

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: 18-0102	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/26/2022 4:35 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		Date: 5/26/2022 Time: 4:35 pm
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 MERCY HEALTH LOURDES HOSPITAL LLC (18-0102) 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	Billie Jean Mounts	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	Billie Jean Mounts		2
3	Signatory Title	CHIEF REVENUE OFFICER		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	698,185	12,232	0	1,142,993	1.00
2.00 Subprovider - IPF	0	-7,841	0		0	2.00
3.00 Subprovider - IRF	0	-63,050	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	-30		0	9.00
200.00 Total	0	627,294	12,202	0	1,142,993	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: 18-0102	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 4:35 pm	
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1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1530 LONE OAK ROAD	PO Box:		Zip Code: 42003	County: MC CRACKEN					1.00
2.00	City: PADUCAH	State: KY								2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	MERCY HEALTH LOURDES HOSPITAL LLC	180102	99918	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	LOURDES HOSPITAL GERI PSYCH UNIT	18S102	99918	4	01/01/2016	N	P	O	4.00
5.00	Subprovider - IRF	LOURDES REHAB UNIT	18T102	99918	5	01/10/1985	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	LOURDES HOMECARE	187100	99918		01/01/1988	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	LOURDES HOSPICE	181507	99918		01/27/1987				14.00
14.01	Hospital-Based Hospice II	LOURDES HOSPICE IL	141548	99918		04/15/1992				14.01
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2021	12/31/2021			20.00
21.00	Type of Control (see instructions)					1				21.00
						1.00	2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				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	Y			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:
5/26/2022 4:35 pm

MCRIF32 - 17.4.174.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 18-0102		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 4:35 pm	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		N				60.00
			Y/N	IME	Direct GME	IME	Direct GME
			1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
			1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
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: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
5/26/2022 4:35 pm

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00
	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.	Y	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0		71.00
	Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0		76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 18-0102	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 4:35 pm	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	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	Y	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	5.00	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	Y	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	5.00	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)	N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					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

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		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1,707,324	606,731	0118.01
		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	HB0359	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 18-0102		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 4:35 pm		
1.00		2.00		3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name: MERCY HEALTH PARTNERS		Contractor's Name: CGS		Contractor's Number: 15201				141.00	
142.00	Street: 1701 MERCY HEALTH PLACE		PO Box:						142.00	
143.00	City: CINCINNATI		State: OH		Zip Code: 45237				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		N		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.								Y	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital			N	N	N	N			155.00
156.00	Subprovider - IPF			N	N	N	N			156.00
157.00	Subprovider - IRF			N	N	N	N			157.00
158.00	SUBPROVIDER									158.00
159.00	SNF			N	N	N	N			159.00
160.00	HOME HEALTH AGENCY			N	N	N	N			160.00
161.00	CMHC				N	N	N			161.00
								1.00		
Multicampus										
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00			166.00
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99	169.00
						Beginning	Ending			
						1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00	
						1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0	171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 18-0102		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 4:35 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			Y			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A	03/25/2022	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			Y			5.00
				Y/N	Legal Oper.		
				1.00	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.					Y	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	03/28/2022	Y	03/28/2022
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
5/26/2022 4:35 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JOHN	FRANK		41.00
42.00	Enter the employer/company name of the cost report preparer.	MERCY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	5139524858	JFRANK@MERCY.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
5/26/2022 4:35 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 4:35 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	239	87,235	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)		239	87,235	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	12	4,380	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		265	96,725	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	13	4,745		0	16.00
17.00 SUBPROVIDER - IRF	41.00	28	10,220		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	10	3,650			24.00
24.01 HOSPICE II	116.01	10	3,650			24.01
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)		326				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)		3	1,095			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: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 4:35 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,826	284	32,911			1.00
2.00	HMO and other (see instructions)	8,607	9,135				2.00
3.00	HMO IPF Subprovider	314	0				3.00
4.00	HMO IRF Subprovider	800	297				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)	11,826	284	32,911			7.00
8.00	INTENSIVE CARE UNIT	1,300	55	3,591			8.00
9.00	CORONARY CARE UNIT	782	51	2,962			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		12	1,244			13.00
14.00	Total (see instructions)	13,908	402	40,708	0.00	781.64	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	603	0	1,268	0.00	12.36	16.00
17.00	SUBPROVIDER - IRF	3,210	0	4,970	0.00	18.11	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	4,505	47,277	0.00	57.81	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	195	2,233	0.00	69.44	24.00
24.01	HOSPICE II	0	0	0	0.00	8.31	24.01
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	947.67	27.00
28.00	Observation Bed Days		622	3,440			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	160	263			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: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 4:35 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,466	132	10,066	1.00
2.00 HMO and other (see instructions)			1,770	2,068		2.00
3.00 HMO IPF Subprovider				69		3.00
4.00 HMO IRF Subprovider				19		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,466	132	10,066	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	93	3	288	16.00
17.00 SUBPROVIDER - IRF	0.00	0	254	0	413	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.01 HOSPICE II	0.00					24.01
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: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 4:35 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	64,681,954	0	64,681,954	1,971,174.97	32.81
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		11,475,744	219,422	11,695,166	347,849.54	33.62
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00
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		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		15,624,796	0	15,624,796	352,974.17	44.27
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)		12,353,051	0	12,353,051		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,689,707	0	2,689,707		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		3,712,023	0	3,712,023		
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: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 4:35 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	937,477	-931,948	5,529	1.00	5,529.00	26.00
27.00	Administrative & General	5.00	5,203,392	76,575	5,279,967	171,911.95	30.71	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	617,267	9,078	626,345	24,888.10	25.17	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,288,648	-253,126	1,035,522	65,053.48	15.92	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	272,078	272,078	17,429.59	15.61	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,013,389	14,904	1,028,293	22,845.62	45.01	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	2,427,460	35,700	2,463,160	51,495.33	47.83	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	450	7	457	11.98	38.15	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
5/26/2022 4:35 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	64,681,954	0	64,681,954	1,971,174.97	32.81	1.00
2.00	Excluded area salaries (see instructions)	11,475,744	219,422	11,695,166	347,849.54	33.62	2.00
3.00	Subtotal salaries (line 1 minus line 2)	53,206,210	-219,422	52,986,788	1,623,325.43	32.64	3.00
4.00	Subtotal other wages & related costs (see inst.)	15,624,796	0	15,624,796	352,974.17	44.27	4.00
5.00	Subtotal wage-related costs (see inst.)	16,065,074	0	16,065,074	0.00	30.32	5.00
6.00	Total (sum of lines 3 thru 5)	84,896,080	-219,422	84,676,658	1,976,299.60	42.85	6.00
7.00	Total overhead cost (see instructions)	11,488,083	-776,732	10,711,351	353,637.05	30.29	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part IV
Date/Time Prepared:
5/26/2022 4:35 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,252,800	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	4,497,517	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	1,767,249	9.00
10.00	Dental, Hearing and Vision Plan	227,713	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	70,926	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)	262,189	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	230,651	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	4,506,693	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	-32,648	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	259,668	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	15,042,758	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: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part V
Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	15,042,758	1.00
2.00	Hospital	0	12,353,051	2.00
3.00	Subprovider - IPF	0	212,986	3.00
4.00	Subprovider - IRF	0	252,183	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	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	983,086	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	1,232,482	13.00
13.01	Hospital-Based Hospice 1	0	0	13.01
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	8,970	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 18-0102 Component CCN: 18-7100		Period: From 01/01/2021 To 12/31/2021		Worksheet S-4 Date/Time Prepared: 5/26/2022 4:35 pm	
						Home Health Agency I		PPS	
						1.00			
0.00	County			MCCRACKEN				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	3,338	137	61	3,536	1.00
2.00	Unduplicated Census Count (see instructions)			0.00	2,320.00	291.00	426.00	3,037.00	2.00
				Enter the number of hours in your normal work week		Number of Employees (Full Time Equivalent)			
						Staff	Contract	Total	
				0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES									
3.00	Administrator and Assistant Administrator(s)			40.00	0.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)				1.00	0.00	0.00	1.00	4.00
5.00	Other Administrative Personnel				10.14	0.00	0.00	10.14	5.00
6.00	Direct Nursing Service				29.00	0.00	0.00	29.00	6.00
7.00	Nursing Supervisor				3.00	0.00	0.00	3.00	7.00
8.00	Physical Therapy Service				16.75	0.00	0.00	16.75	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service				3.00	0.00	0.00	3.00	10.00
11.00	Occupational Therapy Supervisor				0.90	0.00	0.00	0.90	11.00
12.00	Speech Pathology Service				1.50	0.00	0.00	1.50	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	0.00	13.00
14.00	Medical Social Service				1.00	0.00	0.00	1.00	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	0.00	15.00
16.00	Home Health Aide				1.70	0.00	0.00	1.70	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	0.00	0.00	17.00
18.00	Other (specify)				0.00	0.00	0.00	0.00	18.00
								CBSA Data	
								1.00	
HOME HEALTH AGENCY CBSA CODES									
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.							1	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).							99914	20.00
				Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
				Without Outliers	With Outliers				
				1.00	2.00				
PPS ACTIVITY DATA									
21.00	Skilled Nursing Visits			0	0	0	0	0	21.00
22.00	Skilled Nursing Visit Charges			0	0	0	0	0	22.00
23.00	Physical Therapy Visits			0	0	0	0	0	23.00
24.00	Physical Therapy Visit Charges			0	0	0	0	0	24.00
25.00	Occupational Therapy Visits			0	0	0	0	0	25.00
26.00	Occupational Therapy Visit Charges			0	0	0	0	0	26.00
27.00	Speech Pathology Visits			0	0	0	0	0	27.00
28.00	Speech Pathology Visit Charges			0	0	0	0	0	28.00
29.00	Medical Social Service Visits			0	0	0	0	0	29.00
30.00	Medical Social Service Visit Charges			0	0	0	0	0	30.00
31.00	Home Health Aide Visits			0	0	0	0	0	31.00
32.00	Home Health Aide Visit Charges			0	0	0	0	0	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)			0	0	0	0	0	33.00
34.00	Other Charges			0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)			0	0	0	0	0	35.00
36.00	Total Number of Episodes (standard/non outlier)			0		0	0	0	36.00
37.00	Total Number of Outlier Episodes				0		0	0	37.00
38.00	Total Non-Routine Medical Supply Charges			0	0	0	0	0	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 18-0102

Period:

Worksheet S-9

Hospice CCN: 18-1507

From 01/01/2021
To 12/31/2021PARTS I THROUGH IV
Date/Time Prepared:
5/26/2022 4:35 pm

		Hospice I					
		Unduplicated Days					
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)
		1.00	2.00	3.00	4.00	5.00	6.00
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
1.00	Hospice Continuous Home Care						1.00
2.00	Hospice Routine Home Care						2.00
3.00	Hospice Inpatient Respite Care						3.00
4.00	Hospice General Inpatient Care						4.00
5.00	Total Hospice Days						5.00
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
6.00	Number of patients receiving hospice care						6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00
8.00	Average Length of Stay (line 5 / line 6)						8.00
9.00	Unduplicated census count						9.00

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	58,178	3,167	3,270	64,615	11.00
12.00	Hospice Inpatient Respite Care	280	20	32	332	12.00
13.00	Hospice General Inpatient Care	1,369	131	82	1,582	13.00
14.00	Total Hospice Days	59,827	3,318	3,384	66,529	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 18-0102

Period:

Worksheet S-9

Hospice CCN: 14-1548

From 01/01/2021
To 12/31/2021PARTS I THROUGH IV
Date/Time Prepared:
5/26/2022 4:35 pm

		Hospice II					
		Unduplicated Days					
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)
		1.00	2.00	3.00	4.00	5.00	6.00
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
1.00	Hospice Continuous Home Care						1.00
2.00	Hospice Routine Home Care						2.00
3.00	Hospice Inpatient Respite Care						3.00
4.00	Hospice General Inpatient Care						4.00
5.00	Total Hospice Days						5.00
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
6.00	Number of patients receiving hospice care						6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00
8.00	Average Length of Stay (line 5 / line 6)						8.00
9.00	Unduplicated census count						9.00

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	9,462	0	549	10,011	11.00
12.00	Hospice Inpatient Respite Care	22	0	0	22	12.00
13.00	Hospice General Inpatient Care	116	0	0	116	13.00
14.00	Total Hospice Days	9,600	0	549	10,149	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

Health Financial Systems		MERCY HEALTH LOURDES HOSPITAL LLC		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 18-0102	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/26/2022 4:35 pm	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.197442	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			41,690,197	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			17,620,242	5.00
6.00	Medicaid charges			180,000,146	6.00
7.00	Medicaid cost (line 1 times line 6)			35,539,589	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)			0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	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)	6,694,357	418,329	7,112,686	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,321,747	418,329	1,740,076	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,321,747	418,329	1,740,076	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)			12,379,256	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,042,813	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,604,328	27.01
28.00	Non-Medicare bad debt expense (see instructions)			10,774,928	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,688,938	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			4,429,014	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			4,429,014	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0102

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

Worksheet A

Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	3,627,960	3,627,960	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	5,035,021	5,035,021	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	937,477	10,518,603	11,456,080	1,345,454	12,801,534	4.00
5.01	00540	NONPATIENT TELEPHONES	202,566	14,792	217,358	2,979	220,337	5.01
5.05	00591	ADMINISTRATIVE AND GENERAL	5,000,826	54,029,514	59,030,340	-1,330,950	57,699,390	5.05
6.00	00600	MAINTENANCE & REPAIRS	617,267	9,368,991	9,986,258	-1,652,418	8,333,840	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	738,384	738,384	0	738,384	8.00
9.00	00900	HOUSEKEEPING	0	2,769,917	2,769,917	-1,893	2,768,024	9.00
10.00	01000	DIETARY	1,288,648	1,513,967	2,802,615	-579,413	2,223,202	10.00
11.00	01100	CAFETERIA	0	0	0	590,362	590,362	11.00
13.00	01300	NURSING ADMINISTRATION	1,013,389	621,202	1,634,591	-469,743	1,164,848	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	715,461	715,461	2,295,052	3,010,513	14.00
15.00	01500	PHARMACY	2,427,460	29,616,280	32,043,740	-27,920,843	4,122,897	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,403	6,403	-1,141	5,262	16.00
17.00	01700	SOCIAL SERVICE	450	11,238	11,688	-11	11,677	17.00
18.00	01850	PATIENT TRANSPORT	0	583,334	583,334	-36	583,298	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,998,455	6,166,885	19,165,340	-5,052,131	14,113,209	30.00
31.00	03100	INTENSIVE CARE UNIT	2,342,662	912,130	3,254,792	-103,889	3,150,903	31.00
32.00	03200	CORONARY CARE UNIT	1,795,695	327,357	2,123,052	-35,771	2,087,281	32.00
40.00	04000	SUBPROVIDER - IPF	881,938	74,630	956,568	44,069	1,000,637	40.00
41.00	04100	SUBPROVIDER - IRF	1,061,439	155,844	1,217,283	21,011	1,238,294	41.00
43.00	04300	NURSERY	0	0	0	174,808	174,808	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,518,437	21,992,423	26,510,860	-16,072,198	10,438,662	50.00
50.01	05001	REHAB MEDICINE	896,190	94,903	991,093	-51,170	939,923	50.01
51.00	05100	RECOVERY ROOM	447,817	105,617	553,434	7,906	561,340	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,542,790	1,542,790	52.00
53.00	05300	ANESTHESIOLOGY	31,042	1,983,001	2,014,043	-91,661	1,922,382	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,159,267	1,274,048	3,433,315	-881,067	2,552,248	54.00
54.01	03630	ULTRA SOUND	338,229	230,250	568,479	-100,274	468,205	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	354,181	817,906	1,172,087	-677,166	494,921	56.01
57.00	05700	CT SCAN	564,995	526,212	1,091,207	-242,779	848,428	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	376,079	721,776	1,097,855	-456,734	641,121	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,679,837	10,583,039	12,262,876	-10,008,236	2,254,640	59.00
60.00	06000	LABORATORY	2,821,159	4,248,189	7,069,348	-152,754	6,916,594	60.00
64.00	06400	INTRAVENOUS THERAPY	1,850,433	1,385,489	3,235,922	-3,895	3,232,027	64.00
65.00	06500	RESPIRATORY THERAPY	1,235,653	328,607	1,564,260	-32,027	1,532,233	65.00
66.00	06600	PHYSICAL THERAPY	1,049,381	234,924	1,284,305	-91,479	1,192,826	66.00
67.00	06700	OCCUPATIONAL THERAPY	366,312	28,259	394,571	55,698	450,269	67.00
68.00	06800	SPEECH PATHOLOGY	131,684	10,079	141,763	82,313	224,076	68.00
69.00	06900	ELECTROCARDIOLOGY	1,006,508	541,909	1,548,417	-24,974	1,523,443	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	354,868	425,217	780,085	-159,839	620,246	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,643,602	9,643,602	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,964,491	17,964,491	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	31,197,114	31,197,114	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	1,025,099	1,025,099	-6,761	1,018,338	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	559,907	406,442	966,349	-26,920	939,429	76.02
76.03	03020	PICC LINE TEAM	14,164	76,393	90,557	-40,231	50,326	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	620,187	224,567	844,754	15,389	860,143	90.02
91.00	09100	EMERGENCY	3,204,985	1,041,026	4,246,011	-321,962	3,924,049	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	4,212,622	4,447,430	8,660,052	-3,220,051	5,440,001	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	5,281,308	9,747,921	15,029,229	-5,740,398	9,288,831	116.00
116.01	11601	HOSPICE II	0	483,808	483,808	1,931,451	2,415,259	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	64,643,517	181,129,466	245,772,983	26,655	245,799,638	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0102

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

Worksheet A

Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	169,915	169,915	0	169,915	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	38,437	71,562	109,999	-26,655	83,344	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	64,681,954	181,370,943	246,052,897	0	246,052,897	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0102

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

Worksheet A

Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	153,239	3,781,199	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,741,845	7,776,866	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,897,484	10,904,050	4.00
5.01	00540	NONPATIENT TELEPHONES	-3,164	217,173	5.01
5.05	00591	ADMINISTRATIVE AND GENERAL	-11,900,713	45,798,677	5.05
6.00	00600	MAINTENANCE & REPAIRS	-33,437	8,300,403	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	738,384	8.00
9.00	00900	HOUSEKEEPING	0	2,768,024	9.00
10.00	01000	DIETARY	-677	2,222,525	10.00
11.00	01100	CAFETERIA	-532,490	57,872	11.00
13.00	01300	NURSING ADMINISTRATION	-3,061	1,161,787	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,330,687	4,341,200	14.00
15.00	01500	PHARMACY	0	4,122,897	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,262	16.00
17.00	01700	SOCIAL SERVICE	0	11,677	17.00
18.00	01850	PATIENT TRANSPORT	0	583,298	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,801,356	10,311,853	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,841	3,149,062	31.00
32.00	03200	CORONARY CARE UNIT	0	2,087,281	32.00
40.00	04000	SUBPROVIDER - IPF	-400	1,000,237	40.00
41.00	04100	SUBPROVIDER - IRF	-10,614	1,227,680	41.00
43.00	04300	NURSERY	0	174,808	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-3,883	10,434,779	50.00
50.01	05001	REHAB MEDICINE	-1	939,922	50.01
51.00	05100	RECOVERY ROOM	0	561,340	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,542,790	52.00
53.00	05300	ANESTHESIOLOGY	-1,633,000	289,382	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-37,708	2,514,540	54.00
54.01	03630	ULTRA SOUND	0	468,205	54.01
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	494,921	56.01
57.00	05700	CT SCAN	0	848,428	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	641,121	58.00
59.00	05900	CARDIAC CATHETERIZATION	-790,884	1,463,756	59.00
60.00	06000	LABORATORY	-138,075	6,778,519	60.00
64.00	06400	INTRAVENOUS THERAPY	-413,005	2,819,022	64.00
65.00	06500	RESPIRATORY THERAPY	-9,415	1,522,818	65.00
66.00	06600	PHYSICAL THERAPY	-1,758	1,191,068	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	450,269	67.00
68.00	06800	SPEECH PATHOLOGY	0	224,076	68.00
69.00	06900	ELECTROCARDIOLOGY	-61,608	1,461,835	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-995	619,251	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,643,602	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,964,491	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	31,197,114	73.00
73.01	07301	RETAIL PHARMACY	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	1,018,338	74.00
76.00	03951	DIABETES	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	76.01
76.02	03030	WOUND CARE	-187,183	752,246	76.02
76.03	03020	PICC LINE TEAM	0	50,326	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	90.01
90.02	09002	PAIN MANAGEMENT	-83,640	776,503	90.02
91.00	09100	EMERGENCY	74,509	3,998,558	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	-125	5,439,876	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-83,298	9,205,533	116.00
116.01	11601	HOSPICE II	-244	2,415,015	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-17,329,779	228,469,859	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-124,172	45,743	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0102

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

Worksheet A

Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	83,344	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	194.01
194.02	07952	FOUNDATION	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-17,453,951	228,598,946	200.00

RECLASSIFICATIONS

Provider CCN: 18-0102

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 4:35 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - Chargeable Medical Supplies					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	9,643,602		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
7.00		0.00	0	0		7.00
	0		0	9,643,602		
	B - Implantable Devices					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	17,964,491		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
	0		0	17,964,491		
	C - Drugs Charged to Patients					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	31,197,114		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
	0		0	31,197,114		
	D - Dietary and Cafeteria					
1.00	CAFETERIA	11.00	272,078	319,651		1.00
	0		272,078	319,651		
	E - Property Insurance and Taxes					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	18,268		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
	0		0	18,268		
	F - Depreciation Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,600,605		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,035,021		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

