320 ELECTROSHOCK THERAPY	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.444351	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.240472	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.223403	93	21	90.00
91.00	09100 EMERGENCY	0.237834	26,408	6,281	91.00
92.00	09200 OBSERVATION BEDS	1.044999	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		381,722	107,500	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)		381,722		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0117 Component CCN: 16-T117	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/25/2022 10:46 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
33.01	03302 BURN INTENSIVE CARE UNIT				33.01
33.02	03301 NURSING ADMINISTRATION				33.02
33.03	03303 GEROPSYCH REVENUE				33.03
33.04	03304 BURN INTENSIVE CARE UNIT				33.04
33.05	03305 BURN INTENSIVE CARE UNIT				33.05
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY		1,822,881		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.208573	0	0	50.00
51.00	05100 RECOVERY ROOM	0.475239	382	182	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.655164	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.059788	1,430	85	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.333798	8,329	2,780	54.00
54.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.203016	0	0	54.01
54.02	03630 ULTRA SOUND	0.171424	3,482	597	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.173411	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.043574	48,186	2,100	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.073159	4,967	363	58.00
60.00	06000 LABORATORY	0.290266	145,778	42,314	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.372860	896	334	63.00
64.00	06400 INTRAVENOUS THERAPY	0.299686	9,574	2,869	64.00
65.00	06500 RESPIRATORY THERAPY	0.378637	48,295	18,286	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.180852	9,752	1,764	65.01
66.00	06600 PHYSICAL THERAPY	0.423635	447,078	189,398	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.345902	451,545	156,190	67.00
68.00	06800 SPEECH PATHOLOGY	0.502858	115,636	58,148	68.00
69.00	06900 ELECTROCARDIOLOGY	0.213896	1,654	354	69.00
69.01	03140 CARDIOLOGY	0.156174	6,529	1,020	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.543242	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.190237	73,222	13,930	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.373589	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.206111	175,119	36,094	73.00
74.00	07400 RENAL DIALYSIS	0.542318	32,372	17,556	74.00
76.00	03320 ELECTROSHOCK THERAPY	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.444351	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.240472	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.223403	416	93	90.00
91.00	09100 EMERGENCY	0.237834	5,746	1,367	91.00
92.00	09200 OBSERVATION BEDS	1.044999	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,590,388	545,824	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)		1,590,388		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A
Date/Time Prepared:
5/25/2022 10:46 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)			8,338,872	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			3,303,298	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)			166,777	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			52,325	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)			81.78	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)			3.92	30.00
31.00	Percentage of Medicaid patient days (see instructions)			16.47	31.00
32.00	Sum of lines 30 and 31			20.39	32.00
33.00	Allowable disproportionate share percentage (see instructions)			6.04	33.00
34.00	Disproportionate share adjustment (see instructions)			175,797	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0117	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/25/2022 10:46 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)		0	0 35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	563,844	452,590	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	421,724	114,078	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	535,802		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)	12,572,871		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)		12,572,871	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		885,000	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		117,079	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		13,574,950	59.00
60.00	Primary payer payments		17,881	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		13,557,069	61.00
62.00	Deductibles billed to program beneficiaries		1,353,676	62.00
63.00	Coinsurance billed to program beneficiaries		89,554	63.00
64.00	Allowable bad debts (see instructions)		86,959	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		56,523	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		51,735	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		12,170,362	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		111,739	70.93
70.94	HRR adjustment amount (see instructions)		-82,500	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0117	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/25/2022 10:46 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)		12,199,601	71.00
71.01	Sequestration adjustment (see instructions)		0	71.01
71.02	Demonstration payment adjustment amount after sequestration		205,242	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03
72.00	Interim payments		11,848,243	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		146,116	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		241,338	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/25/2022 10:46 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,338,872	0	8,338,872		8,338,872
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,303,298	0		3,303,298	3,303,298
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	166,777	0	166,777		166,777
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	52,325	0		52,325	52,325
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0604	0.0604	0.0604	0.0604	
11.00	Disproportionate share adjustment (see instructions)	34.00	175,797	0	125,917	49,880	175,797
11.01	Uncompensated care payments	36.00	535,802	0	421,724	114,078	535,802
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	12,572,871	0	9,053,290	3,519,581	12,572,871
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	12,572,871	0	9,053,290	3,519,581	12,572,871
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	885,000	0	641,860	243,140	885,000