RECLASSIFICATIONS

Provider CCN: 18-0102

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 4:35 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
			0	8,635,626		
	G - Nursery and Labor/Delivery					
1.00	NURSERY	43.00	144,019	30,789		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,271,059	271,731		2.00
			1,415,078	302,520		
	I - Interest Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,087		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
			0	9,087		
	J - Employee Benefit Salaries					
1.00	NONPATIENT TELEPHONES	5.01	2,979	0		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.05	73,596	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	9,078	0		3.00
4.00	DIETARY	10.00	18,952	0		4.00
5.00	NURSING ADMINISTRATION	13.00	14,904	0		5.00
6.00	PHARMACY	15.00	35,700	0		6.00
7.00	SOCIAL SERVICE	17.00	7	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	191,116	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	34,453	0		9.00
10.00	CORONARY CARE UNIT	32.00	26,409	0		10.00
11.00	SUBPROVIDER - IPF	40.00	12,971	0		11.00
12.00	SUBPROVIDER - IRF	41.00	15,610	0		12.00
13.00	OPERATING ROOM	50.00	66,452	0		13.00
14.00	REHAB MEDICINE	50.01	13,180	0		14.00
15.00	RECOVERY ROOM	51.00	6,586	0		15.00
16.00	ANESTHESIOLOGY	53.00	457	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	31,756	0		17.00
18.00	ULTRA SOUND	54.01	4,974	0		18.00
19.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	5,209	0		19.00
20.00	CT SCAN	57.00	8,309	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	24,705	0		21.00
22.00	LABORATORY	60.00	41,490	0		22.00
23.00	INTRAVENOUS THERAPY	64.00	27,214	0		23.00
24.00	RESPIRATORY THERAPY	65.00	18,172	0		24.00
25.00	PHYSICAL THERAPY	66.00	15,433	0		25.00
26.00	OCCUPATIONAL THERAPY	67.00	5,388	0		26.00
27.00	SPEECH PATHOLOGY	68.00	1,937	0		27.00
28.00	ELECTROCARDIOLOGY	69.00	14,803	0		28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	5,219	0		29.00
30.00	WOUNDCARE	76.02	8,235	0		30.00
31.00	PICC LINE TEAM	76.03	208	0		31.00
32.00	PAIN MANAGEMENT	90.02	9,121	0		32.00
33.00	EMERGENCY	91.00	47,135	0		33.00
34.00	HOME HEALTH AGENCY	101.00	61,954	0		34.00

RECLASSIFICATIONS

Provider CCN: 18-0102

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 4:35 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
35.00	HOSPICE	116.00	77,671	0		35.00
36.00	MEDICAL BUILDING AND OTHER	194.00	565	0		36.00
	TOTALS		931,948	0		
AA - Director Manager						
1.00	SUBPROVIDER - IPF	40.00	31,180	0		1.00
2.00	SUBPROVIDER - IRF	41.00	19,471	0		2.00
3.00	RECOVERY ROOM	51.00	5,091	0		3.00
4.00	ULTRA SOUND	54.01	8,233	0		4.00
5.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	19,958	0		5.00
6.00	CT SCAN	57.00	49,339	0		6.00
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	11,257	0		7.00
8.00	OCCUPATIONAL THERAPY	67.00	50,894	0		8.00
9.00	SPEECH PATHOLOGY	68.00	80,376	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	39,582	0		10.00
11.00	PAIN MANAGEMENT	90.02	42,122	0		11.00
	TOTALS		357,503	0		
BB - Palliative						
1.00	HOSPICE II	116.01	15,033	1,115		1.00
			15,033	1,115		
CC - hha and hospice						
1.00	HOSPICE II	116.01	673,482	0		1.00
	TOTALS		673,482	0		
DD - HHA and Hospice A/G						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,277,402		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.05	0	4,721,776		2.00
	TOTALS		0	6,999,178		
EE - HOV IL SALARY AND EXPENSE ALLOCATION						
1.00	HOSPICE II	116.01	0	1,243,072		1.00
	TOTALS		0	1,243,072		
ZZ - COVID-19						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,562,513		1.00
2.00	PHARMACY	15.00	0	1,488,559		2.00
	TOTALS		0	4,051,072		
500.00	Grand Total: Increases		3,665,122	80,384,796		500.00

RECLASSIFICATIONS

Provider CCN: 18-0102

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 4:35 pm

	Decreases						5/26/2022 4:35 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - Chargeable Medical Supplies						
1.00	ADULTS & PEDIATRICS	30.00	0	3,046,933	0		1.00
2.00	OPERATING ROOM	50.00	0	3,190,140	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	298,444	0		3.00
4.00	CT SCAN	57.00	0	862	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	3,103,623	0		5.00
7.00	PAIN MANAGEMENT	90.02	0	3,600	0		7.00
0			0	9,643,602			
	B - Implantable Devices						
1.00	ADMINISTRATIVE AND GENERAL	5.05	0	238,508	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	156,802	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	14,903	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	2,887	0		4.00
5.00	CORONARY CARE UNIT	32.00	0	472	0		5.00
6.00	OPERATING ROOM	50.00	0	11,052,728	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	2,089	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	44,333	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	6,423,421	0		9.00
10.00	WOUNDCARE	76.02	0	8,089	0		10.00
11.00	PAIN MANAGEMENT	90.02	0	19,600	0		11.00
12.00	EMERGENCY	91.00	0	659	0		12.00
0			0	17,964,491			
	C - Drugs Charged to Patients						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	69,921	0		1.00
2.00	PHARMACY	15.00	0	29,227,745	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	171,849	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	53,573	0		4.00
5.00	CORONARY CARE UNIT	32.00	0	35,068	0		5.00
6.00	SUBPROVIDER - IPF	40.00	0	82	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	2,494	0		7.00
8.00	OPERATING ROOM	50.00	0	474,222	0		8.00
9.00	RECOVERY ROOM	51.00	0	3,771	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	90,029	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	41,250	0		11.00
12.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	548,042	0		12.00
13.00	CT SCAN	57.00	0	90,348	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	108,827	0		14.00
15.00	LABORATORY	60.00	0	17,072	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	4,822	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	10	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	14,407	0		18.00
19.00	RENAL DIALYSIS	74.00	0	6,761	0		19.00
20.00	WOUNDCARE	76.02	0	10,503	0		20.00
21.00	PICC LINE TEAM	76.03	0	40,439	0		21.00
22.00	PAIN MANAGEMENT	90.02	0	336	0		22.00
23.00	EMERGENCY	91.00	0	185,543	0		23.00
0			0	31,197,114			
	D - Dietary and Cafeteria						
1.00	DIETARY	10.00	272,078	319,651	0		1.00
0			272,078	319,651			
	E - Property Insurance and Taxes						
1.00		0.00	0	0	12		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	338	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,275	0		3.00
4.00	PATIENT TRANSPORT	18.00	0	36	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	750	0		5.00
6.00	WOUNDCARE	76.02	0	39	0		6.00
7.00	HOME HEALTH AGENCY	101.00	0	7,398	0		7.00
8.00	HOSPICE	116.00	0	7,181	0		8.00
9.00	HOSPICE II	116.01	0	1,251	0		9.00
0			0	18,268			
	F - Depreciation Expense						
1.00		0.00	0	0	9		1.00
2.00		0.00	0	0	9		2.00
3.00	ADMINISTRATIVE AND GENERAL	5.05	0	1,836,467	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	1,661,158	0		4.00
5.00	HOUSEKEEPING	9.00	0	1,893	0		5.00
6.00	DIETARY	10.00	0	6,636	0		6.00
7.00	CAFETERIA	11.00	0	1,367	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	484,647	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	39,463	0		9.00
10.00	PHARMACY	15.00	0	217,357	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,141	0		11.00

RECLASSIFICATIONS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet A-6
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
12.00	SOCIAL SERVICE	17.00	0	18	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	260,784	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	81,882	0		14.00
15.00	CORONARY CARE UNIT	32.00	0	26,640	0		15.00
16.00	SUBPROVIDER - IRF	41.00	0	11,576	0		16.00
17.00	OPERATING ROOM	50.00	0	1,416,469	0		17.00
18.00	REHAB MEDICINE	50.01	0	5,499	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	452,706	0		19.00
20.00	ULTRA SOUND	54.01	0	113,481	0		20.00
21.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	154,291	0		21.00
22.00	CT SCAN	57.00	0	209,217	0		22.00
23.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	467,991	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	344,041	0		24.00
25.00	LABORATORY	60.00	0	177,172	0		25.00
26.00	INTRAVENOUS THERAPY	64.00	0	31,109	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	45,377	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	15,012	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00	0	584	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	64,952	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	122,936	0		31.00
32.00	WOUNDCARE	76.02	0	16,524	0		32.00
34.00	PAIN MANAGEMENT	90.02	0	12,318	0		34.00
35.00	EMERGENCY	91.00	0	182,895	0		35.00
36.00	HOME HEALTH AGENCY	101.00	0	127,838	0		36.00
37.00	HOSPICE	116.00	0	16,965	0		37.00
38.00	MEDICAL BUILDING AND OTHER	194.00	0	27,220	0		38.00
	0		0	8,635,626			
G - Nursery and Labor/Delivery							
1.00	ADULTS & PEDIATRICS	30.00	1,415,078	302,520	0		1.00
2.00		0.00	0	0	0		2.00
	0		1,415,078	302,520			
I - Interest Expense							
1.00		0.00	0	0	11		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.05	0	275	0		2.00
3.00	HOME HEALTH AGENCY	101.00	0	4,406	0		3.00
4.00	HOSPICE	116.00	0	4,406	0		4.00
	0		0	9,087			
J - Employee Benefit Salaries							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	931,948	0	11		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00

RECLASSIFICATIONS

Provider CCN: 18-0102

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		
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
	TOTALS		931,948	0			
	AA - Director Manager						
1.00	ADULTS & PEDIATRICS	30.00	31,180	0	0		1.00
2.00	OPERATING ROOM	50.00	5,091	0	0		2.00
3.00	REHAB MEDICINE	50.01	58,851	0	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	75,340	0	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	53,029	0	0		5.00
6.00	PHYSICAL THERAPY	66.00	91,890	0	0		6.00
7.00	ELECTROENCEPHALOGRAPHY	70.00	42,122	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
	TOTALS		357,503	0			
	BB - Palliative						
1.00	HOSPICE	116.00	15,033	1,115			1.00
			15,033	1,115			
	CC - hha and hospice						
1.00	HOSPICE	116.00	673,482	0	0		1.00
	TOTALS		673,482	0			
	DD - HHA and Hospice A/G						
1.00	HOME HEALTH AGENCY	101.00	0	3,142,363	0		1.00
2.00	HOSPICE	116.00	0	3,856,815	0		2.00
	TOTALS		0	6,999,178			
	EE - HOV IL SALARY AND EXPENSE ALLOCATION						
1.00	HOSPICE	116.00	0	1,243,072	0		1.00
	TOTALS		0	1,243,072			
	ZZ - COVID-19						
1.00	ADMINISTRATIVE AND GENERAL	5.05	0	4,051,072	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	4,051,072			
500.00	Grand Total: Decreases		3,665,122	80,384,796			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
5/26/2022 4:35 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	437,015	0	0	0	0	1.00	
2.00	Land Improvements	3,113,611	0	0	0	0	2.00	
3.00	Buildings and Fixtures	131,645,860	3,343,211	0	3,343,211	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	141,276,458	0	0	0	-34,524,359	5.00	
6.00	Movable Equipment	8,248,338	0	0	0	-2,509,801	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	284,721,282	3,343,211	0	3,343,211	-37,034,160	8.00	
9.00	Reconciling Items	5,653,653	3,103,430	0	3,103,430	0	9.00	
10.00	Total (line 8 minus line 9)	279,067,629	239,781	0	239,781	-37,034,160	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	437,015	0				1.00	
2.00	Land Improvements	3,113,611	0				2.00	
3.00	Buildings and Fixtures	134,989,071	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	175,800,817	0				5.00	
6.00	Movable Equipment	10,758,139	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	325,098,653	0				8.00	
9.00	Reconciling Items	8,757,083	0				9.00	
10.00	Total (line 8 minus line 9)	316,341,570	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
5/26/2022 4:35 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	245,291,795	0	245,291,795	0.977140	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,738,537	0	5,738,537	0.022860	0	2.00
3.00	Total (sum of lines 1-2)	251,030,332	0	251,030,332	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	3,205,098	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,035,021	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,240,119	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	962,442	18,268	0	-404,609	3,781,199	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,741,845	0	0	0	7,776,866	2.00
3.00	Total (sum of lines 1-2)	3,704,287	18,268	0	-404,609	11,558,065	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 18-0102

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

Worksheet A-8

Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00				3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-404,609	CAP REL COSTS-BLDG & FIXT	1.00	14	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-9,379	ADMINISTRATIVE AND GENERAL	5.05	0	7.00
8.00	Television and radio service (chapter 21)	A	-33,437	MAINTENANCE & REPAIRS	6.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-11,901,534			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-3,451,489			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-532,309	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others	B	0	0CAP REL COSTS-BLDG & FIXT	1.00	10	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	0	0CAFETERIA	11.00	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	0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	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	0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	Other Operating Revenue	B	-31,916	ADMINISTRATIVE AND GENERAL	5.05	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 18-0102

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

Worksheet A-8

Date/Time Prepared:
5/26/2022 4:35 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.		
						1.00	2.00
33.01 Other Operating Revenue	B	-395,507	CAP REL COSTS-BLDG & FIXT	1.00	9	33.01	
33.02 Other Operating Revenue	B	-37,708	RADIOLOGY-DIAGNOSTIC	54.00	0	33.02	
33.03 Other Operating Revenue	B	-770	ADULTS & PEDIATRICS	30.00	0	33.03	
33.05 Other Operating Revenue	B	-78,174	ADMINISTRATIVE AND GENERAL	5.05	0	33.05	
33.08 Other Operating Revenue	A	0	ADMINISTRATIVE AND GENERAL	5.05	0	33.08	
33.12 Other Operating Revenue	B	-1,758	PHYSICAL THERAPY	66.00	0	33.12	
33.13 ECHOCARDIOLOGY OTHER INCOME	B	0	RADIOLOGY-DIAGNOSTIC	54.00	0	33.13	
33.14 LAB OTHER INCOME	B	0	LABORATORY	60.00	0	33.14	
33.15 Other Operating Revenue	B	-158,697	ADMINISTRATIVE AND GENERAL	5.05	0	33.15	
33.16 HOSPICE OTHER INCOME	B	0	LABORATORY	60.00	0	33.16	
33.17 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.17	
33.18 CONTRIBUTIONS/DONATIONS	A	0	ADMINISTRATIVE AND GENERAL	5.05	0	33.18	
33.19 PATIENT TELEPHONE	A	0	ADMINISTRATIVE AND GENERAL	5.05	0	33.19	
33.20 MIDLEVEL SALARY & BENEFIT	A	0	PAIN MANAGEMENT	90.02	0	33.20	
33.21 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.21	
33.22 TELEPHONE EMPLOYEE BENEFITS	A	0	EMERGENCY	91.00	0	33.22	
33.23 OTHER OPERATING REVENUE CT	A	0	ADMINISTRATIVE AND GENERAL	5.05	0	33.23	
33.24 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.24	
33.25 GIFTS AND NON-REIMBURSABLES HR	A	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.25	
33.26 GIFTS AND NON-REIMBURSABLES A&G	A	0	ADMINISTRATIVE AND GENERAL	5.05	0	33.26	
33.27 GIFTS AND NON-REIMBURSABLES NURSE AD	A	0	INTENSIVE CARE UNIT	31.00	0	33.27	
33.28 DONTATIONS	B	0	DRUGS CHARGED TO PATIENTS	73.00	0	33.28	
33.29 GIFTS AND NON-REIMBURSABLES REHAB	A	0	REHAB MEDICINE	50.01	0	33.29	
33.50 Non Operating	B	-716	ADMINISTRATIVE AND GENERAL	5.05	0	33.50	
34.00 LOBBYING	A	0	ADMINISTRATIVE AND GENERAL	5.05	0	34.00	
35.00 Non Allowable Expense	A	-1,000	ADMINISTRATIVE AND GENERAL	5.05	14	35.00	
35.01 Non Allowable Expense	A	-3,061	NURSING ADMINISTRATION	13.00	0	35.01	
35.02 ADVERTISING OFFSET	A	0	ADMINISTRATIVE AND GENERAL	5.05	0	35.02	
35.03 Non Allowable Expense	A	0	ADULTS & PEDIATRICS	30.00	0	35.03	
35.04 ADVERTISING OFFSET	A	0	CAFETERIA	11.00	0	35.04	
35.05 ADVERTISING OFFSET	A	0	ADULTS & PEDIATRICS	30.00	0	35.05	
35.06 Non Allowable Expense	A	-495	ELECTROENCEPHALOGRAPHY	70.00	0	35.06	
35.08 Non Allowable Expense	A	-677	DIETARY	10.00	0	35.08	
35.09 Non Allowable Expense	A	-181	CAFETERIA	11.00	0	35.09	
35.10 Non Allowable Expense	A	-3,883	OPERATING ROOM	50.00	0	35.10	
36.00 Advertising & Marketing	A	-125	HOME HEALTH AGENCY	101.00	0	36.00	
36.01 Advertising & Marketing	A	-804	HOSPICE	116.00	0	36.01	
36.02 Advertising & Marketing	A	-244	HOSPICE II	116.01	0	36.02	
36.03 Advertising & Marketing	A	0	MEDICAL BUILDING AND OTHER	194.00	0	36.03	
37.00 OTHER INCOME ER		0		0.00	0	37.00	
37.01 Mid Level Salary & Benefits	A	-1,413	INTENSIVE CARE UNIT	31.00	0	37.01	
37.02 Mid Level Salary & Benefits	A	-10,687	ADMINISTRATIVE AND GENERAL	5.05	0	37.02	
37.03 Mid Level Salary & Benefits	A	-82,494	HOSPICE	116.00	0	37.03	
37.04 Mid Level Salary & Benefits	A	131,921	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.04	
38.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	38.00	
38.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	38.01	
38.04 Physician Recruitment	A	-124,172	PHYSICIANS' PRIVATE OFFICES	192.00	0	38.04	
38.05 OTHER ADJUSTMENT		0		0.00	0	38.05	
39.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	39.00	
45.01 Hospital Specific Offset	A	-49,300	ADMINISTRATIVE AND GENERAL	5.05	0	45.01	
45.03 Hospital Specific Offset	A	-3,164	NONPATIENT TELEPHONES	5.01	0	45.03	
45.04 Hospital Specific Offset	A	-68,304	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.04	
45.05 Hospital Specific Offset	A	-151,118	ADMINISTRATIVE AND GENERAL	5.05	0	45.05	
45.07 Hospital Specific Offset	A	-1,348	ADULTS & PEDIATRICS	30.00	0	45.07	
45.08 Hospital Specific Offset	A	-428	INTENSIVE CARE UNIT	31.00	0	45.08	
45.09 Hospital Specific Offset	A	-1	REHAB MEDICINE	50.01	0	45.09	
45.10 Hospital Specific Offset	A	-44,970	ADMINISTRATIVE AND GENERAL	5.05	0	45.10	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-17,453,951				50.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 18-0102

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

Worksheet A-8

Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	

(1) 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: 18-0102

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2022 4:35 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		1.00	CAP REL COSTS-BLDG & FIXT	MHP CAP REL COSTS-BLDG & FIX	953,355	0
2.00		2.00	CAP REL COSTS-MVBLE EQUIP	MHP CAP REL COSTS-MME	2,741,845	0
3.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	MHP EMPLOYEE BENFITS	9,729,468	11,690,569
3.01		5.05	ADMINISTRATIVE AND GENERAL	MHP A&G	39,135,089	45,651,364
3.02		14.00	CENTRAL SERVICES & SUPPLY	MHP CENTRAL SUPPLY	1,330,687	0
3.03		4.00	EMPLOYEE BENEFITS DEPARTMENT	HARNESS HEALTH	142,598	142,598
4.00		0.00			0	0
5.00			TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		54,033,042	57,484,531

* 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	MERCY HEALTH	100.00	MERCY HEALTH	100.00	6.00
7.00	B	LOURDES PHYSICI	100.00	LOURDES PHYSICI	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						100.00
	G. Other (financial or non-financial) specify:					

(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: 18-0102

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2022 4:35 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	953,355	11		1.00
2.00	2,741,845	11		2.00
3.00	-1,961,101	0		3.00
3.01	-6,516,275	0		3.01
3.02	1,330,687	0		3.02
3.03	0	0		3.03
4.00	0	0		4.00
5.00	-3,451,489			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	HOME OFFICE	6.00
7.00	SISTER COMPANY	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: 18-0102