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/25/2022 10:46 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
17.00	Special add-on payments for new technologies	54.00	117,079	0	58,420	58,659	117,079
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	9,753,570	3,821,380	13,574,950
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	871,116	0	632,016	239,100	871,116
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	13,884	0	9,844	4,040	13,884
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0
26.00	Total prospective capital payments (see instructions)	12.00	885,000	0	641,860	243,140	885,000
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/25/2022 10:46 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,338,872	8,338,872		8,338,872	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,303,298		3,303,298	3,303,298	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	166,777	166,777		166,777	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	52,325		52,325	52,325	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0604	0.0604	0.0604		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	175,797	125,917	49,880	175,797	11.00
11.01	Uncompensated care payments	36.00	535,802	421,724	114,078	535,802	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	12,572,871	9,053,290	3,519,581	12,572,871	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	12,572,871	9,053,290	3,519,581	12,572,871	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	885,000	641,860	243,140	885,000	16.00
17.00	Special add-on payments for new technologies	54.00	117,079	58,420	58,659	117,079	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			9,753,570	3,821,380	13,574,950	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/25/2022 10:46 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	871,116	632,016	239,100	871,116	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	13,884	9,844	4,040	13,884	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	885,000	641,860	243,140	885,000	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	111,739	111,739	0	111,739	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-82,500	-39,467	-43,033	-82,500	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0117	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/25/2022 10:46 am
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		40,426	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		14,898,182	2.00
3.00	OPPS payments		14,104,681	3.00
4.00	Outlier payment (see instructions)		87,406	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		40,426	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		183,623	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)		183,623	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)		183,623	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		143,197	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)		40,426	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)		14,192,087	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		3,080	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,552,914	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)		11,676,519	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)		11,676,519	30.00
31.00	Primary payer payments		6,690	31.00
32.00	Subtotal (line 30 minus line 31)		11,669,829	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)		85,604	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		55,643	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		56,131	36.00
37.00	Subtotal (see instructions)		11,725,472	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-17	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)		11,725,489	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		186,949	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		11,570,850	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)		-32,310	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/25/2022 10:46 am
		Title XVIII	Subprovider - IPF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		19	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		724	2.00
3.00	OPPS payments		952	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		19	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		91	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)		91	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)		91	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		72	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)		19	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)		952	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		153	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)		818	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)		818	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		818	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		818	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		818	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		31	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		786	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		1	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part I
Date/Time Prepared:
5/25/2022 10:46 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		11,848,243		11,570,850	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)		11,848,243		11,570,850	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		146,116		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		32,310	6.02	
7.00	Total Medicare program liability (see instructions)		11,994,359		11,538,540	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 16-0117

Period:

Worksheet E-1

Component CCN: 16-S117

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/25/2022 10:46 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		906,861		786	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)		906,861		786	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		10,205		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		917,066		787	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 16-0117
 Component CCN: 16-T117