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

Worksheet A-8-2

Date/Time Prepared:
5/26/2022 4:35 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	ADMINISTRATIVE AND GENERAL	4,853,606	4,848,481	5,125	211,500	51	1.00
2.00	30.00	ADULTS & PEDIATRICS	3,799,238	3,799,238	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	40.00	SUBPROVIDER - IPF	400	400	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	10,614	10,614	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	1,633,000	1,633,000	0	0	0	6.00
7.00	60.00	LABORATORY	138,075	138,075	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	9,415	9,415	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	500	500	0	0	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	790,884	790,884	0	0	0	10.00
11.00	64.00	INTRAVENOUS THERAPY	413,005	413,005	0	0	0	11.00
12.00	90.02	PAIN MANAGEMENT	73,791	73,791	0	0	0	12.00
13.00	91.00	EMERGENCY	-74,509	-74,509	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	61,608	61,608	0	0	0	14.00
15.00	76.02	WOUND CARE	187,183	187,183	0	0	0	15.00
17.00	90.02	PAIN MANAGEMENT	9,849	9,849	0	0	0	17.00
200.00			11,906,659	11,901,534	5,125		51	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.05	ADMINISTRATIVE AND GENERAL	5,186	259	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	10.00
11.00	64.00	INTRAVENOUS THERAPY	0	0	0	0	0	11.00
12.00	90.02	PAIN MANAGEMENT	0	0	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	14.00
15.00	76.02	WOUND CARE	0	0	0	0	0	15.00
17.00	90.02	PAIN MANAGEMENT	0	0	0	0	0	17.00
200.00			5,186	259	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.05	ADMINISTRATIVE AND GENERAL	0	5,186	0	4,848,481		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	3,799,238		2.00
3.00	0.00		0	0	0	0		3.00
4.00	40.00	SUBPROVIDER - IPF	0	0	0	400		4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	10,614		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	1,633,000		6.00
7.00	60.00	LABORATORY	0	0	0	138,075		7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	9,415		8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	500		9.00
10.00	59.00	CARDIAC CATHETERIZATION	0	0	0	790,884		10.00
11.00	64.00	INTRAVENOUS THERAPY	0	0	0	413,005		11.00
12.00	90.02	PAIN MANAGEMENT	0	0	0	73,791		12.00
13.00	91.00	EMERGENCY	0	0	0	-74,509		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	61,608		14.00
15.00	76.02	WOUND CARE	0	0	0	187,183		15.00
17.00	90.02	PAIN MANAGEMENT	0	0	0	9,849		17.00
200.00			0	5,186	0	11,901,534		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,781,199	3,781,199			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	7,776,866	7,776,866			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,904,050	33,970	0	10,938,020	4.00
5.01	00540	NONPATIENT TELEPHONES	217,173	4,250	9,087	34,762	265,272 5.01
5.05	00591	ADMINISTRATIVE AND GENERAL	45,798,677	391,769	837,615	858,181	26,726 5.05
6.00	00600	MAINTENANCE & REPAIRS	8,300,403	478,418	1,022,871	105,927	5,971 6.00
8.00	00800	LAUNDRY & LINEN SERVICE	738,384	2,630	5,622	0	0 8.00
9.00	00900	HOUSEKEEPING	2,768,024	4,057	8,674	0	1,706 9.00
10.00	01000	DIETARY	2,222,525	6,214	13,287	175,126	3,412 10.00
11.00	01100	CAFETERIA	57,872	1,664	3,557	46,014	0 11.00
13.00	01300	NURSING ADMINISTRATION	1,161,787	13,567	0	173,904	1,706 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,341,200	6,172	13,195	0	0 14.00
15.00	01500	PHARMACY	4,122,897	33,960	72,607	416,567	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,262	0	0	0	7,961 16.00
17.00	01700	SOCIAL SERVICE	11,677	5,377	0	77	3,981 17.00
18.00	01850	PATIENT TRANSPORT	583,298	7,878	0	0	569 18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,311,853	705,091	1,507,505	1,986,025	53,165 30.00
31.00	03100	INTENSIVE CARE UNIT	3,149,062	88,333	188,860	402,015	3,128 31.00
32.00	03200	CORONARY CARE UNIT	2,087,281	125,234	267,754	308,152	12,794 32.00
40.00	04000	SUBPROVIDER - IPF	1,000,237	48,793	104,320	156,619	3,981 40.00
41.00	04100	SUBPROVIDER - IRF	1,227,680	53,429	114,234	185,442	11,089 41.00
43.00	04300	NURSERY	174,808	7,062	15,100	24,356	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,434,779	71,815	153,543	774,531	21,324 50.00
50.01	05001	REHAB MEDICINE	939,922	53,429	0	143,839	0 50.01
51.00	05100	RECOVERY ROOM	561,340	19,695	42,109	77,709	2,843 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,542,790	62,349	133,303	214,960	0 52.00
53.00	05300	ANESTHESIOLOGY	289,382	47,548	101,658	5,327	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,514,540	192,820	412,256	357,802	11,089 54.00
54.01	03630	ULTRA SOUND	468,205	8,597	18,381	59,435	0 54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	494,921	16,937	36,211	64,155	0 56.01
57.00	05700	CT SCAN	848,428	21,606	46,194	105,301	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	641,121	76,044	162,585	65,506	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	1,463,756	133,756	285,974	279,302	11,942 59.00
60.00	06000	LABORATORY	6,778,519	85,210	182,182	484,128	9,383 60.00
64.00	06400	INTRAVENOUS THERAPY	2,819,022	174,821	373,772	317,546	853 64.00
65.00	06500	RESPIRATORY THERAPY	1,522,818	12,440	26,596	212,046	853 65.00
66.00	06600	PHYSICAL THERAPY	1,191,068	64,291	137,457	164,540	4,833 66.00
67.00	06700	OCCUPATIONAL THERAPY	450,269	966	2,065	71,469	569 67.00
68.00	06800	SPEECH PATHOLOGY	224,076	5,882	12,575	36,191	2,275 68.00
69.00	06900	ELECTROCARDIOLOGY	1,461,835	74,284	158,821	179,417	1,137 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	619,251	18,493	39,539	53,774	3,128 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,643,602	0	0	0	3,412 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,964,491	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,197,114	0	0	0	4,833 73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0 73.01
74.00	07400	RENAL DIALYSIS	1,018,338	0	0	0	853 74.00
76.00	03951	DIABETES	0	0	0	0	0 76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0 76.01
76.02	03030	WOUND CARE	752,246	1,664	3,557	96,084	5,686 76.02
76.03	03020	PICC LINE TEAM	50,326	547	1,170	2,431	0 76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0 90.01
90.02	09002	PAIN MANAGEMENT	776,503	159,580	341,187	113,552	3,412 90.02
91.00	09100	EMERGENCY	3,998,558	36,310	77,632	549,995	9,098 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
101.00	10100	HOME HEALTH AGENCY	5,439,876	155,823	333,155	722,912	11,089 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	9,205,533	55,866	119,443	789,864	17,912 116.00
116.01	11601	HOSPICE II	2,415,015	0	0	116,441	0 116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	228,469,859	3,568,641	7,385,653	10,931,424	262,713 118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	19,813	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	45,743	163,648	349,884	0	284
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	MEDICAL BUILDING AND OTHER	83,344	19,330	41,329	6,596	569
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0
194.02	07952	FOUNDATION	0	9,767	0	0	1,706
194.03	07953	RETAIL PHARMACY	0	0	0	0	0
194.04	07954	SNF CLOSING EXP	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	228,598,946	3,781,199	7,776,866	10,938,020	265,272

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description			Subtotal	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5A.01	5.05	6.00	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	00540	NONPATIENT TELEPHONES						5.01
5.05	00591	ADMINISTRATIVE AND GENERAL	47,912,968	47,912,968				5.05
6.00	00600	MAINTENANCE & REPAIRS	9,913,590	2,628,816	12,542,406			6.00
8.00	00800	LAUNDRY & LINEN SERVICE	746,636	197,988	11,481	956,105		8.00
9.00	00900	HOUSEKEEPING	2,782,461	737,834	17,713	0	3,538,008	9.00
10.00	01000	DIETARY	2,420,564	641,868	27,132	0	7,671	10.00
11.00	01100	CAFETERIA	109,107	28,932	7,263	0	2,054	11.00
13.00	01300	NURSING ADMINISTRATION	1,350,964	358,239	59,231	0	16,747	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,360,567	1,156,305	26,944	0	7,618	14.00
15.00	01500	PHARMACY	4,646,031	1,232,002	148,265	0	41,921	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,223	3,506	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	21,112	5,598	23,477	0	6,638	17.00
18.00	01850	PATIENT TRANSPORT	591,745	156,915	34,395	0	9,725	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,563,639	3,861,884	3,078,375	665,502	870,385	30.00
31.00	03100	INTENSIVE CARE UNIT	3,831,398	1,015,983	385,658	72,727	109,042	31.00
32.00	03200	CORONARY CARE UNIT	2,801,215	742,807	546,762	59,988	154,593	32.00
40.00	04000	SUBPROVIDER - IPF	1,313,950	348,424	213,026	25,680	60,231	40.00
41.00	04100	SUBPROVIDER - IRF	1,591,874	422,122	233,269	100,655	65,955	41.00
43.00	04300	NURSERY	221,326	58,690	30,834	25,194	8,718	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,455,992	3,037,820	313,540	0	88,651	50.00
50.01	05001	REHAB MEDICINE	1,137,190	301,552	233,269	0	65,955	50.01
51.00	05100	RECOVERY ROOM	703,696	186,601	85,988	0	24,312	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,953,402	517,989	272,210	6,359	76,965	52.00
53.00	05300	ANESTHESIOLOGY	443,915	117,714	207,590	0	58,694	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,488,507	925,058	841,840	0	238,023	54.00
54.01	03630	ULTRA SOUND	554,618	147,070	37,535	0	10,613	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	612,224	162,345	73,945	0	20,907	56.01
57.00	05700	CT SCAN	1,021,529	270,882	94,329	0	26,671	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	945,256	250,656	332,003	0	93,871	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,174,730	576,680	583,969	0	165,113	59.00
60.00	06000	LABORATORY	7,539,422	1,999,251	372,022	0	105,186	60.00
64.00	06400	INTRAVENOUS THERAPY	3,686,014	977,431	763,256	0	215,804	64.00
65.00	06500	RESPIRATORY THERAPY	1,774,753	470,617	54,311	0	15,356	65.00
66.00	06600	PHYSICAL THERAPY	1,562,189	414,250	280,691	0	79,363	66.00
67.00	06700	OCCUPATIONAL THERAPY	525,338	139,305	4,217	0	1,192	67.00
68.00	06800	SPEECH PATHOLOGY	280,999	74,513	25,679	0	7,261	68.00
69.00	06900	ELECTROCARDIOLOGY	1,875,494	497,330	324,318	0	91,698	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	734,185	194,686	80,740	0	22,829	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,647,014	2,558,128	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,964,491	4,763,698	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,201,947	8,273,842	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,019,191	270,262	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUND CARE	859,237	227,846	7,263	0	2,054	76.02
76.03	03020	PICC LINE TEAM	54,474	14,445	2,390	0	676	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	1,394,234	369,713	696,714	0	196,990	90.02
91.00	09100	EMERGENCY	4,671,593	1,238,780	158,527	0	44,822	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	6,662,855	1,766,809	680,313	0	192,353	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	10,188,618	2,701,746	243,906	0	68,962	116.00
116.01	11601	HOSPICE II	2,531,456	671,274	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	227,856,933	47,716,206	11,614,390	956,105	3,275,619	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,813	5,254	86,504	0	24,458	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	559,559	148,380	714,474	0	202,012	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description			Subtotal	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5A.01	5.05	6.00	8.00	9.00	
194.00	07950	MEDICAL BUILDING AND OTHER	151,168	40,086	84,395	0	23,862	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	11,473	3,042	42,643	0	12,057	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
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)	228,598,946	47,912,968	12,542,406	956,105	3,538,008	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.05	00591	ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	3,097,235					10.00
11.00	01100	CAFETERIA	0	147,356				11.00
13.00	01300	NURSING ADMINISTRATION	0	1,989	1,787,170			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	5,551,434		14.00
15.00	01500	PHARMACY	0	4,485	0	10,006	6,082,710	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2	0	1,261	0	17.00
18.00	01850	PATIENT TRANSPORT	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,792,112	32,431	1,053,248	135,080	0	30.00
31.00	03100	INTENSIVE CARE UNIT	305,123	5,480	234,117	57,617	0	31.00
32.00	03200	CORONARY CARE UNIT	0	3,924	179,457	32,471	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	2,239	0	743	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	3,281	0	10,111	0	41.00
43.00	04300	NURSERY	0	355	0	4,005	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	12,469	0	519,617	0	50.00
50.01	05001	REHAB MEDICINE	0	2,132	0	1,329	0	50.01
51.00	05100	RECOVERY ROOM	0	1,042	0	15,898	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,138	0	35,345	0	52.00
53.00	05300	ANESTHESIOLOGY	0	172	0	56,861	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,605	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	875	0	8,645	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	792	0	1,479	0	56.01
57.00	05700	CT SCAN	0	1,643	0	25,865	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,033	0	13,146	13,589	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,667	0	0	0	59.00
60.00	06000	LABORATORY	0	9,853	0	594,654	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	5,724	0	85,532	21,190	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,879	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,364	0	3,368	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	928	0	9	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	496	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,600	0	69,124	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	996	0	25,087	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,432,634	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,128,759	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,882,188	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	2,451	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	1,509	0	19,247	0	76.02
76.03	03020	PICC LINE TEAM	0	38	0	8,798	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	1,906	0	10,784	0	90.02
91.00	09100	EMERGENCY	0	7,536	320,348	89,206	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	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	10,473	0	56,161	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	12,579	0	83,227	149,229	116.00
116.01	11601	HOSPICE II	0	1,505	0	12,914	16,514	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,097,235	147,140	1,787,170	5,551,434	6,082,710	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	216	0	0	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,097,235	147,356	1,787,170	5,551,434	6,082,710	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	18.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.05	00591	ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	16,729					16.00
17.00	01700	SOCIAL SERVICE	0	58,088				17.00
18.00	01850	PATIENT TRANSPORT	0	0	792,780			18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1	42,732	49,834	27,145,223	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,033	9,569	6,028,747	0	31.00
32.00	03200	CORONARY CARE UNIT	0	2,033	6,966	4,530,216	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	1,536	1,965,829	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	4,221	2,431,488	0	41.00
43.00	04300	NURSERY	0	0	596	349,718	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,694	0	89,137	15,520,920	0	50.00
50.01	05001	REHAB MEDICINE	144	0	4,741	1,746,312	0	50.01
51.00	05100	RECOVERY ROOM	99	0	3,251	1,020,887	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,770	2,868,178	0	52.00
53.00	05300	ANESTHESIOLOGY	321	0	10,572	895,839	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,186	0	36,782	5,537,001	0	54.00
54.01	03630	ULTRA SOUND	233	0	7,642	767,231	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	566	0	18,612	890,870	0	56.01
57.00	05700	CT SCAN	1,398	0	45,764	1,488,081	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	319	0	10,216	1,660,089	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,423	0	22,161	3,526,743	0	59.00
60.00	06000	LABORATORY	2,126	0	69,943	10,692,457	0	60.00
64.00	06400	INTRAVENOUS THERAPY	689	0	22,542	5,778,182	0	64.00
65.00	06500	RESPIRATORY THERAPY	552	0	14,474	2,332,942	0	65.00
66.00	06600	PHYSICAL THERAPY	136	0	4,481	2,346,842	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	65	0	2,153	673,207	0	67.00
68.00	06800	SPEECH PATHOLOGY	59	0	1,957	390,964	0	68.00
69.00	06900	ELECTROCARDIOLOGY	938	0	30,012	2,891,514	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	195	0	6,433	1,065,151	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	11,524	14,649,300	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	45,949	23,902,897	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	167,727	45,525,704	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	97	0	3,168	1,295,169	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	338	0	11,113	1,128,607	0	76.02
76.03	03020	PICC LINE TEAM	43	0	1,305	82,169	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	268	0	8,749	2,679,358	0	90.02
91.00	09100	EMERGENCY	1,324	11,290	43,259	6,586,685	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						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	6,689	9,375,653	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	454	0	14,926	13,463,647	0	116.00
116.01	11601	HOSPICE II	61	0	2,006	3,235,730	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,729	58,088	792,780	226,469,550	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	18.00	24.00	25.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	136,029	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,624,425	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0	0	299,727	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	69,215	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	16,729	58,088	792,780	228,598,946	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.05	00591	ADMINISTRATIVE AND GENERAL	5.05
6.00	00600	MAINTENANCE & REPAIRS	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
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
18.00	01850	PATIENT TRANSPORT	18.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	REHAB MEDICINE	50.01
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRA SOUND	54.01
56.00	05600	RADIOISOTOPE	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	56.01
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
73.01	07301	RETAIL PHARMACY	73.01
74.00	07400	RENAL DIALYSIS	74.00
76.00	03951	DIABETES	76.00
76.01	03950	LITHOTRIPTOR	76.01
76.02	03030	WOUNDCARE	76.02
76.03	03020	PICC LINE TEAM	76.03
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	PARTIAL HOSPITAL PRG	90.01
90.02	09002	PAIN MANAGEMENT	90.02
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
116.01	11601	HOSPICE II	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
193.00	19300	NONPAID WORKERS	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet B
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Cost Center Description			Total	
			26.00	
194.01	07951	MARCUM & WALLACE HOSPITAL	0	194.01
194.02	07952	FOUNDATION	69,215	194.02
194.03	07953	RETAIL PHARMACY	0	194.03
194.04	07954	SNF CLOSING EXP	0	194.04
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	228,598,946	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 4:35 pm

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	33,970	0	33,970	4.00
5.01	00540	NONPATIENT TELEPHONES	0	4,250	9,087	13,337	5.01
5.05	00591	ADMINISTRATIVE AND GENERAL	22,480	391,769	837,615	1,251,864	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	478,418	1,022,871	1,501,289	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,387	2,630	5,622	13,639	8.00
9.00	00900	HOUSEKEEPING	0	4,057	8,674	12,731	9.00
10.00	01000	DIETARY	-323	6,214	13,287	19,178	10.00
11.00	01100	CAFETERIA	323	1,664	3,557	5,544	11.00
13.00	01300	NURSING ADMINISTRATION	0	13,567	0	13,567	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	137,553	6,172	13,195	156,920	14.00
15.00	01500	PHARMACY	0	33,960	72,607	106,567	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	3,300	5,377	0	8,677	17.00
18.00	01850	PATIENT TRANSPORT	0	7,878	0	7,878	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	55	705,091	1,507,505	2,212,651	30.00
31.00	03100	INTENSIVE CARE UNIT	0	88,333	188,860	277,193	31.00
32.00	03200	CORONARY CARE UNIT	0	125,234	267,754	392,988	32.00
40.00	04000	SUBPROVIDER - IPF	0	48,793	104,320	153,113	40.00
41.00	04100	SUBPROVIDER - IRF	0	53,429	114,234	167,663	41.00
43.00	04300	NURSERY	0	7,062	15,100	22,162	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	22,470	71,815	153,543	247,828	50.00
50.01	05001	REHAB MEDICINE	0	53,429	0	53,429	50.01
51.00	05100	RECOVERY ROOM	0	19,695	42,109	61,804	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	62,349	133,303	195,652	52.00
53.00	05300	ANESTHESIOLOGY	524	47,548	101,658	149,730	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	348,837	192,820	412,256	953,913	54.00
54.01	03630	ULTRA SOUND	48,106	8,597	18,381	75,084	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	31,247	16,937	36,211	84,395	56.01
57.00	05700	CT SCAN	52,211	21,606	46,194	120,011	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	69,818	76,044	162,585	308,447	58.00
59.00	05900	CARDIAC CATHETERIZATION	928	133,756	285,974	420,658	59.00
60.00	06000	LABORATORY	28,647	85,210	182,182	296,039	60.00
64.00	06400	INTRAVENOUS THERAPY	166,397	174,821	373,772	714,990	64.00
65.00	06500	RESPIRATORY THERAPY	0	12,440	26,596	39,036	65.00
66.00	06600	PHYSICAL THERAPY	96,650	64,291	137,457	298,398	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	966	2,065	3,031	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,882	12,575	18,457	68.00
69.00	06900	ELECTROCARDIOLOGY	19,980	74,284	158,821	253,085	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	125,590	18,493	39,539	183,622	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	76.01
76.02	03030	WOUND CARE	1,176	1,664	3,557	6,397	76.02
76.03	03020	PICC LINE TEAM	0	547	1,170	1,717	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	159,580	341,187	500,767	90.02
91.00	09100	EMERGENCY	301	36,310	77,632	114,243	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	82,298	155,823	333,155	571,276	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	259,182	55,866	119,443	434,491	116.00
116.01	11601	HOSPICE II	4,920	0	0	4,920	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,528,057	3,568,641	7,385,653	12,482,351	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	19,813	0	19,813	0 190.00
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	163,648	349,884	513,532	0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	19,330	41,329	60,659	20 194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0 194.01
194.02	07952	FOUNDATION	0	9,767	0	9,767	0 194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0 194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0 194.04
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	1,528,057	3,781,199	7,776,866	13,086,122	33,970 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description			NONPATIENT TELEPHONES	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.01	5.05	6.00	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	00540	NONPATIENT TELEPHONES	13,445					5.01
5.05	00591	ADMINISTRATIVE AND GENERAL	1,355	1,255,883				5.05
6.00	00600	MAINTENANCE & REPAIRS	303	68,909	1,570,830			6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,190	1,438	20,267		8.00
9.00	00900	HOUSEKEEPING	86	19,341	2,218	0	34,376	9.00
10.00	01000	DIETARY	173	16,825	3,398	0	75	10.00
11.00	01100	CAFETERIA	0	758	910	0	20	11.00
13.00	01300	NURSING ADMINISTRATION	86	9,391	7,418	0	163	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	30,310	3,375	0	74	14.00
15.00	01500	PHARMACY	0	32,295	18,569	0	407	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	403	92	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	202	147	2,940	0	64	17.00
18.00	01850	PATIENT TRANSPORT	29	4,113	4,308	0	94	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,695	101,232	385,540	14,106	8,456	30.00
31.00	03100	INTENSIVE CARE UNIT	159	26,632	48,300	1,542	1,059	31.00
32.00	03200	CORONARY CARE UNIT	648	19,471	68,477	1,272	1,502	32.00
40.00	04000	SUBPROVIDER - IPF	202	9,133	26,680	544	585	40.00
41.00	04100	SUBPROVIDER - IRF	562	11,065	29,215	2,134	641	41.00
43.00	04300	NURSERY	0	1,538	3,862	534	85	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,081	79,631	39,268	0	861	50.00
50.01	05001	REHAB MEDICINE	0	7,905	29,215	0	641	50.01
51.00	05100	RECOVERY ROOM	144	4,891	10,769	0	236	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	13,578	34,092	135	748	52.00
53.00	05300	ANESTHESIOLOGY	0	3,086	25,999	0	570	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	562	24,249	105,433	0	2,313	54.00
54.01	03630	ULTRA SOUND	0	3,855	4,701	0	103	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	4,256	9,261	0	203	56.01
57.00	05700	CT SCAN	0	7,101	11,814	0	259	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,570	41,581	0	912	58.00
59.00	05900	CARDIAC CATHETERIZATION	605	15,117	73,137	0	1,604	59.00
60.00	06000	LABORATORY	476	52,407	46,593	0	1,022	60.00
64.00	06400	INTRAVENOUS THERAPY	43	25,621	95,591	0	2,097	64.00
65.00	06500	RESPIRATORY THERAPY	43	12,336	6,802	0	149	65.00
66.00	06600	PHYSICAL THERAPY	245	10,859	35,154	0	771	66.00
67.00	06700	OCCUPATIONAL THERAPY	29	3,652	528	0	12	67.00
68.00	06800	SPEECH PATHOLOGY	115	1,953	3,216	0	71	68.00
69.00	06900	ELECTROCARDIOLOGY	58	13,037	40,618	0	891	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	159	5,103	10,112	0	222	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	173	67,056	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	124,871	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	245	216,819	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	43	7,084	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUND CARE	288	5,973	910	0	20	76.02
76.03	03020	PICC LINE TEAM	0	379	299	0	7	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	173	9,691	87,258	0	1,914	90.02
91.00	09100	EMERGENCY	461	32,472	19,854	0	436	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	562	46,314	85,203	0	1,869	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	908	70,821	30,547	0	670	116.00
116.01	11601	HOSPICE II	0	17,596	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,316	1,250,725	1,454,603	20,267	31,826	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	138	10,834	0	238	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14	3,889	89,482	0	1,963	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description			NONPATIENT TELEPHONES	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.01	5.05	6.00	8.00	9.00	
194.00	07950	MEDICAL BUILDING AND OTHER	29	1,051	10,570	0	232	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	86	80	5,341	0	117	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	13,445	1,255,883	1,570,830	20,267	34,376	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.05	00591	ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	40,193					10.00
11.00	01100	CAFETERIA	0	7,375				11.00
13.00	01300	NURSING ADMINISTRATION	0	100	31,265			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	190,679		14.00
15.00	01500	PHARMACY	0	224	0	344	159,699	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	43	0	17.00
18.00	01850	PATIENT TRANSPORT	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	36,233	1,623	18,424	4,640	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,960	274	4,096	1,979	0	31.00
32.00	03200	CORONARY CARE UNIT	0	196	3,140	1,115	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	112	0	26	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	164	0	347	0	41.00
43.00	04300	NURSERY	0	18	0	138	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	624	0	17,847	0	50.00
50.01	05001	REHAB MEDICINE	0	107	0	46	0	50.01
51.00	05100	RECOVERY ROOM	0	52	0	546	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	157	0	1,214	0	52.00
53.00	05300	ANESTHESIOLOGY	0	9	0	1,953	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	281	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	44	0	297	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	40	0	51	0	56.01
57.00	05700	CT SCAN	0	82	0	888	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	52	0	452	357	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	133	0	0	0	59.00
60.00	06000	LABORATORY	0	493	0	20,424	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	287	0	2,938	556	64.00
65.00	06500	RESPIRATORY THERAPY	0	144	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	118	0	116	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	46	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	25	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	130	0	2,374	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	50	0	862	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	83,557	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	38,769	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	154,434	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	84	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	76	0	661	0	76.02
76.03	03020	PICC LINE TEAM	0	2	0	302	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	95	0	370	0	90.02
91.00	09100	EMERGENCY	0	377	5,605	3,064	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						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	524	0	1,929	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	630	0	2,859	3,918	116.00
116.01	11601	HOSPICE II	0	75	0	444	434	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	40,193	7,364	31,265	190,679	159,699	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	11	0	0	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	40,193	7,375	31,265	190,679	159,699	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	18.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.05	00591	ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	495					16.00
17.00	01700	SOCIAL SERVICE	0	12,073				17.00
18.00	01850	PATIENT TRANSPORT	0	0	16,422			18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	8,883	1,010	2,801,672	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	422	194	367,058	0	31.00
32.00	03200	CORONARY CARE UNIT	0	422	141	490,329	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	31	190,912	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	86	212,453	0	41.00
43.00	04300	NURSERY	0	0	12	28,425	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	-126	0	1,806	391,224	0	50.00
50.01	05001	REHAB MEDICINE	7	0	96	91,893	0	50.01
51.00	05100	RECOVERY ROOM	5	0	66	78,754	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	56	246,299	0	52.00
53.00	05300	ANESTHESIOLOGY	15	0	214	181,593	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	56	0	745	1,088,663	0	54.00
54.01	03630	ULTRA SOUND	11	0	155	84,435	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	27	0	377	98,809	0	56.01
57.00	05700	CT SCAN	67	0	927	141,476	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15	0	207	358,796	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	68	0	449	512,638	0	59.00
60.00	06000	LABORATORY	101	0	1,417	420,475	0	60.00
64.00	06400	INTRAVENOUS THERAPY	33	0	457	843,599	0	64.00
65.00	06500	RESPIRATORY THERAPY	26	0	293	59,487	0	65.00
66.00	06600	PHYSICAL THERAPY	6	0	91	346,269	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3	0	44	7,567	0	67.00
68.00	06800	SPEECH PATHOLOGY	3	0	40	23,992	0	68.00
69.00	06900	ELECTROCARDIOLOGY	45	0	608	311,403	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9	0	130	200,436	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	233	151,019	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	931	164,571	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,759	375,257	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	5	0	64	7,280	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	16	0	225	14,864	0	76.02
76.03	03020	PICC LINE TEAM	2	0	26	2,742	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	13	0	177	600,811	0	90.02
91.00	09100	EMERGENCY	63	2,346	876	181,504	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						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	136	710,057	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	22	0	302	547,620	0	116.00
116.01	11601	HOSPICE II	3	0	41	23,874	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	495	12,073	16,422	12,358,256	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	18.00	24.00	25.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	31,023	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	608,880	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0	0	72,572	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	15,391	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	495	12,073	16,422	13,086,122	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.05	00591	ADMINISTRATIVE AND GENERAL	5.05
6.00	00600	MAINTENANCE & REPAIRS	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
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
18.00	01850	PATIENT TRANSPORT	18.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	REHAB MEDICINE	50.01
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRA SOUND	54.01
56.00	05600	RADIOISOTOPE	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	56.01
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
73.01	07301	RETAIL PHARMACY	73.01
74.00	07400	RENAL DIALYSIS	74.00
76.00	03951	DIABETES	76.00
76.01	03950	LITHOTRIPTOR	76.01
76.02	03030	WOUNDCARE	76.02
76.03	03020	PICC LINE TEAM	76.03
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	PARTIAL HOSPITAL PRG	90.01
90.02	09002	PAIN MANAGEMENT	90.02
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
116.01	11601	HOSPICE II	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
193.00	19300	NONPAID WORKERS	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description			Total	
			26.00	
194.01	07951	MARCUM & WALLACE HOSPITAL	0	194.01
194.02	07952	FOUNDATION	15,391	194.02
194.03	07953	RETAIL PHARMACY	0	194.03
194.04	07954	SNF CLOSING EXP	0	194.04
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	13,086,122	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	352,293					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		338,895				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,165	0	64,676,425			4.00
5.01	00540	NONPATIENT TELEPHONES	396	396	205,545	933		5.01
5.05	00591	ADMINISTRATIVE AND GENERAL	36,501	36,501	5,074,422	94	-47,912,968	5.05
6.00	00600	MAINTENANCE & REPAIRS	44,574	44,574	626,345	21	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	245	245	0	0	0	8.00
9.00	00900	HOUSEKEEPING	378	378	0	6	0	9.00
10.00	01000	DIETARY	579	579	1,035,522	12	0	10.00
11.00	01100	CAFETERIA	155	155	272,078	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,264	0	1,028,293	6	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	575	575	0	0	0	14.00
15.00	01500	PHARMACY	3,164	3,164	2,463,160	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	28	0	16.00
17.00	01700	SOCIAL SERVICE	501	0	457	14	0	17.00
18.00	01850	PATIENT TRANSPORT	734	0	0	2	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	65,693	65,693	11,743,313	187	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,230	8,230	2,377,115	11	0	31.00
32.00	03200	CORONARY CARE UNIT	11,668	11,668	1,822,104	45	0	32.00
40.00	04000	SUBPROVIDER - IPF	4,546	4,546	926,089	14	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,978	4,978	1,096,520	39	0	41.00
43.00	04300	NURSERY	658	658	144,019	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,691	6,691	4,579,798	75	0	50.00
50.01	05001	REHAB MEDICINE	4,978	0	850,519	0	0	50.01
51.00	05100	RECOVERY ROOM	1,835	1,835	459,494	10	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,809	5,809	1,271,059	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,430	4,430	31,499	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,965	17,965	2,115,683	39	0	54.00
54.01	03630	ULTRA SOUND	801	801	351,436	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,578	1,578	379,348	0	0	56.01
57.00	05700	CT SCAN	2,013	2,013	622,643	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,085	7,085	387,336	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,462	12,462	1,651,513	42	0	59.00
60.00	06000	LABORATORY	7,939	7,939	2,862,649	33	0	60.00
64.00	06400	INTRAVENOUS THERAPY	16,288	16,288	1,877,647	3	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,159	1,159	1,253,825	3	0	65.00
66.00	06600	PHYSICAL THERAPY	5,990	5,990	972,924	17	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	90	90	422,594	2	0	67.00
68.00	06800	SPEECH PATHOLOGY	548	548	213,997	8	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,921	6,921	1,060,893	4	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,723	1,723	317,965	11	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	17	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	3	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUND CARE	155	155	568,142	20	0	76.02
76.03	03020	PICC LINE TEAM	51	51	14,372	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	14,868	14,868	671,430	12	0	90.02
91.00	09100	EMERGENCY	3,383	3,383	3,252,120	32	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	14,518	14,518	4,274,576	39	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,205	5,205	4,670,464	63	0	116.00
116.01	11601	HOSPICE II	0	0	688,515	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	332,489	321,847	64,637,423	924	-47,912,968	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHON ES)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5A.05	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,846	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,247	15,247	0	1		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	MEDICAL BUILDING AND OTHER	1,801	1,801	39,002	2		194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0		194.01
194.02	07952	FOUNDATION	910	0	0	6		194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0		194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0		194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,781,199	7,776,866	10,938,020	265,272		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.733109	22.947715	0.169119	284.321543		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			33,970	13,445		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000525	14.410504		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: 18-0102

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description		ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.05	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.05	00591	ADMINISTRATIVE AND GENERAL	180,685,978				5.05
6.00	00600	MAINTENANCE & REPAIRS	9,913,590	267,657			6.00
8.00	00800	LAUNDRY & LINEN SERVICE	746,636	245	47,209		8.00
9.00	00900	HOUSEKEEPING	2,782,461	378	0	267,034	9.00
10.00	01000	DIETARY	2,420,564	579	0	579	10.00
11.00	01100	CAFETERIA	109,107	155	0	155	11.00
13.00	01300	NURSING ADMINISTRATION	1,350,964	1,264	0	1,264	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,360,567	575	0	575	14.00
15.00	01500	PHARMACY	4,646,031	3,164	0	3,164	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,223	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	21,112	501	0	501	17.00
18.00	01850	PATIENT TRANSPORT	591,745	734	0	734	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,563,639	65,693	32,860	65,693	30.00
31.00	03100	INTENSIVE CARE UNIT	3,831,398	8,230	3,591	8,230	31.00
32.00	03200	CORONARY CARE UNIT	2,801,215	11,668	2,962	11,668	32.00
40.00	04000	SUBPROVIDER - IPF	1,313,950	4,546	1,268	4,546	40.00
41.00	04100	SUBPROVIDER - IRF	1,591,874	4,978	4,970	4,978	41.00
43.00	04300	NURSERY	221,326	658	1,244	658	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,455,992	6,691	0	6,691	50.00
50.01	05001	REHAB MEDICINE	1,137,190	4,978	0	4,978	50.01
51.00	05100	RECOVERY ROOM	703,696	1,835	0	1,835	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,953,402	5,809	314	5,809	52.00
53.00	05300	ANESTHESIOLOGY	443,915	4,430	0	4,430	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,488,507	17,965	0	17,965	54.00
54.01	03630	ULTRA SOUND	554,618	801	0	801	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	612,224	1,578	0	1,578	56.01
57.00	05700	CT SCAN	1,021,529	2,013	0	2,013	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	945,256	7,085	0	7,085	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,174,730	12,462	0	12,462	59.00
60.00	06000	LABORATORY	7,539,422	7,939	0	7,939	60.00
64.00	06400	INTRAVENOUS THERAPY	3,686,014	16,288	0	16,288	64.00
65.00	06500	RESPIRATORY THERAPY	1,774,753	1,159	0	1,159	65.00
66.00	06600	PHYSICAL THERAPY	1,562,189	5,990	0	5,990	66.00
67.00	06700	OCCUPATIONAL THERAPY	525,338	90	0	90	67.00
68.00	06800	SPEECH PATHOLOGY	280,999	548	0	548	68.00
69.00	06900	ELECTROCARDIOLOGY	1,875,494	6,921	0	6,921	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	734,185	1,723	0	1,723	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,647,014	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,964,491	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,201,947	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,019,191	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	76.01
76.02	03030	WOUND CARE	859,237	155	0	155	76.02
76.03	03020	PICC LINE TEAM	54,474	51	0	51	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	1,394,234	14,868	0	14,868	90.02
91.00	09100	EMERGENCY	4,671,593	3,383	0	3,383	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	6,662,855	14,518	0	14,518	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	10,188,618	5,205	0	5,205	116.00
116.01	11601	HOSPICE II	2,531,456	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	179,943,965	247,853	47,209	247,230	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,813	1,846	0	1,846	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description			ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			5.05	6.00	8.00	9.00	10.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	559,559	15,247	0	15,247	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	151,168	1,801	0	1,801	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	11,473	910	0	910	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	47,912,968	12,542,406	956,105	3,538,008	3,097,235	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.265173	46.859996	20.252600	13.249279	10.754363	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,255,883	1,570,830	20,267	34,376	40,193	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.006951	5.868817	0.429304	0.128733	0.139560	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: 18-0102

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description			CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
			11.00	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	00540	NONPATIENT TELEPHONES						5.01
5.05	00591	ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	81,343					11.00
13.00	01300	NURSING ADMINISTRATION	1,098	17,888,270				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	22,007,371			14.00
15.00	01500	PHARMACY	2,476	0	39,667	32,260,616		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	790,055,729	16.00
17.00	01700	SOCIAL SERVICE	1	0	4,999	0	0	17.00
18.00	01850	PATIENT TRANSPORT	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,904	10,542,217	535,493	0	32,860	30.00
31.00	03100	INTENSIVE CARE UNIT	3,025	2,343,347	228,411	0	3,591	31.00
32.00	03200	CORONARY CARE UNIT	2,166	1,796,244	128,724	0	2,962	32.00
40.00	04000	SUBPROVIDER - IPF	1,236	0	2,944	0	1,268	40.00
41.00	04100	SUBPROVIDER - IRF	1,811	0	40,082	0	4,970	41.00
43.00	04300	NURSERY	196	0	15,876	0	1,244	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,883	0	2,059,905	0	169,308,836	50.00
50.01	05001	REHAB MEDICINE	1,177	0	5,270	0	6,860,619	50.01
51.00	05100	RECOVERY ROOM	575	0	63,023	0	4,704,774	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,732	0	140,116	0	314	52.00
53.00	05300	ANESTHESIOLOGY	95	0	225,413	0	15,300,115	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,094	0	0	0	56,478,933	54.00
54.01	03630	ULTRA SOUND	483	0	34,271	0	11,111,782	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	437	0	5,862	0	26,935,030	56.01
57.00	05700	CT SCAN	907	0	102,536	0	66,589,120	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	570	0	52,113	72,073	15,192,253	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,472	0	0	0	67,750,275	59.00
60.00	06000	LABORATORY	5,439	0	2,357,371	0	101,248,398	60.00
64.00	06400	INTRAVENOUS THERAPY	3,160	0	339,071	112,386	32,815,593	64.00
65.00	06500	RESPIRATORY THERAPY	1,589	0	0	0	26,273,265	65.00
66.00	06600	PHYSICAL THERAPY	1,305	0	13,350	0	6,485,439	66.00
67.00	06700	OCCUPATIONAL THERAPY	512	0	34	0	3,115,532	67.00
68.00	06800	SPEECH PATHOLOGY	274	0	0	0	2,831,438	68.00
69.00	06900	ELECTROCARDIOLOGY	1,435	0	274,026	0	44,652,699	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	550	0	99,452	0	9,309,099	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	9,643,604	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	4,474,710	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	31,197,115	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	9,715	0	4,607,803	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUND CARE	833	0	76,302	0	16,099,868	76.02
76.03	03020	PICC LINE TEAM	21	0	34,878	0	2,062,474	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	1,052	0	42,752	0	12,744,105	90.02
91.00	09100	EMERGENCY	4,160	3,206,462	353,636	0	63,028,220	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	5,781	0	222,638	1	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	6,944	0	329,934	791,458	21,599,963	116.00
116.01	11601	HOSPICE II	831	0	51,193	87,583	2,902,887	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	81,224	17,888,270	22,007,371	32,260,616	790,055,729	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description			CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
			11.00	13.00	14.00	15.00	16.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	119	0	0	0	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	SNF CLOSING EXP	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	147,356	1,787,170	5,551,434	6,082,710	16,729	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.811539	0.099907	0.252253	0.188549	0.000021	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,375	31,265	190,679	159,699	495	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.090665	0.001748	0.008664	0.004950	0.000001	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: 18-0102

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description			SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE PATIENT TRANSPORT (GROSS CHARGES)	
			17.00	18.00	
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	00540	NONPATIENT TELEPHONES			5.01
5.05	00591	ADMINISTRATIVE AND GENERAL			5.05
6.00	00600	MAINTENANCE & REPAIRS			6.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
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	21,404		17.00
18.00	01850	PATIENT TRANSPORT	0	1,147,021,984	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	15,746	72,118,982	30.00
31.00	03100	INTENSIVE CARE UNIT	749	13,847,854	31.00
32.00	03200	CORONARY CARE UNIT	749	10,080,887	32.00
40.00	04000	SUBPROVIDER - IPF	0	2,223,535	40.00
41.00	04100	SUBPROVIDER - IRF	0	6,108,736	41.00
43.00	04300	NURSERY	0	862,092	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	128,996,687	50.00
50.01	05001	REHAB MEDICINE	0	6,860,619	50.01
51.00	05100	RECOVERY ROOM	0	4,704,774	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,007,977	52.00
53.00	05300	ANESTHESIOLOGY	0	15,300,115	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	53,230,202	54.00
54.01	03630	ULTRA SOUND	0	11,058,789	54.01
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	26,934,885	56.01
57.00	05700	CT SCAN	0	66,228,018	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	14,783,852	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	32,071,069	59.00
60.00	06000	LABORATORY	0	101,220,529	60.00
64.00	06400	INTRAVENOUS THERAPY	0	32,622,298	64.00
65.00	06500	RESPIRATORY THERAPY	0	20,946,502	65.00
66.00	06600	PHYSICAL THERAPY	0	6,485,439	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,115,532	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,831,438	68.00
69.00	06900	ELECTROCARDIOLOGY	0	43,432,204	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,308,982	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,676,872	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	66,496,110	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	242,463,338	73.00
73.01	07301	RETAIL PHARMACY	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	4,584,328	74.00
76.00	03951	DIABETES	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	76.01
76.02	03030	WOUND CARE	0	16,082,791	76.02
76.03	03020	PICC LINE TEAM	0	1,888,512	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	12,661,440	90.02
91.00	09100	EMERGENCY	4,160	62,603,292	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	9,680,454	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	0	21,599,963	116.00
116.01	11601	HOSPICE II	0	2,902,887	116.01
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,404	1,147,021,984	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0102

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description			SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		
				PATIENT TRANSPORT (GROSS CHAR GES)		
			17.00	18.00		
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0		194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0		194.01
194.02	07952	FOUNDATION	0	0		194.02
194.03	07953	RETAIL PHARMACY	0	0		194.03
194.04	07954	SNF CLOSING EXP	0	0		194.04
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	58,088	792,780		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.713885	0.000691		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	12,073	16,422		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.564053	0.000014		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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 4:35 pm