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 5/25/2022 10:46 am

		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,615,888			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)		1,615,888			0	4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0			0	5.01
5.02			0			0	5.02
5.03			0			0	5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0			0	5.50
5.51			0			0	5.51
5.52			0			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0			0	6.01
6.02	SETTLEMENT TO PROGRAM		21,242			0	6.02
7.00	Total Medicare program liability (see instructions)		1,594,646			0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part II
Date/Time Prepared:
5/25/2022 10:46 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0117 Component CCN: 16-S117	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part II Date/Time Prepared: 5/25/2022 10:46 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,032,729 1.00
2.00	Net IPF PPS Outlier Payments			11,165 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			4.734247 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,043,894 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,043,894 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,043,894 18.00
19.00	Deductibles			68,188 19.00
20.00	Subtotal (line 18 minus line 19)			975,706 20.00
21.00	Coinsurance			58,752 21.00
22.00	Subtotal (line 20 minus line 21)			916,954 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			15,698 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			10,204 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			2,968 25.00
26.00	Subtotal (sum of lines 22 and 24)			927,158 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.98	Recovery of accelerated depreciation.			0 30.98
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			927,158 31.00
31.01	Sequestration adjustment (see instructions)			0 31.01
31.02	Demonstration payment adjustment amount after sequestration			10,092 31.02
32.00	Interim payments			906,861 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			10,205 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			11,165 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0117 Component CCN: 16-T117	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part III Date/Time Prepared: 5/25/2022 10:46 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			1,601,526 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0000 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			26,425 3.00
4.00	Outlier Payments			20,823 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			4.597260 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			1,648,774 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			1,648,774 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			1,648,774 19.00
20.00	Deductibles			29,680 20.00
21.00	Subtotal (line 19 minus line 20)			1,619,094 21.00
22.00	Coinsurance			2,226 22.00
23.00	Subtotal (line 21 minus line 22)			1,616,868 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,340 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			871 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			1,617,739 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			1,617,739 32.00
32.01	Sequestration adjustment (see instructions)			0 32.01
32.02	Demonstration payment adjustment amount after sequestration			23,093 32.02
33.00	Interim payments			1,615,888 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-21,242 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			20,823 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 16-0117	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/25/2022 10:46 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	0.00		17.00
18.00	Per resident amount	0.00	0.00		18.00
19.00	Approved amount for resident costs	0	0	0	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			0	25.00
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	8,315	2,957		26.00
27.00	Total Inpatient Days (see instructions)	15,843	15,843		27.00
28.00	Ratio of inpatient days to total inpatient days	0.524837	0.186644		28.00
29.00	Program direct GME amount	0	0	0	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	0	30.00
31.00	Net Program direct GME amount			0	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 16-0117	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/25/2022 10:46 am
		Title XVIII	Hospital	PPS
			1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		623,501	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		20,118,609	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		17,881	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		20,100,728	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		14,939,351	42.00
43.00	Primary payer payments (see instructions)		6,690	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		14,932,661	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		35,033,389	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.573759	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.426241	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		0	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		0	50.00

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

Provider CCN: 16-0117

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

Worksheet G

Date/Time Prepared:
5/25/2022 10:46 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	7,032,171	0	0	0	1.00
2.00	Temporary investments	2,972,270	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	49,752,298	0	0	0	4.00
5.00	Other receivable	1,537,938	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-31,509,452	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	2,675,509	0	0	0	8.00
9.00	Other current assets	333,596	0	0	0	9.00
10.00	Due from other funds	2,513,229	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	35,307,559	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,079,803	0	0	0	12.00
13.00	Land improvements	7,498,647	0	0	0	13.00
14.00	Accumulated depreciation	-6,340,871	0	0	0	14.00
15.00	Buildings	106,236,838	0	0	0	15.00
16.00	Accumulated depreciation	-58,495,803	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	73,371,876	0	0	0	23.00
24.00	Accumulated depreciation	-48,058,607	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	2,049,062	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	82,340,945	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	126,845,060	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	11,650,737	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	138,495,797	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	256,144,301	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	6,469,386	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,795,258	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	16,486,729	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	28,751,373	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	15,275,117	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	15,275,117	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	44,026,490	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	212,117,811	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)	212,117,811	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	256,144,301	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 16-0117

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

Worksheet G-1

Date/Time Prepared:
5/25/2022 10:46 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		199,448,158		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		11,014,943				2.00
3.00	Total (sum of line 1 and line 2)		210,463,101		0		3.00
4.00	CONTRIBUTIONS	13,425		0		0	4.00
5.00	FHF PERM RESTR NA - CURRENT YR	671,645		0		0	5.00
6.00	FHF TEMP RESTR NA-CURRENT YR	533,412		0		0	6.00
7.00	NET ASSETS RELEASE - CAP	14,558		0		0	7.00
8.00	NET ASSETS RELEASE FROM RESTR	1,132		0		0	8.00
9.00	UNRESTRICTED NA	996,744		0		0	9.00
10.00	Total additions (sum of line 4-9)		2,230,916		0		10.00
11.00	Subtotal (line 3 plus line 10)		212,694,017		0		11.00
12.00	CY XFERS TO/FROM AFFILIATES	377,977		0		0	12.00
13.00	TEMP RESTR	183,673		0		0	13.00
14.00	TSFR TO UNRESTRICT CA	14,558		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)		576,208		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		212,117,809		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	CONTRIBUTIONS		0				4.00
5.00	FHF PERM RESTR NA - CURRENT YR		0				5.00
6.00	FHF TEMP RESTR NA-CURRENT YR		0				6.00
7.00	NET ASSETS RELEASE - CAP		0				7.00
8.00	NET ASSETS RELEASE FROM RESTR		0				8.00
9.00	UNRESTRICTED NA		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	CY XFERS TO/FROM AFFILIATES		0				12.00
13.00	TEMP RESTR		0				13.00
14.00	TSFR TO UNRESTRICT CA		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: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
5/25/2022 10:46 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	20,236,061		20,236,061	1.00
2.00	SUBPROVIDER - IPF	3,593,766		3,593,766	2.00
3.00	SUBPROVIDER - IRF	3,161,462		3,161,462	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	26,991,289		26,991,289	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	4,534,783		4,534,783	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	BURN INTENSIVE CARE UNIT	0		0	13.01
13.02	NURSING ADMINISTRATION	0		0	13.02
13.03	GEROPSYCH REVENUE	0		0	13.03
13.04	BURN INTENSIVE CARE UNIT	0		0	13.04
13.05	BURN INTENSIVE CARE UNIT	0		0	13.05
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	4,534,783		4,534,783	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	31,526,072		31,526,072	17.00
18.00	Ancillary services	66,144,466	190,064,014	256,208,480	18.00
19.00	Outpatient services	5,245,993	27,123,250	32,369,243	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		3,998,056	3,998,056	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER PHYSICIAN	0	31,198,518	31,198,518	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	102,916,531	252,383,838	355,300,369	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		109,187,448		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)		109,187,448		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 16-0117

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

Worksheet G-3

Date/Time Prepared:
5/25/2022 10:46 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	355,300,369	1.00
2.00	Less contractual allowances and discounts on patients' accounts	234,263,219	2.00
3.00	Net patient revenues (line 1 minus line 2)	121,037,150	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	109,187,448	4.00
5.00	Net income from service to patients (line 3 minus line 4)	11,849,702	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	13,775,607	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	6,961	21.00
22.00	Rental of hospital space	433,724	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	OTHER GRANTS	270,596	24.01
24.02	OTHER MEANINGFUL USE	0	24.02
24.03	OTHER MISCELLANEOUS	5,280,643	24.03
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	19,767,531	25.00
26.00	Total (line 5 plus line 25)	31,617,233	26.00
27.00	OTHER EXPENSES TINLEY TRI STATES NET	20,602,290	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	20,602,290	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	11,014,943	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 16-0117

Period:

Worksheet H

HHA CCN: 16-7002

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/25/2022 10:46 amHome Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00 Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00 Capital Related - Movable Equipment			0		0	0	2.00
3.00 Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00 Transportation	0	0	0	0	0	0	4.00
5.00 Administrative and General	0	0	921	7,659	1,040,032	1,048,612	5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	1,838,933	468,062	139,327	10,313	74,568	2,531,203	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Home Health Aide	0	0	0	0	0	0	11.00
12.00 Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00 Drugs	0	0	0	0	0	0	13.00
14.00 DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00 Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00 Respiratory Therapy	0	0	0	0	0	0	16.00
17.00 Private Duty Nursing	0	0	0	0	0	0	17.00
18.00 Clinic	0	0	0	0	0	0	18.00
19.00 Health Promotion Activities	0	0	0	0	0	0	19.00
20.00 Day Care Program	0	0	0	0	0	0	20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00 Homemaker Service	0	0	0	0	0	0	22.00
23.00 All Others (specify)	0	0	0	0	0	0	23.00
23.50 Telemedicine	0	0	0	0	0	0	23.50
24.00 Total (sum of lines 1-23)	1,838,933	468,062	140,248	17,972	1,114,600	3,579,815	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00 Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00 Capital Related - Movable Equipment	0	0	0	0			2.00
3.00 Plant Operation & Maintenance	0	0	0	0			3.00
4.00 Transportation	0	0	0	0			4.00
5.00 Administrative and General	0	1,048,612	-179,400	869,212			5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	-3,115	2,528,088	0	2,528,088			6.00
7.00 Physical Therapy	0	0	0	0			7.00
8.00 Occupational Therapy	0	0	0	0			8.00
9.00 Speech Pathology	0	0	0	0			9.00
10.00 Medical Social Services	0	0	0	0			10.00
11.00 Home Health Aide	0	0	0	0			11.00
12.00 Supplies (see instructions)	0	0	0	0			12.00
13.00 Drugs	0	0	0	0			13.00
14.00 DME	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00 Home Dialysis Aide Services	0	0	0	0			15.00
16.00 Respiratory Therapy	0	0	0	0			16.00
17.00 Private Duty Nursing	0	0	0	0			17.00
18.00 Clinic	0	0	0	0			18.00
19.00 Health Promotion Activities	0	0	0	0			19.00
20.00 Day Care Program	0	0	0	0			20.00
21.00 Home Delivered Meals Program	0	0	0	0			21.00
22.00 Homemaker Service	0	0	0	0			22.00
23.00 All Others (specify)	0	0	0	0			23.00
23.50 Telemedicine	0	0	0	0			23.50
24.00 Total (sum of lines 1-23)	-3,115	3,576,700	-179,400	3,397,300			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 16-0117