			Title XVIII	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	27,145,223	27,145,223	0	27,145,223
31.00	03100	INTENSIVE CARE UNIT	6,028,747	6,028,747	0	6,028,747
32.00	03200	CORONARY CARE UNIT	4,530,216	4,530,216	0	4,530,216
40.00	04000	SUBPROVIDER - IPF	1,965,829	1,965,829	0	1,965,829
41.00	04100	SUBPROVIDER - IRF	2,431,488	2,431,488	0	2,431,488
43.00	04300	NURSERY	349,718	349,718	0	349,718
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,520,920	15,520,920	0	15,520,920
50.01	05001	REHAB MEDICINE	1,746,312	1,746,312	0	1,746,312
51.00	05100	RECOVERY ROOM	1,020,887	1,020,887	0	1,020,887
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,868,178	2,868,178	0	2,868,178
53.00	05300	ANESTHESIOLOGY	895,839	895,839	0	895,839
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,537,001	5,537,001	0	5,537,001
54.01	03630	ULTRA SOUND	767,231	767,231	0	767,231
56.00	05600	RADIOISOTOPE	0	0	0	0
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	890,870	890,870	0	890,870
57.00	05700	CT SCAN	1,488,081	1,488,081	0	1,488,081
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,660,089	1,660,089	0	1,660,089
59.00	05900	CARDIAC CATHETERIZATION	3,526,743	3,526,743	0	3,526,743
60.00	06000	LABORATORY	10,692,457	10,692,457	0	10,692,457
64.00	06400	INTRAVENOUS THERAPY	5,778,182	5,778,182	0	5,778,182
65.00	06500	RESPIRATORY THERAPY	2,332,942	2,332,942	0	2,332,942
66.00	06600	PHYSICAL THERAPY	2,346,842	2,346,842	0	2,346,842
67.00	06700	OCCUPATIONAL THERAPY	673,207	673,207	0	673,207
68.00	06800	SPEECH PATHOLOGY	390,964	390,964	0	390,964
69.00	06900	ELECTROCARDIOLOGY	2,891,514	2,891,514	0	2,891,514
70.00	07000	ELECTROENCEPHALOGRAPHY	1,065,151	1,065,151	0	1,065,151
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,649,300	14,649,300	0	14,649,300
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,902,897	23,902,897	0	23,902,897
73.00	07300	DRUGS CHARGED TO PATIENTS	45,525,704	45,525,704	0	45,525,704
73.01	07301	RETAIL PHARMACY	0	0	0	0
74.00	07400	RENAL DIALYSIS	1,295,169	1,295,169	0	1,295,169
76.00	03951	DIABETES	0	0	0	0
76.01	03950	LITHOTRIPTOR	0	0	0	0
76.02	03030	WOUNDCARE	1,128,607	1,128,607	0	1,128,607
76.03	03020	PICC LINE TEAM	82,169	82,169	0	82,169
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0
90.02	09002	PAIN MANAGEMENT	2,679,358	2,679,358	0	2,679,358
91.00	09100	EMERGENCY	6,586,685	6,586,685	0	6,586,685
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,568,820	2,568,820	0	2,568,820
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	9,375,653	9,375,653	0	9,375,653
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE	0	0	0	0
116.00	11600	HOSPICE	13,463,647	13,463,647	0	13,463,647
116.01	11601	HOSPICE II	3,235,730	3,235,730	0	3,235,730
200.00		Subtotal (see instructions)	229,038,370	229,038,370	0	229,038,370
201.00		Less Observation Beds	2,568,820	2,568,820	0	2,568,820
202.00		Total (see instructions)	226,469,550	226,469,550	0	226,469,550

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN: 18-0102	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/26/2022 4:35 pm	
					Title XVIII		Hospital	PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	68,675,745		68,675,745			30.00
31.00	03100	INTENSIVE CARE UNIT	13,847,854		13,847,854			31.00
32.00	03200	CORONARY CARE UNIT	10,080,887		10,080,887			32.00
40.00	04000	SUBPROVIDER - IPF	2,223,535		2,223,535			40.00
41.00	04100	SUBPROVIDER - IRF	6,108,736		6,108,736			41.00
43.00	04300	NURSERY	862,092		862,092			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	47,478,817	81,517,870	128,996,687	0.120320	0.000000	50.00
50.01	05001	REHAB MEDICINE	6,843,539	17,080	6,860,619	0.254541	0.000000	50.01
51.00	05100	RECOVERY ROOM	1,496,495	3,208,279	4,704,774	0.216990	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,339,630	668,347	4,007,977	0.715617	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	6,064,727	9,235,388	15,300,115	0.058551	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,349,564	40,880,638	53,230,202	0.104020	0.000000	54.00
54.01	03630	ULTRA SOUND	2,590,888	8,467,900	11,058,788	0.069377	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	5,285,104	21,649,780	26,934,884	0.033075	0.000000	56.01
57.00	05700	CT SCAN	23,579,903	42,648,115	66,228,018	0.022469	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,179,297	11,604,555	14,783,852	0.112291	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,557,608	16,513,461	32,071,069	0.109966	0.000000	59.00
60.00	06000	LABORATORY	56,645,715	44,574,814	101,220,529	0.105635	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	241,003	32,381,296	32,622,299	0.177124	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	19,148,065	1,798,437	20,946,502	0.111376	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,604,348	2,881,091	6,485,439	0.361863	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,453,467	662,065	3,115,532	0.216081	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,516,309	315,129	2,831,438	0.138080	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	13,751,940	29,680,265	43,432,205	0.066575	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,448,503	7,860,479	9,308,982	0.114422	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,766,941	4,909,931	16,676,872	0.087420	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,712,788	31,783,322	66,496,110	0.359463	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,566,784	202,896,554	242,463,338	0.187763	0.000000	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0.000000	0.000000	73.01
74.00	07400	RENAL DIALYSIS	4,131,245	450,083	4,581,328	0.282706	0.000000	74.00
76.00	03951	DIABETES	0	0	0	0.000000	0.000000	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0.000000	0.000000	76.01
76.02	03030	WOUNDCARE	107,421	15,975,370	16,082,791	0.070175	0.000000	76.02
76.03	03020	PICC LINE TEAM	1,763,572	124,940	1,888,512	0.043510	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0.000000	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	4,549	12,656,891	12,661,440	0.211616	0.000000	90.02
91.00	09100	EMERGENCY	18,558,434	44,044,858	62,603,292	0.105213	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,259,348	2,183,889	3,443,237	0.746048	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	9,680,454	9,680,454			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,440,362	19,159,601	21,599,963			116.00
116.01	11601	HOSPICE II	0	2,902,887	2,902,887			116.01
200.00		Subtotal (see instructions)	443,685,215	703,333,769	1,147,018,984			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	443,685,215	703,333,769	1,147,018,984			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.120320			50.00
50.01	05001	REHAB MEDICINE	0.254541			50.01
51.00	05100	RECOVERY ROOM	0.216990			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.715617			52.00
53.00	05300	ANESTHESIOLOGY	0.058551			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.104020			54.00
54.01	03630	ULTRA SOUND	0.069377			54.01
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.033075			56.01
57.00	05700	CT SCAN	0.022469			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.112291			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.109966			59.00
60.00	06000	LABORATORY	0.105635			60.00
64.00	06400	INTRAVENOUS THERAPY	0.177124			64.00
65.00	06500	RESPIRATORY THERAPY	0.111376			65.00
66.00	06600	PHYSICAL THERAPY	0.361863			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.216081			67.00
68.00	06800	SPEECH PATHOLOGY	0.138080			68.00
69.00	06900	ELECTROCARDIOLOGY	0.066575			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.114422			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.878420			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.359463			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.187763			73.00
73.01	07301	RETAIL PHARMACY	0.000000			73.01
74.00	07400	RENAL DIALYSIS	0.282706			74.00
76.00	03951	DIABETES	0.000000			76.00
76.01	03950	LITHOTRIPTOR	0.000000			76.01
76.02	03030	WOUND CARE	0.070175			76.02
76.03	03020	PICC LINE TEAM	0.043510			76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.000000			90.01
90.02	09002	PAIN MANAGEMENT	0.211616			90.02
91.00	09100	EMERGENCY	0.105213			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.746048			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
116.00	11600	HOSPICE				116.00
116.01	11601	HOSPICE II				116.01
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: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 4:35 pm

				Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	27,145,223		27,145,223	0	27,145,223	30.00	
31.00	03100	INTENSIVE CARE UNIT	6,028,747		6,028,747	0	6,028,747	31.00	
32.00	03200	CORONARY CARE UNIT	4,530,216		4,530,216	0	4,530,216	32.00	
40.00	04000	SUBPROVIDER - IPF	1,965,829		1,965,829	0	1,965,829	40.00	
41.00	04100	SUBPROVIDER - IRF	2,431,488		2,431,488	0	2,431,488	41.00	
43.00	04300	NURSERY	349,718		349,718	0	349,718	43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	15,520,920		15,520,920	0	15,520,920	50.00	
50.01	05001	REHAB MEDICINE	1,746,312		1,746,312	0	1,746,312	50.01	
51.00	05100	RECOVERY ROOM	1,020,887		1,020,887	0	1,020,887	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,868,178		2,868,178	0	2,868,178	52.00	
53.00	05300	ANESTHESIOLOGY	895,839		895,839	0	895,839	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,537,001		5,537,001	0	5,537,001	54.00	
54.01	03630	ULTRA SOUND	767,231		767,231	0	767,231	54.01	
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00	
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	890,870		890,870	0	890,870	56.01	
57.00	05700	CT SCAN	1,488,081		1,488,081	0	1,488,081	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,660,089		1,660,089	0	1,660,089	58.00	
59.00	05900	CARDIAC CATHETERIZATION	3,526,743		3,526,743	0	3,526,743	59.00	
60.00	06000	LABORATORY	10,692,457		10,692,457	0	10,692,457	60.00	
64.00	06400	INTRAVENOUS THERAPY	5,778,182		5,778,182	0	5,778,182	64.00	
65.00	06500	RESPIRATORY THERAPY	2,332,942	0	2,332,942	0	2,332,942	65.00	
66.00	06600	PHYSICAL THERAPY	2,346,842	0	2,346,842	0	2,346,842	66.00	
67.00	06700	OCCUPATIONAL THERAPY	673,207	0	673,207	0	673,207	67.00	
68.00	06800	SPEECH PATHOLOGY	390,964	0	390,964	0	390,964	68.00	
69.00	06900	ELECTROCARDIOLOGY	2,891,514		2,891,514	0	2,891,514	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,065,151		1,065,151	0	1,065,151	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,649,300		14,649,300	0	14,649,300	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,902,897		23,902,897	0	23,902,897	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	45,525,704		45,525,704	0	45,525,704	73.00	
73.01	07301	RETAIL PHARMACY	0		0	0	0	73.01	
74.00	07400	RENAL DIALYSIS	1,295,169		1,295,169	0	1,295,169	74.00	
76.00	03951	DIABETES	0		0	0	0	76.00	
76.01	03950	LITHOTRIPTOR	0		0	0	0	76.01	
76.02	03030	WOUNDCARE	1,128,607		1,128,607	0	1,128,607	76.02	
76.03	03020	PICC LINE TEAM	82,169		82,169	0	82,169	76.03	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0	0	90.00	
90.01	09001	PARTIAL HOSPITAL PRG	0		0	0	0	90.01	
90.02	09002	PAIN MANAGEMENT	2,679,358		2,679,358	0	2,679,358	90.02	
91.00	09100	EMERGENCY	6,586,685		6,586,685	0	6,586,685	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,568,820		2,568,820	0	2,568,820	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00	
101.00	10100	HOME HEALTH AGENCY	9,375,653		9,375,653	0	9,375,653	101.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00	
116.00	11600	HOSPICE	13,463,647		13,463,647	0	13,463,647	116.00	
116.01	11601	HOSPICE II	3,235,730		3,235,730	0	3,235,730	116.01	
200.00		Subtotal (see instructions)	229,038,370	0	229,038,370	0	229,038,370	200.00	
201.00		Less Observation Beds	2,568,820		2,568,820	0	2,568,820	201.00	
202.00		Total (see instructions)	226,469,550	0	226,469,550	0	226,469,550	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 4:35 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	68,675,745		68,675,745		30.00
31.00	03100	INTENSIVE CARE UNIT	13,847,854		13,847,854		31.00
32.00	03200	CORONARY CARE UNIT	10,080,887		10,080,887		32.00
40.00	04000	SUBPROVIDER - IPF	2,223,535		2,223,535		40.00
41.00	04100	SUBPROVIDER - IRF	6,108,736		6,108,736		41.00
43.00	04300	NURSERY	862,092		862,092		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	47,478,817	81,517,870	128,996,687	0.120320	0.000000
50.01	05001	REHAB MEDICINE	6,843,539	17,080	6,860,619	0.254541	0.000000
51.00	05100	RECOVERY ROOM	1,496,495	3,208,279	4,704,774	0.216990	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,339,630	668,347	4,007,977	0.715617	0.000000
53.00	05300	ANESTHESIOLOGY	6,064,727	9,235,388	15,300,115	0.058551	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,349,564	40,880,638	53,230,202	0.104020	0.000000
54.01	03630	ULTRA SOUND	2,590,888	8,467,900	11,058,788	0.069377	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	5,285,104	21,649,780	26,934,884	0.033075	0.000000
57.00	05700	CT SCAN	23,579,903	42,648,115	66,228,018	0.022469	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,179,297	11,604,555	14,783,852	0.112291	0.000000
59.00	05900	CARDIAC CATHETERIZATION	15,557,608	16,513,461	32,071,069	0.109966	0.000000
60.00	06000	LABORATORY	56,645,715	44,574,814	101,220,529	0.105635	0.000000
64.00	06400	INTRAVENOUS THERAPY	241,003	32,381,296	32,622,299	0.177124	0.000000
65.00	06500	RESPIRATORY THERAPY	19,148,065	1,798,437	20,946,502	0.111376	0.000000
66.00	06600	PHYSICAL THERAPY	3,604,348	2,881,091	6,485,439	0.361863	0.000000
67.00	06700	OCCUPATIONAL THERAPY	2,453,467	662,065	3,115,532	0.216081	0.000000
68.00	06800	SPEECH PATHOLOGY	2,516,309	315,129	2,831,438	0.138080	0.000000
69.00	06900	ELECTROCARDIOLOGY	13,751,940	29,680,265	43,432,205	0.066575	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	1,448,503	7,860,479	9,308,982	0.114422	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,766,941	4,909,931	16,676,872	0.087420	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,712,788	31,783,322	66,496,110	0.359463	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	39,566,784	202,896,554	242,463,338	0.187763	0.000000
73.01	07301	RETAIL PHARMACY	0	0	0	0.000000	0.000000
74.00	07400	RENAL DIALYSIS	4,131,245	450,083	4,581,328	0.282706	0.000000
76.00	03951	DIABETES	0	0	0	0.000000	0.000000
76.01	03950	LITHOTRIPTOR	0	0	0	0.000000	0.000000
76.02	03030	WOUNDCARE	107,421	15,975,370	16,082,791	0.070175	0.000000
76.03	03020	PICC LINE TEAM	1,763,572	124,940	1,888,512	0.043510	0.000000
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0.000000	0.000000
90.02	09002	PAIN MANAGEMENT	4,549	12,656,891	12,661,440	0.211616	0.000000
91.00	09100	EMERGENCY	18,558,434	44,044,858	62,603,292	0.105213	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,259,348	2,183,889	3,443,237	0.746048	0.000000
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
101.00	10100	HOME HEALTH AGENCY	0	9,680,454	9,680,454		101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	2,440,362	19,159,601	21,599,963		116.00
116.01	11601	HOSPICE II	0	2,902,887	2,902,887		116.01
200.00		Subtotal (see instructions)	443,685,215	703,333,769	1,147,018,984		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	443,685,215	703,333,769	1,147,018,984		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	REHAB MEDICINE	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630	ULTRA SOUND	0.000000			54.01
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000			56.01
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
73.01	07301	RETAIL PHARMACY	0.000000			73.01
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03951	DIABETES	0.000000			76.00
76.01	03950	LITHOTRIPTOR	0.000000			76.01
76.02	03030	WOUND CARE	0.000000			76.02
76.03	03020	PICC LINE TEAM	0.000000			76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.000000			90.01
90.02	09002	PAIN MANAGEMENT	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
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
116.00	11600	HOSPICE				116.00
116.01	11601	HOSPICE II				116.01
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: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part II
Date/Time Prepared:
5/26/2022 4:35 pm

			Title XIX			Hospital	Cost
Cost Center Description			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	15,520,920	391,224	15,129,696	19,561	756,485
50.01	05001	REHAB MEDICINE	1,746,312	91,893	1,654,419	4,595	82,721
51.00	05100	RECOVERY ROOM	1,020,887	78,754	942,133	3,938	47,107
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,868,178	246,299	2,621,879	12,315	131,094
53.00	05300	ANESTHESIOLOGY	895,839	181,593	714,246	9,080	35,712
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,537,001	1,088,663	4,448,338	54,433	222,417
54.01	03630	ULTRA SOUND	767,231	84,435	682,796	4,222	34,140
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	890,870	98,809	792,061	4,940	39,603
57.00	05700	CT SCAN	1,488,081	141,476	1,346,605	7,074	67,330
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,660,089	358,796	1,301,293	17,940	65,065
59.00	05900	CARDIAC CATHETERIZATION	3,526,743	512,638	3,014,105	25,632	150,705
60.00	06000	LABORATORY	10,692,457	420,475	10,271,982	21,024	513,599
64.00	06400	INTRAVENOUS THERAPY	5,778,182	843,599	4,934,583	42,180	246,729
65.00	06500	RESPIRATORY THERAPY	2,332,942	59,487	2,273,455	2,974	113,673
66.00	06600	PHYSICAL THERAPY	2,346,842	346,269	2,000,573	17,313	100,029
67.00	06700	OCCUPATIONAL THERAPY	673,207	7,567	665,640	378	33,282
68.00	06800	SPEECH PATHOLOGY	390,964	23,992	366,972	1,200	18,349
69.00	06900	ELECTROCARDIOLOGY	2,891,514	311,403	2,580,111	15,570	129,006
70.00	07000	ELECTROENCEPHALOGRAPHY	1,065,151	200,436	864,715	10,022	43,236
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,649,300	151,019	14,498,281	7,551	724,914
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,902,897	164,571	23,738,326	8,229	1,186,916
73.00	07300	DRUGS CHARGED TO PATIENTS	45,525,704	375,257	45,150,447	18,763	2,257,522
73.01	07301	RETAIL PHARMACY	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	1,295,169	7,280	1,287,889	364	64,394
76.00	03951	DIABETES	0	0	0	0	0
76.01	03950	LITHOTRIPTOR	0	0	0	0	0
76.02	03030	WOUNDCARE	1,128,607	14,864	1,113,743	743	55,687
76.03	03020	PICC LINE TEAM	82,169	2,742	79,427	137	3,971
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0
90.02	09002	PAIN MANAGEMENT	2,679,358	600,811	2,078,547	30,041	103,927
91.00	09100	EMERGENCY	6,586,685	181,504	6,405,181	9,075	320,259
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,568,820	265,128	2,303,692	13,256	115,185
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	9,375,653	710,057	8,665,596	35,503	433,280
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	13,463,647	547,620	12,916,027	27,381	645,801
116.01	11601	HOSPICE II	3,235,730	23,874	3,211,856	1,194	160,593
200.00		Subtotal (sum of lines 50 thru 199)	186,587,149	8,532,535	178,054,614	426,628	8,902,731
201.00		Less Observation Beds	2,568,820	265,128	2,303,692	13,256	115,185
202.00		Total (line 200 minus line 201)	184,018,329	8,267,407	175,750,922	413,372	8,787,546

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

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part II
Date/Time Prepared:
5/26/2022 4:35 pm