Period:

Worksheet H-1

HHA CCN: 16-7002

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/25/2022 10:46 amHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation		
			Bldgs & Fixtures	Movable Equipment			Subtotal (cols. 0-4)	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	869,212	0	0	0	0	869,212	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,528,088	0	0	0	0	2,528,088	6.00
7.00	Physical Therapy	0	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,397,300	0	0	0	0	3,397,300	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	869,212						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	869,212	3,397,300					6.00
7.00	Physical Therapy	0	0					7.00
8.00	Occupational Therapy	0	0					8.00
9.00	Speech Pathology	0	0					9.00
10.00	Medical Social Services	0	0					10.00
11.00	Home Health Aide	0	0					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		3,397,300					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 16-0117

Period:

Worksheet H-1

HHA CCN: 16-7002

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/25/2022 10:46 amHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-869,212	5.00
						2,528,088	
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	2,528,088	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-869,212	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	869,212	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.343822	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0117

Period:

Worksheet H-2

HHA CCN: 16-7002

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/25/2022 10:46 amHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.01	
1.00	Administrative and General	0	0	0	63,730	63,730	10,076	1.00
2.00	Skilled Nursing Care	3,397,300	0	0	0	3,397,300	537,109	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	3,397,300	0	0	63,730	3,461,030	547,185	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description		REHAB	RADIOLOGY	Subtotal	OCCUPATIONAL	Subtotal	PURCHASING	
		ADMINISTRATION	ADMINISTRATION		HEALTH ADMINISTRATION		RECEIVING AND STORES	
		5.02	5.03	5A.03	5.04	5A.04	5.05	
1.00	Administrative and General	141,132	0	214,938	918	215,856	394	1.00
2.00	Skilled Nursing Care	0	0	3,934,409	16,808	3,951,217	7,219	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	141,132	0	4,149,347	17,726	4,167,073	7,613	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000		0.000000		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0117

Period:

Worksheet H-2

HHA CCN: 16-7002

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/25/2022 10:46 amHome Health
Agency I

PPS

Cost Center Description		MAINTENANCE & REPAIRS 6.00	MAINTENANCE & REPAIRS 6.01	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		CAFETERIA 11.00	EMPLOYEE CAFETERIA 11.01	MAINTENANCE OF PERSONNEL 12.00	NURSING ADMINISTRATION 13.00	CENTRAL SERVICES & SUPPLY 14.00	PHARMACY 15.00	
1.00	Administrative and General	0	0	0	0	5,322	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	5,322	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 16-0117

Period:

Worksheet H-2

HHA CCN: 16-7002

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/25/2022 10:46 amHome Health
Agency I