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	Cost
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,744,874	128,996,687	0.114304	50.00
50.01	05001	REHAB MEDICINE	1,658,996	6,860,619	0.241814	50.01
51.00	05100	RECOVERY ROOM	969,842	4,704,774	0.206140	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,724,769	4,007,977	0.679836	52.00
53.00	05300	ANESTHESIOLOGY	851,047	15,300,115	0.055624	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,260,151	53,230,202	0.098819	54.00
54.01	03630	ULTRA SOUND	728,869	11,058,788	0.065909	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	846,327	26,934,884	0.031421	56.01
57.00	05700	CT SCAN	1,413,677	66,228,018	0.021346	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,577,084	14,783,852	0.106676	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,350,406	32,071,069	0.104468	59.00
60.00	06000	LABORATORY	10,157,834	101,220,529	0.100353	60.00
64.00	06400	INTRAVENOUS THERAPY	5,489,273	32,622,299	0.168268	64.00
65.00	06500	RESPIRATORY THERAPY	2,216,295	20,946,502	0.105807	65.00
66.00	06600	PHYSICAL THERAPY	2,229,500	6,485,439	0.343770	66.00
67.00	06700	OCCUPATIONAL THERAPY	639,547	3,115,532	0.205277	67.00
68.00	06800	SPEECH PATHOLOGY	371,415	2,831,438	0.131175	68.00
69.00	06900	ELECTROCARDIOLOGY	2,746,938	43,432,205	0.063247	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,011,893	9,308,982	0.108701	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,916,835	16,676,872	0.834499	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,707,752	66,496,110	0.341490	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,249,419	242,463,338	0.178375	73.00
73.01	07301	RETAIL PHARMACY	0	0	0.000000	73.01
74.00	07400	RENAL DIALYSIS	1,230,411	4,581,328	0.268571	74.00
76.00	03951	DIABETES	0	0	0.000000	76.00
76.01	03950	LITHOTRIPTOR	0	0	0.000000	76.01
76.02	03030	WOUND CARE	1,072,177	16,082,791	0.066666	76.02
76.03	03020	PICC LINE TEAM	78,061	1,888,512	0.041335	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	2,545,390	12,661,440	0.201035	90.02
91.00	09100	EMERGENCY	6,257,351	62,603,292	0.099952	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,440,379	3,443,237	0.708746	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	8,906,870	9,680,454	0.920088	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	12,790,465	21,599,963	0.592152	116.00
116.01	11601	HOSPICE II	3,073,943	2,902,887	1.058926	116.01
200.00		Subtotal (sum of lines 50 thru 199)	177,257,790	1,045,220,135		200.00
201.00		Less Observation Beds	2,440,379	0		201.00
202.00		Total (line 200 minus line 201)	174,817,411	1,045,220,135		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/26/2022 4:35 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,801,672	0	2,801,672	36,351	77.07	30.00
31.00	INTENSIVE CARE UNIT	367,058		367,058	3,591	102.22	31.00
32.00	CORONARY CARE UNIT	490,329		490,329	2,962	165.54	32.00
40.00	SUBPROVIDER - IPF	190,912	0	190,912	1,268	150.56	40.00
41.00	SUBPROVIDER - IRF	212,453	0	212,453	4,970	42.75	41.00
43.00	NURSERY	28,425		28,425	1,244	22.85	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	4,090,849		4,090,849	50,386		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	11,826	911,430				
31.00	INTENSIVE CARE UNIT	1,300	132,886				
32.00	CORONARY CARE UNIT	782	129,452				
40.00	SUBPROVIDER - IPF	603	90,788				
41.00	SUBPROVIDER - IRF	3,210	137,228				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	17,721	1,401,784				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part II
Date/Time Prepared:
5/26/2022 4:35 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	391,224	128,996,687	0.003033	19,575,955	59,374	50.00
50.01	05001	REHAB MEDICINE	91,893	6,860,619	0.013394	1,351,992	18,109	50.01
51.00	05100	RECOVERY ROOM	78,754	4,704,774	0.016739	673,689	11,277	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	246,299	4,007,977	0.061452	11,445	703	52.00
53.00	05300	ANESTHESIOLOGY	181,593	15,300,115	0.011869	2,296,715	27,260	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,088,663	53,230,202	0.020452	5,516,419	112,822	54.00
54.01	03630	ULTRA SOUND	84,435	11,058,788	0.007635	895,581	6,838	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	98,809	26,934,884	0.003668	2,237,165	8,206	56.01
57.00	05700	CT SCAN	141,476	66,228,018	0.002136	9,326,398	19,921	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	358,796	14,783,852	0.024269	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	512,638	32,071,069	0.015984	6,365,814	101,751	59.00
60.00	06000	LABORATORY	420,475	101,220,529	0.004154	19,957,241	82,902	60.00
64.00	06400	INTRAVENOUS THERAPY	843,599	32,622,299	0.025860	38,598	998	64.00
65.00	06500	RESPIRATORY THERAPY	59,487	20,946,502	0.002840	6,166,016	17,511	65.00
66.00	06600	PHYSICAL THERAPY	346,269	6,485,439	0.053392	1,055,000	56,329	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,567	3,115,532	0.002429	584,924	1,421	67.00
68.00	06800	SPEECH PATHOLOGY	23,992	2,831,438	0.008473	1,004,577	8,512	68.00
69.00	06900	ELECTROCARDIOLOGY	311,403	43,432,205	0.007170	5,700,614	40,873	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	200,436	9,308,982	0.021531	432,086	9,303	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	151,019	16,676,872	0.009056	4,548,812	41,194	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	164,571	66,496,110	0.002475	14,868,243	36,799	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	375,257	242,463,338	0.001548	12,642,656	19,571	73.00
73.01	07301	RETAIL PHARMACY	0	0	0.000000	0	0	73.01
74.00	07400	RENAL DIALYSIS	7,280	4,581,328	0.001589	1,631,114	2,592	74.00
76.00	03951	DIABETES	0	0	0.000000	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0.000000	0	0	76.01
76.02	03030	WOUND CARE	14,864	16,082,791	0.000924	13,891	13	76.02
76.03	03020	PICC LINE TEAM	2,742	1,888,512	0.001452	613,588	891	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0.000000	0	0	90.01
90.02	09002	PAIN MANAGEMENT	600,811	12,661,440	0.047452	0	0	90.02
91.00	09100	EMERGENCY	181,504	62,603,292	0.002899	5,890,837	17,078	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	265,128	3,443,237	0.077000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	7,250,984	1,011,036,831		123,399,370	702,248	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part III
Date/Time Prepared:
5/26/2022 4:35 pm

				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	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
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	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
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	36,351	0.00	11,826	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,591	0.00	1,300	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	2,962	0.00	782	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	1,268	0.00	603	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	4,970	0.00	3,210	41.00	
43.00	04300	NURSERY	0	0	1,244	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00	
200.00	Total (lines 30 through 199)		0	0	50,386		17,721	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
32.00	03200	CORONARY CARE UNIT	0						32.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00	Total (lines 30 through 199)		0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	REHAB MEDICINE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	0	0	0	0	76.02
76.03	03020	PICC LINE TEAM	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
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: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 4:35 pm

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	128,996,687	0.000000	50.00
50.01	05001	REHAB MEDICINE	0	0	0	6,860,619	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	4,704,774	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,007,977	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	15,300,115	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	53,230,202	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	11,058,788	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	26,934,884	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	66,228,018	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	14,783,852	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	32,071,069	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	101,220,529	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	32,622,299	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	20,946,502	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,485,439	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,115,532	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,831,438	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	43,432,205	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	9,308,982	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	16,676,872	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	66,496,110	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	242,463,338	0.000000	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	4,581,328	0.000000	74.00
76.00	03951	DIABETES	0	0	0	0	0.000000	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0.000000	76.01
76.02	03030	WOUNDCARE	0	0	0	16,082,791	0.000000	76.02
76.03	03020	PICC LINE TEAM	0	0	0	1,888,512	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	12,661,440	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	62,603,292	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	3,443,237	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	0	0	1,011,036,831		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description			Title XVIII			Hospital		PPS	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
									9.00
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	19,575,955	0	19,973,450	0	50.00	
50.01	05001	REHAB MEDICINE	0.000000	1,351,992	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	0.000000	673,689	0	720,627	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	11,445	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	2,296,715	0	2,159,525	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,516,419	0	15,341,783	0	54.00	
54.01	03630	ULTRA SOUND	0.000000	895,581	0	1,396,199	0	54.01	
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00	
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	2,237,165	0	8,164,354	0	56.01	
57.00	05700	CT SCAN	0.000000	9,326,398	0	11,075,631	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	6,365,814	0	6,571,096	0	59.00	
60.00	06000	LABORATORY	0.000000	19,957,241	0	4,158,218	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	38,598	0	5,448,221	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	6,166,016	0	378,234	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	1,055,000	0	60,148	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	584,924	0	18,849	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	1,004,577	0	50,159	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	5,700,614	0	11,434,900	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	432,086	0	1,962,005	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,548,812	0	1,451,530	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	14,868,243	0	11,474,153	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	12,642,656	0	25,192,328	0	73.00	
73.01	07301	RETAIL PHARMACY	0.000000	0	0	0	0	73.01	
74.00	07400	RENAL DIALYSIS	0.000000	1,631,114	0	356,603	0	74.00	
76.00	03951	DIABETES	0.000000	0	0	0	0	76.00	
76.01	03950	LITHOTRIPTOR	0.000000	0	0	0	0	76.01	
76.02	03030	WOUND CARE	0.000000	13,891	0	6,718,231	0	76.02	
76.03	03020	PICC LINE TEAM	0.000000	613,588	0	0	0	76.03	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001	PARTIAL HOSPITAL PRG	0.000000	0	0	0	0	90.01	
90.02	09002	PAIN MANAGEMENT	0.000000	0	0	2,577,834	0	90.02	
91.00	09100	EMERGENCY	0.000000	5,890,837	0	7,371,931	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	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)		123,399,370	0	144,056,009	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 18-0102		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 5/26/2022 4:35 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.120320	19,973,450	0	0	2,403,206	50.00
50.01	05001	REHAB MEDICINE		0.254541	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0.216990	720,627	0	0	156,369	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.715617	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.058551	2,159,525	0	0	126,442	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.104020	15,341,783	0	0	1,595,852	54.00
54.01	03630	ULTRA SOUND		0.069377	1,396,199	0	0	96,864	54.01
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0.033075	8,164,354	0	0	270,036	56.01
57.00	05700	CT SCAN		0.022469	11,075,631	0	0	248,858	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.112291	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.109966	6,571,096	1,622	0	722,597	59.00
60.00	06000	LABORATORY		0.105635	4,158,218	2,926	0	439,253	60.00
64.00	06400	INTRAVENOUS THERAPY		0.177124	5,448,221	386	0	965,011	64.00
65.00	06500	RESPIRATORY THERAPY		0.111376	378,234	0	0	42,126	65.00
66.00	06600	PHYSICAL THERAPY		0.361863	60,148	0	0	21,765	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.216081	18,849	0	0	4,073	67.00
68.00	06800	SPEECH PATHOLOGY		0.138080	50,159	0	0	6,926	68.00
69.00	06900	ELECTROCARDIOLOGY		0.066575	11,434,900	0	0	761,278	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.114422	1,962,005	0	0	224,497	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.878420	1,451,530	0	0	1,275,053	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.359463	11,474,153	0	0	4,124,533	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.187763	25,192,328	0	6,506	4,730,187	73.00
73.01	07301	RETAIL PHARMACY		0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS		0.282706	356,603	0	0	100,814	74.00
76.00	03951	DIABETES		0.000000	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR		0.000000	0	0	0	0	76.01
76.02	03030	WOUNDCARE		0.070175	6,718,231	0	0	471,452	76.02
76.03	03020	PICC LINE TEAM		0.043510	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG		0.000000	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT		0.211616	2,577,834	0	0	545,511	90.02
91.00	09100	EMERGENCY		0.105213	7,371,931	0	0	775,623	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.746048	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)			144,056,009	4,934	6,506	20,108,326	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			144,056,009	4,934	6,506	20,108,326	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/26/2022 4:35 pm

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	REHAB MEDICINE	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRA SOUND	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	178	0		59.00
60.00	06000	LABORATORY	309	0		60.00
64.00	06400	INTRAVENOUS THERAPY	68	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,222		73.00
73.01	07301	RETAIL PHARMACY	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03951	DIABETES	0	0		76.00
76.01	03950	LITHOTRIPTOR	0	0		76.01
76.02	03030	WOUNDCARE	0	0		76.02
76.03	03020	PICC LINE TEAM	0	0		76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0		90.01
90.02	09002	PAIN MANAGEMENT	0	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	555	1,222		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	555	1,222		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 18-0102

Period:

Worksheet D

Component CCN: 18-S102

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/26/2022 4:35 pm

				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	391,224	128,996,687	0.003033	0	0	50.00
50.01	05001	REHAB MEDICINE	91,893	6,860,619	0.013394	4,255	57	50.01
51.00	05100	RECOVERY ROOM	78,754	4,704,774	0.016739	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	246,299	4,007,977	0.061452	0	0	52.00
53.00	05300	ANESTHESIOLOGY	181,593	15,300,115	0.011869	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,088,663	53,230,202	0.020452	17,134	350	54.00
54.01	03630	ULTRA SOUND	84,435	11,058,788	0.007635	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	98,809	26,934,884	0.003668	0	0	56.01
57.00	05700	CT SCAN	141,476	66,228,018	0.002136	91,388	195	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	358,796	14,783,852	0.024269	7,428	180	58.00
59.00	05900	CARDIAC CATHETERIZATION	512,638	32,071,069	0.015984	0	0	59.00
60.00	06000	LABORATORY	420,475	101,220,529	0.004154	256,541	1,066	60.00
64.00	06400	INTRAVENOUS THERAPY	843,599	32,622,299	0.025860	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	59,487	20,946,502	0.002840	5,627	16	65.00
66.00	06600	PHYSICAL THERAPY	346,269	6,485,439	0.053392	2,186	117	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,567	3,115,532	0.002429	1,002	2	67.00
68.00	06800	SPEECH PATHOLOGY	23,992	2,831,438	0.008473	6,066	51	68.00
69.00	06900	ELECTROCARDIOLOGY	311,403	43,432,205	0.007170	12,296	88	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	200,436	9,308,982	0.021531	3,445	74	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	151,019	16,676,872	0.009056	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	164,571	66,496,110	0.002475	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	375,257	242,463,338	0.001548	42,263	65	73.00
73.01	07301	RETAIL PHARMACY	0	0	0.000000	0	0	73.01
74.00	07400	RENAL DIALYSIS	7,280	4,581,328	0.001589	0	0	74.00
76.00	03951	DIABETES	0	0	0.000000	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0.000000	0	0	76.01
76.02	03030	WOUND CARE	14,864	16,082,791	0.000924	0	0	76.02
76.03	03020	PICC LINE TEAM	2,742	1,888,512	0.001452	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0.000000	0	0	90.01
90.02	09002	PAIN MANAGEMENT	600,811	12,661,440	0.047452	0	0	90.02
91.00	09100	EMERGENCY	181,504	62,603,292	0.002899	133,878	388	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,443,237	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	6,985,856	1,011,036,831		583,509	2,649	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 18-0102

Period:

Worksheet D

Component CCN: 18-S102

From 01/01/2021

Part IV

To 12/31/2021

Date/Time Prepared:

5/26/2022 4:35 pm

			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	REHAB MEDICINE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	0	0	0	0	76.02
76.03	03020	PICC LINE TEAM	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 18-0102 Component CCN: 18-S102		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/26/2022 4:35 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	128,996,687	0.000000	50.00
50.01	05001	REHAB MEDICINE		0	0	0	6,860,619	0.000000	50.01
51.00	05100	RECOVERY ROOM		0	0	0	4,704,774	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	4,007,977	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	15,300,115	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	53,230,202	0.000000	54.00
54.01	03630	ULTRA SOUND		0	0	0	11,058,788	0.000000	54.01
56.00	05600	RADIOISOTOPE		0	0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	26,934,884	0.000000	56.01
57.00	05700	CT SCAN		0	0	0	66,228,018	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	14,783,852	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	32,071,069	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	101,220,529	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	32,622,299	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	20,946,502	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	6,485,439	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	3,115,532	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	2,831,438	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	43,432,205	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	9,308,982	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	16,676,872	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	66,496,110	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	242,463,338	0.000000	73.00
73.01	07301	RETAIL PHARMACY		0	0	0	0	0.000000	73.01
74.00	07400	RENAL DIALYSIS		0	0	0	4,581,328	0.000000	74.00
76.00	03951	DIABETES		0	0	0	0	0.000000	76.00
76.01	03950	LITHOTRIPTOR		0	0	0	0	0.000000	76.01
76.02	03030	WOUNDCARE		0	0	0	16,082,791	0.000000	76.02
76.03	03020	PICC LINE TEAM		0	0	0	1,888,512	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00
90.01	09001	PARTIAL HOSPITAL PRG		0	0	0	0	0.000000	90.01
90.02	09002	PAIN MANAGEMENT		0	0	0	12,661,440	0.000000	90.02
91.00	09100	EMERGENCY		0	0	0	62,603,292	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	3,443,237	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	1,011,036,831		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 18-0102 Component CCN: 18-S102		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/26/2022 4:35 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00	
50.01	05001	REHAB MEDICINE	0.000000	4,255	0	0	0	50.01	
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	17,134	0	0	0	54.00	
54.01	03630	ULTRA SOUND	0.000000	0	0	0	0	54.01	
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00	
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	56.01	
57.00	05700	CT SCAN	0.000000	91,388	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	7,428	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.000000	256,541	0	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	5,627	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	2,186	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,002	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	6,066	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	12,296	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	3,445	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	42,263	0	0	0	73.00	
73.01	07301	RETAIL PHARMACY	0.000000	0	0	0	0	73.01	
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00	
76.00	03951	DIABETES	0.000000	0	0	0	0	76.00	
76.01	03950	LITHOTRIPTOR	0.000000	0	0	0	0	76.01	
76.02	03030	WOUND CARE	0.000000	0	0	0	0	76.02	
76.03	03020	PICC LINE TEAM	0.000000	0	0	0	0	76.03	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001	PARTIAL HOSPITAL PRG	0.000000	0	0	0	0	90.01	
90.02	09002	PAIN MANAGEMENT	0.000000	0	0	0	0	90.02	
91.00	09100	EMERGENCY	0.000000	133,878	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	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)		583,509	0	0	0	200.00	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 18-0102	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/26/2022 4:35 pm		
				Component CCN: 18-T102				
				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	391,224	128,996,687	0.003033	91,101	276	50.00
50.01	05001	REHAB MEDICINE	91,893	6,860,619	0.013394	2,851,230	38,189	50.01
51.00	05100	RECOVERY ROOM	78,754	4,704,774	0.016739	7,484	125	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	246,299	4,007,977	0.061452	0	0	52.00
53.00	05300	ANESTHESIOLOGY	181,593	15,300,115	0.011869	22,032	261	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,088,663	53,230,202	0.020452	138,244	2,827	54.00
54.01	03630	ULTRA SOUND	84,435	11,058,788	0.007635	32,310	247	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	98,809	26,934,884	0.003668	0	0	56.01
57.00	05700	CT SCAN	141,476	66,228,018	0.002136	190,079	406	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	358,796	14,783,852	0.024269	4,311	105	58.00
59.00	05900	CARDIAC CATHETERIZATION	512,638	32,071,069	0.015984	15,537	248	59.00
60.00	06000	LABORATORY	420,475	101,220,529	0.004154	1,557,179	6,469	60.00
64.00	06400	INTRAVENOUS THERAPY	843,599	32,622,299	0.025860	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	59,487	20,946,502	0.002840	524,801	1,490	65.00
66.00	06600	PHYSICAL THERAPY	346,269	6,485,439	0.053392	844,209	45,074	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,567	3,115,532	0.002429	531,831	1,292	67.00
68.00	06800	SPEECH PATHOLOGY	23,992	2,831,438	0.008473	263,538	2,233	68.00
69.00	06900	ELECTROCARDIOLOGY	311,403	43,432,205	0.007170	70,836	508	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	200,436	9,308,982	0.021531	10,538	227	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	151,019	16,676,872	0.009056	146,420	1,326	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	164,571	66,496,110	0.002475	13,650	34	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	375,257	242,463,338	0.001548	582,371	902	73.00
73.01	07301	RETAIL PHARMACY	0	0	0.000000	0	0	73.01
74.00	07400	RENAL DIALYSIS	7,280	4,581,328	0.001589	140,703	224	74.00
76.00	03951	DIABETES	0	0	0.000000	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0.000000	0	0	76.01
76.02	03030	WOUNDCARE	14,864	16,082,791	0.000924	0	0	76.02
76.03	03020	PICC LINE TEAM	2,742	1,888,512	0.001452	16,810	24	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0.000000	0	0	90.01
90.02	09002	PAIN MANAGEMENT	600,811	12,661,440	0.047452	0	0	90.02
91.00	09100	EMERGENCY	181,504	62,603,292	0.002899	2,444	7	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,443,237	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	6,985,856	1,011,036,831		8,057,658	102,494	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 18-0102 Component CCN: 18-T102		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/26/2022 4:35 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	REHAB MEDICINE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0	0	0	0	0	76.02
76.03	03020	PICC LINE TEAM	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 18-0102 Component CCN: 18-T102		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/26/2022 4:35 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	128,996,687	0.000000	50.00
50.01	05001	REHAB MEDICINE	0	0	0	6,860,619	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	4,704,774	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,007,977	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	15,300,115	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	53,230,202	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	11,058,788	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	26,934,884	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	66,228,018	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	14,783,852	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	32,071,069	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	101,220,529	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	32,622,299	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	20,946,502	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,485,439	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,115,532	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,831,438	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	43,432,205	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	9,308,982	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	16,676,872	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	66,496,110	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	242,463,338	0.000000	73.00
73.01	07301	RETAIL PHARMACY	0	0	0	0	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	4,581,328	0.000000	74.00
76.00	03951	DIABETES	0	0	0	0	0.000000	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0.000000	76.01
76.02	03030	WOUNDCARE	0	0	0	16,082,791	0.000000	76.02
76.03	03020	PICC LINE TEAM	0	0	0	1,888,512	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	12,661,440	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	62,603,292	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	3,443,237	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	1,011,036,831		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 18-0102 Component CCN: 18-T102		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/26/2022 4:35 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	91,101	0	0	0	50.00	
50.01	05001	REHAB MEDICINE	0.000000	2,851,230	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	0.000000	7,484	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	22,032	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	138,244	0	0	0	54.00	
54.01	03630	ULTRA SOUND	0.000000	32,310	0	0	0	54.01	
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00	
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	56.01	
57.00	05700	CT SCAN	0.000000	190,079	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	4,311	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	15,537	0	0	0	59.00	
60.00	06000	LABORATORY	0.000000	1,557,179	0	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	524,801	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	844,209	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	531,831	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	263,538	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	70,836	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	10,538	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	146,420	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	13,650	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	582,371	0	0	0	73.00	
73.01	07301	RETAIL PHARMACY	0.000000	0	0	0	0	73.01	
74.00	07400	RENAL DIALYSIS	0.000000	140,703	0	0	0	74.00	
76.00	03951	DIABETES	0.000000	0	0	0	0	76.00	
76.01	03950	LITHOTRIPTOR	0.000000	0	0	0	0	76.01	
76.02	03030	WOUND CARE	0.000000	0	0	0	0	76.02	
76.03	03020	PICC LINE TEAM	0.000000	16,810	0	0	0	76.03	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001	PARTIAL HOSPITAL PRG	0.000000	0	0	0	0	90.01	
90.02	09002	PAIN MANAGEMENT	0.000000	0	0	0	0	90.02	
91.00	09100	EMERGENCY	0.000000	2,444	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	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)		8,057,658	0	0	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/26/2022 4:35 pm