PPS

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	
		16.00	17.00	19.00	20.00	21.00	22.00	
1.00	Administrative and General	1,879	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	1,879	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		PARAMEDICAL ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.00	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	223,451	0	223,451			1.00
2.00	Skilled Nursing Care	0	3,958,436	0	3,958,436	223,451	4,181,887	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	4,181,887	0	4,181,887	223,451	4,181,887	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.056449		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0117
HHA CCN: 16-7002Period:
From 01/01/2021
To 12/31/2021Worksheet H-2
Part II
Date/Time Prepared:
5/25/2022 10:46 am

						Home Health Agency I	PPS	
Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	REHAB ADMINISTRATION (DOLLAR VALUE)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5A.01	5.01	5.02	
1.00	Administrative and General	0	0	1,838,933	0	63,730	3,579,815	1.00
2.00	Skilled Nursing Care	0	0	0	0	3,397,300	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	1,838,933		3,461,030	3,579,815	20.00
21.00	Total cost to be allocated	0	0	63,730		547,185	141,132	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.034656		0.158099	0.039424	22.00
Cost Center Description		RADIOLOGY ADMINISTRATION (DOLLAR VALUE)	Reconciliation	OCCUPATIONAL HEALTH ADMINISTRATION (ACCUM. COST)	Reconciliation	PURCHASING RECEIVING AND STORES (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5A.04	5.04	5A.05	5.05	6.00	
1.00	Administrative and General	0	0	214,938	0	215,856	0	1.00
2.00	Skilled Nursing Care	0	0	3,934,409	0	3,951,217	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0		4,149,347		4,167,073	0	20.00
21.00	Total cost to be allocated	0		17,726		7,613	0	21.00
22.00	Unit cost multiplier	0.000000		0.004272		0.001827	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0117

Period:

Worksheet H-2

HHA CCN: 16-7002

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/25/2022 10:46 amHome Health
Agency I

PPS

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		6.01	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		EMPLOYEE CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.01	12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	0	47,630	0	3,998,056	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	47,630	0	3,998,056	20.00
21.00	Total cost to be allocated	0	0	0	5,322	0	1,879	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.111736	0.000000	0.000470	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 16-0117

Period:

Worksheet H-2

HHA CCN: 16-7002

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/25/2022 10:46 amHome Health
Agency I

PPS

Cost Center Description		GENERAL						
		SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICAL ED PRGM (ASSIGNED TIME)	
					SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
		17.00	19.00	20.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0117

Period:

Worksheet H-3

HHA CCN: 16-7002

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/25/2022 10:46 am

				Title XVIII		Home Health Agency I	PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	4,181,887		4,181,887	9,347	447.40	1.00
2.00	Physical Therapy	3.00	0	0	0	6,505	0.00	2.00
3.00	Occupational Therapy	4.00	0	0	0	1,780	0.00	3.00
4.00	Speech Pathology	5.00	0	0	0	542	0.00	4.00
5.00	Medical Social Services	6.00	0	0	0	370	0.00	5.00
6.00	Home Health Aide	7.00	0	0	0	1,373	0.00	6.00
7.00	Total (sum of lines 1-6)		4,181,887	0	4,181,887	19,917		7.00
				Program Visits				
				Part B				
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		16300	0	11			8.00
8.01	Skilled Nursing Care		20220	0	4,222			8.01
8.02	Skilled Nursing Care		99914	0	272			8.02
8.03	Skilled Nursing Care		99916	0	491			8.03
8.04	Skilled Nursing Care		99952	0	145			8.04
9.00	Physical Therapy		16300	0	11			9.00
9.01	Physical Therapy		20220	0	3,169			9.01
9.02	Physical Therapy		99914	0	251			9.02
9.03	Physical Therapy		99916	0	352			9.03
9.04	Physical Therapy		99952	0	118			9.04
10.00	Occupational Therapy		16300	0	3			10.00
10.01	Occupational Therapy		20220	0	954			10.01
10.02	Occupational Therapy		99914	0	45			10.02
10.03	Occupational Therapy		99916	0	133			10.03
10.04	Occupational Therapy		99952	0	26			10.04
11.00	Speech Pathology		16300	0	3			11.00
11.01	Speech Pathology		20220	0	232			11.01
11.02	Speech Pathology		99914	0	24			11.02
11.03	Speech Pathology		99916	0	46			11.03
11.04	Speech Pathology		99952	0	5			11.04
12.00	Medical Social Services		16300	0	2			12.00
12.01	Medical Social Services		20220	0	182			12.01
12.02	Medical Social Services		99914	0	9			12.02
12.03	Medical Social Services		99916	0	20			12.03
12.04	Medical Social Services		99952	0	8			12.04
13.00	Home Health Aide		16300	0	6			13.00
13.01	Home Health Aide		20220	0	510			13.01
13.02	Home Health Aide		99914	0	1			13.02
13.03	Home Health Aide		99916	0	33			13.03
13.04	Home Health Aide		99952	0	4			13.04
14.00	Total (sum of lines 8-13)			0	11,288			14.00
				Total HHA Costs (cols. 1 + 2)		Total Charges (from HHA Records)		
		0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0117