			Title XIX		Hospital		Cost	
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.114304	0	718,016	0	0	50.00
50.01	05001	REHAB MEDICINE	0.241814	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.206140	0	21,030	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.679836	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.055624	0	38,890	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.098819	0	229,358	0	0	54.00
54.01	03630	ULTRA SOUND	0.065909	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.031421	0	41,439	0	0	56.01
57.00	05700	CT SCAN	0.021346	0	234,860	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.106676	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.104468	0	0	0	0	59.00
60.00	06000	LABORATORY	0.100353	0	201,120	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.168268	0	22,188	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.105807	0	5,085	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.343770	0	24,776	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.205277	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.131175	0	3,772	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.063247	0	63,794	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.108701	0	1,841	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.834499	0	8,120	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.341490	0	18,339	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.178375	0	622,475	0	0	73.00
73.01	07301	RETAIL PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.268571	0	93,480	0	0	74.00
76.00	03951	DIABETES	0.000000	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	0	0	0	76.01
76.02	03030	WOUNDCARE	0.066666	0	0	0	0	76.02
76.03	03020	PICC LINE TEAM	0.041335	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.000000	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.201035	0	18,610	0	0	90.02
91.00	09100	EMERGENCY	0.099952	0	216,366	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.708746	0	14,001	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		0	2,597,560	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	2,597,560	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/26/2022 4:35 pm

			Title XIX		Hospital	Cost
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	82,072	0		50.00
50.01	05001	REHAB MEDICINE	0	0		50.01
51.00	05100	RECOVERY ROOM	4,335	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	2,163	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,665	0		54.00
54.01	03630	ULTRA SOUND	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,302	0		56.01
57.00	05700	CT SCAN	5,013	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	20,183	0		60.00
64.00	06400	INTRAVENOUS THERAPY	3,734	0		64.00
65.00	06500	RESPIRATORY THERAPY	538	0		65.00
66.00	06600	PHYSICAL THERAPY	8,517	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	495	0		68.00
69.00	06900	ELECTROCARDIOLOGY	4,035	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	200	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,776	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,263	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	111,034	0		73.00
73.01	07301	RETAIL PHARMACY	0	0		73.01
74.00	07400	RENAL DIALYSIS	25,106	0		74.00
76.00	03951	DIABETES	0	0		76.00
76.01	03950	LITHOTRIPTOR	0	0		76.01
76.02	03030	WOUNDCARE	0	0		76.02
76.03	03020	PICC LINE TEAM	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0		90.01
90.02	09002	PAIN MANAGEMENT	3,741	0		90.02
91.00	09100	EMERGENCY	21,626	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,923	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	339,721	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	339,721	0		202.00

Health Financial Systems		MERCY HEALTH LOURDES HOSPITAL LLC		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
				Date/Time Prepared: 5/26/2022 4:35 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			36,351	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			36,351	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)			32,911	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)			11,826	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)			27,145,223	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)			27,145,223	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)			27,145,223	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)			746.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			8,831,066	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)			8,831,066	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0102

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

Worksheet D-1

Date/Time Prepared:
5/26/2022 4:35 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,028,747	3,591	1,678.85	1,300	2,182,505	43.00
44.00	CORONARY CARE UNIT	4,530,216	2,962	1,529.44	782	1,196,022	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					21,308,244	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					33,517,837	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)					1,173,768	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					702,248	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,876,016	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					31,641,821	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)					3,440	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					746.75	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,568,820	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0102

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

Worksheet D-1

Date/Time Prepared:
5/26/2022 4:35 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	2,801,672	27,145,223	0.103210	2,568,820	265,128	90.00
91.00 Nursing Program cost	0	27,145,223	0.000000	2,568,820	0	91.00
92.00 Allied health cost	0	27,145,223	0.000000	2,568,820	0	92.00
93.00 All other Medical Education	0	27,145,223	0.000000	2,568,820	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 4:35 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,268	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,268	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)		1,268	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)		603	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)		1,965,829	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)		1,965,829	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)		1,965,829	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)		1,550.34	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		934,855	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)		934,855	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 18-0102	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
				Component CCN: 18-S102		Date/Time Prepared: 5/26/2022 4:35 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		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	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					58,559	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					993,414	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)					90,788	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,649	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					93,437	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					899,977	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0102

Period:

Worksheet D-1

Component CCN: 18-S102

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/26/2022 4:35 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	190,912	1,965,829	0.097115	0	0	90.00
91.00	Nursing Program cost	0	1,965,829	0.000000	0	0	91.00
92.00	Allied health cost	0	1,965,829	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,965,829	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0102	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Component CCN: 18-T102		Date/Time Prepared: 5/26/2022 4:35 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,970	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,970	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)		4,970	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)		3,210	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)		2,431,488	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)		2,431,488	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)		2,431,488	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)		489.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,570,428	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)		1,570,428	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 18-0102	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1			
				Component CCN: 18-T102		Date/Time Prepared: 5/26/2022 4:35 pm			
				Title XVIII		Subprovider - IRF	PPS		
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
			1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)			0	0	0.00	0	0	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			0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT								45.00
46.00	SURGICAL INTENSIVE CARE UNIT								46.00
47.00	OTHER SPECIAL CARE (SPECIFY)								47.00
Cost Center Description									
							1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1,732,016	48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,302,444	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)						137,228	50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						102,494	51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)						239,722	52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						3,062,722	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION									
54.00	Program discharges						0	54.00	
55.00	Target amount per discharge						0.00	55.00	
56.00	Target amount (line 54 x line 55)						0	56.00	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00	
58.00	Bonus payment (see instructions)						0	58.00	
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00	
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00	
62.00	Relief payment (see instructions)						0	62.00	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST									
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00	
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00	
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY									
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00	
72.00	Program routine service cost (line 9 x line 71)							72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00	
77.00	Program capital-related costs (line 9 x line 76)							77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00	
81.00	Inpatient routine service cost per diem limitation							81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00	
83.00	Reasonable inpatient routine service costs (see instructions)							83.00	
84.00	Program inpatient ancillary services (see instructions)							84.00	
85.00	Utilization review - physician compensation (see instructions)							85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
87.00	Total observation bed days (see instructions)						0	87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0102

Period:

Worksheet D-1

Component CCN: 18-T102

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/26/2022 4:35 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	212,453	2,431,488	0.087376	0	0	90.00
91.00	Nursing Program cost	0	2,431,488	0.000000	0	0	91.00
92.00	Allied health cost	0	2,431,488	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,431,488	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0102

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

Worksheet D-1

Date/Time Prepared:
5/26/2022 4:35 pm

Title XIX		Hospital	Cost
Cost Center Description			1.00
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	36,351	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	36,351	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)	32,911	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)	284	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)	1,244	15.00
16.00	Nursery days (title V or XIX only)	12	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)	27,145,223	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)	27,145,223	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)	27,145,223	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)	746.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	212,077	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)	212,077	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0102

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

Worksheet D-1

Date/Time Prepared:
5/26/2022 4:35 pm

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)		349,718	1,244	281.12	12	3,373	42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		6,028,747	3,591	1,678.85	55	92,337	43.00
44.00	CORONARY CARE UNIT		4,530,216	2,962	1,529.44	51	78,001	44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description								
								1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						417,484	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						803,272	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)						3,440	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						746.75	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						2,568,820	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0102

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

Worksheet D-1

Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,801,672	27,145,223	0.103210	2,568,820	265,128	90.00
91.00	Nursing Program cost	0	27,145,223	0.000000	2,568,820	0	91.00
92.00	Allied health cost	0	27,145,223	0.000000	2,568,820	0	92.00
93.00	All other Medical Education	0	27,145,223	0.000000	2,568,820	0	93.00

Health Financial Systems		MERCY HEALTH LOURDES HOSPITAL LLC		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 18-0102	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/26/2022 4:35 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		23,822,441	30.00
31.00	03100	INTENSIVE CARE UNIT		4,757,268	31.00
32.00	03200	CORONARY CARE UNIT		2,426,169	32.00
40.00	04000	SUBPROVIDER - IPF		325,729	40.00
41.00	04100	SUBPROVIDER - IRF		382,199	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.120320	19,575,955	50.00
50.01	05001	REHAB MEDICINE	0.254541	1,351,992	50.01
51.00	05100	RECOVERY ROOM	0.216990	673,689	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.715617	11,445	52.00
53.00	05300	ANESTHESIOLOGY	0.058551	2,296,715	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.104020	5,516,419	54.00
54.01	03630	ULTRA SOUND	0.069377	895,581	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.033075	2,237,165	56.01
57.00	05700	CT SCAN	0.022469	9,326,398	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.112291	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.109966	6,365,814	59.00
60.00	06000	LABORATORY	0.105635	19,957,241	60.00
64.00	06400	INTRAVENOUS THERAPY	0.177124	38,598	64.00
65.00	06500	RESPIRATORY THERAPY	0.111376	6,166,016	65.00
66.00	06600	PHYSICAL THERAPY	0.361863	1,055,000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.216081	584,924	67.00
68.00	06800	SPEECH PATHOLOGY	0.138080	1,004,577	68.00
69.00	06900	ELECTROCARDIOLOGY	0.066575	5,700,614	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.114422	432,086	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.878420	4,548,812	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.359463	14,868,243	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.187763	12,642,656	73.00
73.01	07301	RETAIL PHARMACY	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0.282706	1,631,114	74.00
76.00	03951	DIABETES	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	76.01
76.02	03030	WOUNDCARE	0.070175	13,891	76.02
76.03	03020	PICC LINE TEAM	0.043510	613,588	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.000000	0	90.01
90.02	09002	PAIN MANAGEMENT	0.211616	0	90.02
91.00	09100	EMERGENCY	0.105213	5,890,837	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.746048	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)		123,399,370	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)		123,399,370	202.00

Health Financial Systems		MERCY HEALTH LOURDES HOSPITAL LLC		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 18-0102	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3
			Component CCN: 18-S102	Date/Time Prepared: 5/26/2022 4:35 pm	
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF		693,734	40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.120320	0	50.00
50.01	05001	REHAB MEDICINE	0.254541	4,255	50.01
51.00	05100	RECOVERY ROOM	0.216990	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.715617	0	52.00
53.00	05300	ANESTHESIOLOGY	0.058551	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.104020	17,134	54.00
54.01	03630	ULTRA SOUND	0.069377	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.033075	0	56.01
57.00	05700	CT SCAN	0.022469	91,388	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.112291	7,428	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.109966	0	59.00
60.00	06000	LABORATORY	0.105635	256,541	60.00
64.00	06400	INTRAVENOUS THERAPY	0.177124	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.111376	5,627	65.00
66.00	06600	PHYSICAL THERAPY	0.361863	2,186	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.216081	1,002	67.00
68.00	06800	SPEECH PATHOLOGY	0.138080	6,066	68.00
69.00	06900	ELECTROCARDIOLOGY	0.066575	12,296	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.114422	3,445	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.878420	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.359463	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.187763	42,263	73.00
73.01	07301	RETAIL PHARMACY	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0.282706	0	74.00
76.00	03951	DIABETES	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	76.01
76.02	03030	WOUNDCARE	0.070175	0	76.02
76.03	03020	PICC LINE TEAM	0.043510	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.000000	0	90.01
90.02	09002	PAIN MANAGEMENT	0.211616	0	90.02
91.00	09100	EMERGENCY	0.105213	133,878	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.746048	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)		583,509	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)		583,509	202.00

Health Financial Systems		MERCY HEALTH LOURDES HOSPITAL LLC		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 18-0102	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3
			Component CCN: 18-T102	Date/Time Prepared: 5/26/2022 4:35 pm	
			Title XVIII	Subprovider - IRF	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF		3,717,546	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.120320	91,101	50.00
50.01	05001	REHAB MEDICINE	0.254541	2,851,230	50.01
51.00	05100	RECOVERY ROOM	0.216990	7,484	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.715617	0	52.00
53.00	05300	ANESTHESIOLOGY	0.058551	22,032	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.104020	138,244	54.00
54.01	03630	ULTRA SOUND	0.069377	32,310	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.033075	0	56.01
57.00	05700	CT SCAN	0.022469	190,079	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.112291	4,311	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.109966	15,537	59.00
60.00	06000	LABORATORY	0.105635	1,557,179	60.00
64.00	06400	INTRAVENOUS THERAPY	0.177124	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.111376	524,801	65.00
66.00	06600	PHYSICAL THERAPY	0.361863	844,209	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.216081	531,831	67.00
68.00	06800	SPEECH PATHOLOGY	0.138080	263,538	68.00
69.00	06900	ELECTROCARDIOLOGY	0.066575	70,836	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.114422	10,538	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.878420	146,420	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.359463	13,650	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.187763	582,371	73.00
73.01	07301	RETAIL PHARMACY	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0.282706	140,703	74.00
76.00	03951	DIABETES	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	76.01
76.02	03030	WOUNDCARE	0.070175	0	76.02
76.03	03020	PICC LINE TEAM	0.043510	16,810	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.000000	0	90.01
90.02	09002	PAIN MANAGEMENT	0.211616	0	90.02
91.00	09100	EMERGENCY	0.105213	2,444	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.746048	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)		8,057,658	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)		8,057,658	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 18-0102	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/26/2022 4:35 pm
Cost Center Description			Title XIX	Hospital	Cost
			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		378,380	30.00
31.00	03100	INTENSIVE CARE UNIT		189,527	31.00
32.00	03200	CORONARY CARE UNIT		176,111	32.00
40.00	04000	SUBPROVIDER - IPF		96,837	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		9,702	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.120320	486,914	50.00
50.01	05001	REHAB MEDICINE	0.254541	0	50.01
51.00	05100	RECOVERY ROOM	0.216990	21,053	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.715617	232	52.00
53.00	05300	ANESTHESIOLOGY	0.058551	55,854	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.104020	150,792	54.00
54.01	03630	ULTRA SOUND	0.069377	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.033075	32,796	56.01
57.00	05700	CT SCAN	0.022469	216,450	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.112291	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.109966	0	59.00
60.00	06000	LABORATORY	0.105635	619,323	60.00
64.00	06400	INTRAVENOUS THERAPY	0.177124	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.111376	224,053	65.00
66.00	06600	PHYSICAL THERAPY	0.361863	23,493	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.216081	17,155	67.00
68.00	06800	SPEECH PATHOLOGY	0.138080	35,347	68.00
69.00	06900	ELECTROCARDIOLOGY	0.066575	102,590	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.114422	19,603	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.878420	70,799	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.359463	118,836	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.187763	370,840	73.00
73.01	07301	RETAIL PHARMACY	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0.282706	73,506	74.00
76.00	03951	DIABETES	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0.000000	0	76.01
76.02	03030	WOUNDCARE	0.070175	0	76.02
76.03	03020	PICC LINE TEAM	0.043510	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.000000	0	90.01
90.02	09002	PAIN MANAGEMENT	0.211616	0	90.02
91.00	09100	EMERGENCY	0.105213	165,422	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.746048	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)		2,805,058	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)		2,805,058	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 4:35 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		32,632,027	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		0	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)		69,074	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		0	2.04
3.00	Managed Care Simulated Payments		18,146,429	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		258.58	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)		5.26	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.67	31.00
32.00	Sum of lines 30 and 31		28.93	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.08	33.00
34.00	Disproportionate share adjustment (see instructions)		1,067,067	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A
Date/Time Prepared:
5/26/2022 4:35 pm

		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)		8,290,014,521	7,192,008,710
35.01	Factor 3 (see instructions)		0.000294982	0.000167971
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,445,405	1,208,048
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,829,028	304,495
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,133,523	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)		0	
41.00	Total ESRD Medicare discharges (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		35,901,691	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0	
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)			35,901,691
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,463,906
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0
53.00	Nursing and Allied Health Managed Care payment			0
54.00	Special add-on payments for new technologies			105,969
54.01	Islet isolation add-on payment			0
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0
56.00	Cost of physicians' services in a teaching hospital (see intructions)			0
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0
59.00	Total (sum of amounts on lines 49 through 58)			38,471,566
60.00	Primary payer payments			46,444
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			38,425,122
62.00	Deductibles billed to program beneficiaries			3,726,556
63.00	Coinsurance billed to program beneficiaries			30,422
64.00	Allowable bad debts (see instructions)			842,504
65.00	Adjusted reimbursable bad debts (see instructions)			547,628
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			303,950
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			35,215,772
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)			0
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0
70.87	Demonstration payment adjustment amount before sequestration			0
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0
70.92	Bundled Model 1 discount amount (see instructions)			0
70.93	HVBP payment adjustment amount (see instructions)			-125,920
70.94	HRR adjustment amount (see instructions)			-317,702
70.95	Recovery of accelerated depreciation			0

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A
Date/Time Prepared:
5/26/2022 4:35 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	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	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		34,772,150	0	71.00
71.01	Sequestration adjustment (see instructions)		0	0	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	0	71.03
72.00	Interim payments		34,073,965	0	72.00
72.01	Interim payments-PARHM		0	0	72.01
73.00	Tentative settlement (for contractor use only)		0	0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		698,185	0	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		496,272	0	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	0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	0	94.00
95.00	Time value of money for operating expenses (see instructions)		0	0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	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	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	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	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: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2022 4:35 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	32,632,027	0	32,632,027		32,632,027
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0		0	0
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	69,074	0	69,074		69,074
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0	0		0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	18,146,429	0	18,146,429	0	18,146,429
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	0.1308	0.1308	0.1308	0.1308	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,067,067	0	1,067,067	0	1,067,067
11.01	Uncompensated care payments	36.00	2,133,523	0	1,829,028	304,495	2,133,523
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	35,901,691	0	35,597,196	304,495	35,901,691
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	35,901,691	0	35,597,196	304,495	35,901,691
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,463,906	0	2,463,906	0	2,463,906

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2022 4:35 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	105,969	0	105,969	0	105,969	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	38,167,071	304,495	38,471,566	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,459,709	0	2,459,709	0	2,459,709	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	4,197	0	4,197	0	4,197	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,463,906	0	2,463,906	0	2,463,906	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/26/2022 4:35 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	32,632,027	32,632,027		32,632,027	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0		0	0	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	69,074	69,074		69,074	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0		0	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	18,146,429	18,146,429	0	18,146,429	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	0.1308	0.1308	0.1308		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,067,067	1,067,067	0	1,067,067	11.00
11.01	Uncompensated care payments	36.00	2,133,523	1,829,028	304,495	2,133,523	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	35,901,691	35,597,196	304,495	35,901,691	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	35,901,691	35,597,196	304,495	35,901,691	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,463,906	2,463,906	0	2,463,906	16.00
17.00	Special add-on payments for new technologies	54.00	105,969	105,969	0	105,969	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			38,167,071	304,495	38,471,566	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/26/2022 4:35 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,459,709	2,459,709	0	2,459,709	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	4,197	4,197	0	4,197	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	2,463,906	2,463,906	0	2,463,906	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	-125,920	-125,920	0	-125,920	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	-317,702	-317,702	0	-317,702	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: 18-0102	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/26/2022 4:35 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,777	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		20,108,326	2.00
3.00	OPPS payments		20,721,344	3.00
4.00	Outlier payment (see instructions)		51,715	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)		1,777	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		11,440	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)		11,440	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)		11,440	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		9,663	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)		1,777	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)		20,773,059	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		324	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,769,420	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)		17,005,092	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)		17,005,092	30.00
31.00	Primary payer payments		5,420	31.00
32.00	Subtotal (line 30 minus line 31)		16,999,672	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)		723,882	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		470,523	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		199,744	36.00
37.00	Subtotal (see instructions)		17,470,195	37.00
38.00	MSP-LCC reconciliation amount from PS&R		1,495	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)		17,468,700	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		17,456,468	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)		12,232	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part I
Date/Time Prepared:
5/26/2022 4:35 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		33,559,167		16,997,246	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		573,051		475,707	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	10/20/2021	58,253	10/20/2021	16,485	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)		-58,253		-16,485	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)		34,073,965		17,456,468	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		698,185		12,232	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		34,772,150		17,468,700	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: 18-0102

Period:

Worksheet E-1

Component CCN: 18-S102

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/26/2022 4:35 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		338,768		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		33,409		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	10/20/2021	6,740		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)		-6,740		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)		365,437		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		7,841		0	6.02
7.00	Total Medicare program liability (see instructions)		357,596		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 18-0102
 Component CCN: 18-T102

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 5/26/2022 4:35 pm

		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		5,408,250			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	10/20/2021	59,432			0	3.01
3.02		03/17/2021	1,261			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)		60,693			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)		5,468,943			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		63,050			0	6.02
7.00	Total Medicare program liability (see instructions)		5,405,893			0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part II
Date/Time Prepared:
5/26/2022 4:35 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

Health Financial Systems		MERCY HEALTH LOURDES HOSPITAL LLC		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102	Period: From 01/01/2021	Worksheet E-3	
		Component CCN: 18-S102	To 12/31/2021	Part II Date/Time Prepared: 5/26/2022 4:35 pm	
		Title XVIII	Subprovider - IPF	PPS	
				1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			418,238	1.00
2.00	Net IPF PPS Outlier Payments			4,360	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 instuctions)			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 instuctions)			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)			3.473973	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.			0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			422,598	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)				14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0	15.00
16.00	Subtotal (see instructions)			422,598	16.00
17.00	Primary payer payments			1,468	17.00
18.00	Subtotal (line 16 less line 17).			421,130	18.00
19.00	Deductibles			74,200	19.00
20.00	Subtotal (line 18 minus line 19)			346,930	20.00
21.00	Coinsurance			8,162	21.00
22.00	Subtotal (line 20 minus line 21)			338,768	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			28,966	23.00
24.00	Adjusted reimbursable bad debts (see instructions)			18,828	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			3,801	25.00
26.00	Subtotal (sum of lines 22 and 24)			357,596	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)			357,596	31.00
31.01	Sequestration adjustment (see instructions)			0	31.01
31.02	Demonstration payment adjustment amount after sequestration			0	31.02
32.00	Interim payments			365,437	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)			-7,841	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			4,360	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