Period:

Worksheet H-3

HHA CCN: 16-7002

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/25/2022 10:46 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	Program Visits			Cost of Services	Agency 1			
	Part A	Part B		Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6.00	7.00		8.00	9.00	10.00	11.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	5,141	0	2,300,083		1.00	
2.00	Physical Therapy	0	3,901	0	0		2.00	
3.00	Occupational Therapy	0	1,161	0	0		3.00	
4.00	Speech Pathology	0	310	0	0		4.00	
5.00	Medical Social Services	0	221	0	0		5.00	
6.00	Home Health Aide	0	554	0	0		6.00	
7.00	Total (sum of lines 1-6)	0	11,288	0	2,300,083		7.00	
Cost Center Description								
		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
8.04	Skilled Nursing Care							8.04
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
9.04	Physical Therapy							9.04
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
10.04	Occupational Therapy							10.04
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
11.04	Speech Pathology							11.04
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
12.04	Medical Social Services							12.04
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
13.04	Home Health Aide							13.04
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0117

Period:

Worksheet H-3

HHA CCN: 16-7002

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/25/2022 10:46 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Total Program Cost (sum of cols. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	2,300,083		1.00
2.00	Physical Therapy	0		2.00
3.00	Occupational Therapy	0		3.00
4.00	Speech Pathology	0		4.00
5.00	Medical Social Services	0		5.00
6.00	Home Health Aide	0		6.00
7.00	Total (sum of lines 1-6)	2,300,083		7.00
Cost Center Description				
		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
8.04	Skilled Nursing Care			8.04
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
9.04	Physical Therapy			9.04
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
10.04	Occupational Therapy			10.04
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
11.04	Speech Pathology			11.04
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
12.04	Medical Social Services			12.04
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
13.04	Home Health Aide			13.04
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 16-0117

Period:

Worksheet H-3

HHA CCN: 16-7002

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/25/2022 10:46 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.423635	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.345902	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.502858	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.190237	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.206111	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

		Provider CCN: 16-0117	Period: From 01/01/2021 To 12/31/2021	Worksheet H-4 Part I-II Date/Time Prepared: 5/25/2022 10:46 am	
		HHA CCN: 16-7002			
		Title XVIII	Home Health Agency I	PPS	
		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,158,593	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	154,829	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	30,369	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	7,894	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	32,950	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,384,635	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	2,384,635	24.00
25.00	Coinsurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		0	2,384,635	26.00
27.00	Reimbursable bad debts (from your records)		0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	2,384,635	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	0	30.99
31.00	Subtotal (see instructions)		0	2,384,635	31.00
31.01	Sequestration adjustment (see instructions)		0	0	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	35,418	31.02
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0	31.75
32.00	Interim payments (see instructions)		0	2,349,219	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	-2	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	35.00

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

Provider CCN: 16-0117

Period:

Worksheet H-5

HHA CCN: 16-7002

From 01/01/2021

Date/Time Prepared:

To 12/31/2021

5/25/2022 10:46 am

Home Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		2,349,219	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,349,219	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		2	6.02
7.00	Total Medicare program liability (see instructions)		0		2,349,217	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 16-0117

Period:
From 01/01/2021
To 12/31/2021Worksheet L
Parts I-III
Date/Time Prepared:
5/25/2022 10:46 am

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	871,116	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	13,884	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)	34.62	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (see instructions)	0	11.00
12.00	Total prospective capital payments (see instructions)	885,000	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