Health Financial Systems		MERCY HEALTH LOURDES HOSPITAL LLC	In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part III Date/Time Prepared: 5/26/2022 4:35 pm
		Component CCN: 18-T102		
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		5,271,101	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0635	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		198,193	3.00
4.00	Outlier Payments		6,785	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)		13.616438	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)		5,476,079	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)			15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		5,476,079	17.00
18.00	Primary payer payments		8,726	18.00
19.00	Subtotal (line 17 less line 18).		5,467,353	19.00
20.00	Deductibles		47,260	20.00
21.00	Subtotal (line 19 minus line 20)		5,420,093	21.00
22.00	Coinsurance		20,034	22.00
23.00	Subtotal (line 21 minus line 22)		5,400,059	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		8,976	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		5,834	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)		5,405,893	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)		5,405,893	32.00
32.01	Sequestration adjustment (see instructions)		0	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		5,468,943	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)		-63,050	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		6,785	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

Health Financial Systems		MERCY HEALTH LOURDES HOSPITAL LLC		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 5/26/2022 4:35 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	803,272			1.00
2.00	Medical and other services			339,721	2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	803,272		339,721	4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	803,272		339,721	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	2,805,058		2,597,560	9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	2,805,058		2,597,560	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000		0.000000	15.00
16.00	Total customary charges (see instructions)	2,805,058		2,597,560	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	2,001,786		2,257,839	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0		0	18.00
19.00	Interns and Residents (see instructions)	0		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	803,272		339,721	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0		0	22.00
23.00	Outlier payments	0		0	23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0		0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0			28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	803,272		339,721	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	0		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	803,272		339,721	31.00
32.00	Deductibles	0			32.00
33.00	Coinurance	0		0	33.00
34.00	Allowable bad debts (see instructions)	0		0	34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	803,272		339,721	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		0	37.00
38.00	Subtotal (line 36 ± line 37)	803,272		339,721	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	803,272		339,721	40.00
41.00	Interim payments	0		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	803,272		339,721	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0		0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102 Component CCN: 18-S102	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 5/26/2022 4:35 pm
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0102 Component CCN: 18-T102	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 5/26/2022 4:35 pm	
		Title XIX	Subprovider - IRF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0		41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 18-0102

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

Worksheet G

Date/Time Prepared:
5/26/2022 4:35 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	85,918,531	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	82,878,570	0	0	0	4.00
5.00	Other receivable	-18,110	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-55,023,698	0	0	0	6.00
7.00	Inventory	8,707,374	0	0	0	7.00
8.00	Prepaid expenses	1,428,168	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	5,824,721	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	129,715,556	0	0	0	11.00
FIXED ASSETS						
12.00	Land	437,015	0	0	0	12.00
13.00	Land improvements	3,113,611	0	0	0	13.00
14.00	Accumulated depreciation	-3,010,906	0	0	0	14.00
15.00	Buildings	54,285,467	0	0	0	15.00
16.00	Accumulated depreciation	-39,662	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	106,752,099	0	0	0	19.00
20.00	Accumulated depreciation	-84,719,433	0	0	0	20.00
21.00	Automobiles and trucks	42,321	0	0	0	21.00
22.00	Accumulated depreciation	-882	0	0	0	22.00
23.00	Major movable equipment	5,655,758	0	0	0	23.00
24.00	Accumulated depreciation	-4,378,319	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	78,137,069	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	155,832,477	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,711,357	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	157,543,834	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	365,396,459	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	28,306,900	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,482,418	0	0	0	38.00
39.00	Payroll taxes payable	535	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	215,146	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	-7,234,035	0	0	0	43.00
44.00	Other current liabilities	8,654,828	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	31,425,792	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	75,800,418	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	75,800,418	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	107,226,210	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	258,170,249	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)	258,170,249	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	365,396,459	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 18-0102

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

Worksheet G-1

Date/Time Prepared:
5/26/2022 4:35 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		257,526,083		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		64,082,235				2.00
3.00	Total (sum of line 1 and line 2)		321,608,318		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		321,608,318		0		11.00
12.00	Deductions	63,438,069		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		63,438,069		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		258,170,249		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 18-0102

Period:
From 01/01/2021
To 12/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	69,537,837		69,537,837	1.00
2.00	SUBPROVIDER - IPF	2,223,535		2,223,535	2.00
3.00	SUBPROVIDER - IRF	6,108,736		6,108,736	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	0		0	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)	77,870,108		77,870,108	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,847,854		13,847,854	11.00
12.00	CORONARY CARE UNIT	10,080,887		10,080,887	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	23,928,741		23,928,741	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	101,798,849		101,798,849	17.00
18.00	Ancillary services	319,674,242	612,657,618	932,331,860	18.00
19.00	Outpatient services	19,822,331	58,885,638	78,707,969	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		9,680,454	9,680,454	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	2,440,362	19,159,601	21,599,963	26.00
26.01	HOSPICE II	0	2,902,887	2,902,887	26.01
27.00	OTHER	35,811	194,770	230,581	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	443,771,595	703,480,968	1,147,252,563	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		246,052,897		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)		246,052,897		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 18-0102

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

Worksheet G-3

Date/Time Prepared:
5/26/2022 4:35 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,147,252,563	1.00
2.00	Less contractual allowances and discounts on patients' accounts	864,141,696	2.00
3.00	Net patient revenues (line 1 minus line 2)	283,110,867	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	246,052,897	4.00
5.00	Net income from service to patients (line 3 minus line 4)	37,057,970	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	21,391,331	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	532,309	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	395,507	22.00
23.00	Governmental appropriations	0	23.00
24.00	Other Misc Revenue	2,591,103	24.00
24.01	Joint Venture Revenue	379,534	24.01
24.03	Gain/Loss on Sale of Assets	20,585	24.03
24.50	COVID-19 PHE Funding	1,713,180	24.50
25.00	Total other income (sum of lines 6-24)	27,023,549	25.00
26.00	Total (line 5 plus line 25)	64,081,519	26.00
27.00	Non Operating Expense	-716	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-716	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	64,082,235	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 18-0102
HHA CCN: 18-7100
Period: From 01/01/2021 To 12/31/2021
Worksheet H
Date/Time Prepared: 5/26/2022 4:35 pm

						Home Health Agency I	PPS	
		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures			0		143,732	143,732	1.00
2.00	Capital Related - Movable Equipment			0		66,403	66,403	2.00
3.00	Plant Operation & Maintenance	0	0	0	53,114	5,383	58,497	3.00
4.00	Transportation	0	0	205,235	774	0	206,009	4.00
5.00	Administrative and General	180,471	55,441	0	2,380,168	73,872	2,689,952	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	2,364,490	726,389	0	0	0	3,090,879	6.00
7.00	Physical Therapy	892,650	274,229	0	0	0	1,166,879	7.00
8.00	Occupational Therapy	392,848	120,686	0	0	0	513,534	8.00
9.00	Speech Pathology	76,366	23,460	0	0	0	99,826	9.00
10.00	Medical Social Services	54,364	16,701	0	0	0	71,065	10.00
11.00	Home Health Aide	57,780	17,751	0	0	0	75,531	11.00
12.00	Supplies (see instructions)	0	0	0	0	242,033	242,033	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)	193,654	59,492	0	0	-17,433	235,713	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,212,623	1,294,149	205,235	2,434,056	513,990	8,660,053	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	-123,115	20,617	0	20,617			1.00
2.00	Capital Related - Movable Equipment	-4,723	61,680	0	61,680			2.00
3.00	Plant Operation & Maintenance	0	58,497	0	58,497			3.00
4.00	Transportation	0	206,009	0	206,009			4.00
5.00	Administrative and General	-2,172,850	517,102	-125	516,977			5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	-539,123	2,551,756	0	2,551,756			6.00
7.00	Physical Therapy	-203,532	963,347	0	963,347			7.00
8.00	Occupational Therapy	-89,573	423,961	0	423,961			8.00
9.00	Speech Pathology	-17,412	82,414	0	82,414			9.00
10.00	Medical Social Services	-12,395	58,670	0	58,670			10.00
11.00	Home Health Aide	-13,174	62,357	0	62,357			11.00
12.00	Supplies (see instructions)	0	242,033	0	242,033			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)	-44,155	191,558	0	191,558			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	-3,220,052	5,440,001	-125	5,439,876			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: 18-0102

Period:

Worksheet H-1

HHA CCN: 18-7100

From 01/01/2021

Part I

To 12/31/2021

Date/Time Prepared:

5/26/2022 4:35 pm

Home Health

PPS

Agency I

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	20,617	20,617				0	1.00
2.00	Capital Related - Movable Equipment	61,680		61,680			0	2.00
3.00	Plant Operation & Maintenance	58,497	0	0	58,497		0	3.00
4.00	Transportation	206,009	0	0	0	206,009		4.00
5.00	Administrative and General	516,977	20,617	61,680	58,497	77,957	735,728	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,551,756	0	0	0	33,639	2,585,395	6.00
7.00	Physical Therapy	963,347	0	0	0	65,620	1,028,967	7.00
8.00	Occupational Therapy	423,961	0	0	0	15,928	439,889	8.00
9.00	Speech Pathology	82,414	0	0	0	6,881	89,295	9.00
10.00	Medical Social Services	58,670	0	0	0	3,660	62,330	10.00
11.00	Home Health Aide	62,357	0	0	0	2,324	64,681	11.00
12.00	Supplies (see instructions)	242,033	0	0	0	0	242,033	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)	191,558	0	0	0	0	191,558	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	5,439,876	20,617	61,680	58,497	206,009	5,439,876	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	735,728						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	404,355	2,989,750					6.00
7.00	Physical Therapy	160,930	1,189,897					7.00
8.00	Occupational Therapy	68,799	508,688					8.00
9.00	Speech Pathology	13,966	103,261					9.00
10.00	Medical Social Services	9,748	72,078					10.00
11.00	Home Health Aide	10,116	74,797					11.00
12.00	Supplies (see instructions)	37,854	279,887					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)	29,960	221,518					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		5,439,876					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 18-0102

Period:

Worksheet H-1

HHA CCN: 18-7100

From 01/01/2021

Part II

To 12/31/2021

Date/Time Prepared:

5/26/2022 4:35 pm

Home Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Agency 1 Reconciliation	Administrative & General (ACCUM. COST)		
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
		1.00	2.00	3.00	4.00	5A.00	5.00		
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	1,000				0		1.00	
2.00	Capital Related - Movable Equipment		1,000			0		2.00	
3.00	Plant Operation & Maintenance	0	0	1,000		0		3.00	
4.00	Transportation (see instructions)	0	0	0	216,854			4.00	
5.00	Administrative and General	1,000	1,000	1,000	82,060	-735,728	4,704,148	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	35,410	0	2,585,395	6.00	
7.00	Physical Therapy	0	0	0	69,075	0	1,028,967	7.00	
8.00	Occupational Therapy	0	0	0	16,767	0	439,889	8.00	
9.00	Speech Pathology	0	0	0	7,243	0	89,295	9.00	
10.00	Medical Social Services	0	0	0	3,853	0	62,330	10.00	
11.00	Home Health Aide	0	0	0	2,446	0	64,681	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	242,033	12.00	
13.00	Drugs	0	0	0		0	0	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	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	191,558	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	1,000	1,000	1,000	216,854	-735,728	4,704,148	24.00	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	20,617	61,680	58,497	206,009		735,728	25.00	
26.00	Unit Cost Multiplier	20.617000	61.680000	58.497000	0.949989		0.156400	26.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 18-0102

Period:

Worksheet H-2

HHA CCN: 18-7100

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/26/2022 4:35 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	Subtotal	
			BLDG & FIXT	MVBLE EQUIP				
			0	1.00			2.00	
1.00	Administrative and General	0	155,823	333,155	34,917	11,089	534,984	1.00
2.00	Skilled Nursing Care	2,989,750	0	0	403,529	0	3,393,279	2.00
3.00	Physical Therapy	1,189,897	0	0	152,318	0	1,342,215	3.00
4.00	Occupational Therapy	508,688	0	0	67,014	0	575,702	4.00
5.00	Speech Pathology	103,261	0	0	13,012	0	116,273	5.00
6.00	Medical Social Services	72,078	0	0	9,253	0	81,331	6.00
7.00	Home Health Aide	74,797	0	0	9,832	0	84,629	7.00
8.00	Supplies (see instructions)	279,887	0	0	9,191	0	289,078	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)	221,518	0	0	23,846	0	245,364	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	5,439,876	155,823	333,155	722,912	11,089	6,662,855	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		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		5.05	6.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	141,863	680,313	0	192,353	0	10,473	1.00
2.00	Skilled Nursing Care	899,806	0	0	0	0	0	2.00
3.00	Physical Therapy	355,919	0	0	0	0	0	3.00
4.00	Occupational Therapy	152,661	0	0	0	0	0	4.00
5.00	Speech Pathology	30,832	0	0	0	0	0	5.00
6.00	Medical Social Services	21,567	0	0	0	0	0	6.00
7.00	Home Health Aide	22,441	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	76,656	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)	65,064	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)	1,766,809	680,313	0	192,353	0	10,473	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: 18-0102

Period:

Worksheet H-2

HHA CCN: 18-7100

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/26/2022 4:35 pmHome Health
Agency I

PPS

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORT	
		13.00	14.00	15.00	16.00	17.00	18.00	
1.00	Administrative and General	0	56,161	0	0	0	6,689	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	56,161	0	0	0	6,689	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		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	1,622,836	0	1,622,836				1.00
2.00	Skilled Nursing Care	4,293,085	0	4,293,085	898,639	5,191,724		2.00
3.00	Physical Therapy	1,698,134	0	1,698,134	355,457	2,053,591		3.00
4.00	Occupational Therapy	728,363	0	728,363	152,462	880,825		4.00
5.00	Speech Pathology	147,105	0	147,105	30,792	177,897		5.00
6.00	Medical Social Services	102,898	0	102,898	21,539	124,437		6.00
7.00	Home Health Aide	107,070	0	107,070	22,412	129,482		7.00
8.00	Supplies (see instructions)	365,734	0	365,734	76,556	442,290		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	310,428	0	310,428	64,979	375,407		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	9,375,653	0	9,375,653	1,622,836	9,375,653		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.				0.209322			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: 18-0102

Period:

Worksheet H-2

HHA CCN: 18-7100

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/26/2022 4:35 pm

						Home Health Agency I	PPS	
Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHON ES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5.01	5A.05	5.05	
1.00	Administrative and General	14,518	14,518	206,462	39	0	534,984	1.00
2.00	Skilled Nursing Care	0	0	2,386,069	0	0	3,393,279	2.00
3.00	Physical Therapy	0	0	900,653	0	0	1,342,215	3.00
4.00	Occupational Therapy	0	0	396,253	0	0	575,702	4.00
5.00	Speech Pathology	0	0	76,942	0	0	116,273	5.00
6.00	Medical Social Services	0	0	54,715	0	0	81,331	6.00
7.00	Home Health Aide	0	0	58,134	0	0	84,629	7.00
8.00	Supplies (see instructions)	0	0	54,347	0	0	289,078	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	141,001	0	0	245,364	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	14,518	14,518	4,274,576	39	0	6,662,855	20.00
21.00	Total cost to be allocated	155,823	333,155	722,912	11,089	0	1,766,809	21.00
22.00	Unit cost multiplier	10.733090	22.947720	0.169119	284.333333	0	0.265173	22.00
Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	
		6.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	14,518	0	14,518	0	5,781	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)	14,518	0	14,518	0	5,781	0	20.00
21.00	Total cost to be allocated	680,313	0	192,353	0	10,473	0	21.00
22.00	Unit cost multiplier	46.859967	0.000000	13.249277	0.000000	1.811624	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 18-0102

Period:

Worksheet H-2

HHA CCN: 18-7100

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/26/2022 4:35 pmHome Health
Agency I

PPS

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE PATIENT TRANSPORT (GROSS CHAR GES)		
		14.00	15.00	16.00	17.00	18.00		
1.00	Administrative and General	222,638	1	0	0	9,680,454		1.00
2.00	Skilled Nursing Care	0	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19)	222,638	1	0	0	9,680,454		20.00
21.00	Total cost to be allocated	56,161	0	0	0	6,689		21.00
22.00	Unit cost multiplier	0.252253	0.000000	0.000000	0.000000	0.000691		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet H-3

HHA CCN: 18-7100

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/26/2022 4:35 pm

				Title XVIII		Home Health Agency I	PPS		
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
	Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	5,191,724		5,191,724	23,060	225.14	1.00	
2.00	Physical Therapy	3.00	2,053,591	0	2,053,591	17,116	119.98	2.00	
3.00	Occupational Therapy	4.00	880,825	0	880,825	3,844	229.14	3.00	
4.00	Speech Pathology	5.00	177,897	0	177,897	1,335	133.26	4.00	
5.00	Medical Social Services	6.00	124,437		124,437	760	163.73	5.00	
6.00	Home Health Aide	7.00	129,482		129,482	1,162	111.43	6.00	
7.00	Total (sum of lines 1-6)		8,557,956	0	8,557,956	47,277		7.00	
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits				
					Part B				
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
		0	1.00	2.00	3.00	4.00	5.00		
	Limitation Cost Computation								
8.00	Skilled Nursing Care		99914	0	0			8.00	
9.00	Physical Therapy		99914	0	0			9.00	
10.00	Occupational Therapy		99914	0	0			10.00	
11.00	Speech Pathology		99914	0	0			11.00	
12.00	Medical Social Services		99914	0	0			12.00	
13.00	Home Health Aide		99914	0	0			13.00	
14.00	Total (sum of lines 8-13)			0	0			14.00	
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
	Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	442,290	0	442,290	57,287	7.720600	15.00	
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00	
Cost Center Description		Part A	Program Visits		Cost of Services				
			Part B						
			Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance	Part A	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	0		0	0		1.00	
2.00	Physical Therapy	0	0		0	0		2.00	
3.00	Occupational Therapy	0	0		0	0		3.00	
4.00	Speech Pathology	0	0		0	0		4.00	
5.00	Medical Social Services	0	0		0	0		5.00	
6.00	Home Health Aide	0	0		0	0		6.00	
7.00	Total (sum of lines 1-6)	0	0		0	0		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	
9.00	Physical Therapy							9.00	
10.00	Occupational Therapy							10.00	
11.00	Speech Pathology							11.00	
12.00	Medical Social Services							12.00	
13.00	Home Health Aide							13.00	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet H-3

HHA CCN: 18-7100

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/26/2022 4:35 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Covered Charges			Cost of Services	Agency 1			
		Part A	Part B		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance					
		6.00	7.00	8.00	9.00	10.00	11.00		
	Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00	
16.00	Cost of Drugs		40	0		0	0	16.00	
Cost Center Description		Total Program Cost (sum of cols. 9-10)							
		12.00							
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	0						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)	0						7.00	
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
9.00	Physical Therapy							9.00	
10.00	Occupational Therapy							10.00	
11.00	Speech Pathology							11.00	
12.00	Medical Social Services							12.00	
13.00	Home Health Aide							13.00	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet H-3

HHA CCN: 18-7100

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/26/2022 4:35 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.361863	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.216081	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.138080	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.878420	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.187763	0	0	col. 2, line 16.00		5.00
5.01 Cost of Drugs 1	73.01	0.000000	0	0	col. 2, line 16.01		5.01

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 18-0102

Period:

Worksheet H-4

HHA CCN: 18-7100

From 01/01/2021
To 12/31/2021Part I-II
Date/Time Prepared:
5/26/2022 4:35 pm

Title XVIII

Home Health
Agency I

PPS

		Agency 1			
		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	40	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	40	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	40	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	0	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	0	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	0	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	0	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0	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	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	0	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	0	24.00
25.00	Coinsurance billed to program patients (from your records)			0	25.00
26.00	Net cost (line 24 minus line 25)		0	0	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	0	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	0	31.00
31.01	Sequestration adjustment (see instructions)		0	0	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0	31.75
32.00	Interim payments (see instructions)		0	30	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	-30	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: 18-0102

Period:

Worksheet H-5

HHA CCN: 18-7100

From 01/01/2021

Date/Time Prepared:

To 12/31/2021

5/26/2022 4:35 pm

Home Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		30	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		30	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		30	6.02
7.00	Total Medicare program liability (see instructions)		0		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0

Hospice CCN: 18-1507

From 01/01/2021

To 12/31/2021

Date/Time Prepared:
5/26/2022 4:35 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		20,837	20,837	-16,714	4,123
2.00	CAP REL COSTS-MVBLE EQUIP*		267,868	267,868	-57,880	209,988
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	1,607,949	1,607,949	-1,330,668	277,281
4.00	ADMINISTRATIVE & GENERAL*	1,056,262	2,845,687	3,901,949	-2,785,557	1,116,392
5.00	PLANT OPERATION & MAINTENANCE*	0	111,133	111,133	-23,569	87,564
6.00	LAUNDRY & LINEN SERVICE*	0	415	415	-88	327
7.00	HOUSEKEEPING*	0	4,303	4,303	-912	3,391
8.00	DIETARY*	0	3,638	3,638	-771	2,867
9.00	NURSING ADMINISTRATION*	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES*	0	6,478	6,478	-1,374	5,104
11.00	MEDICAL RECORDS*	0	0	0	0	0
12.00	STAFF TRANSPORTATION*	0	169,679	169,679	-35,985	133,694
13.00	VOLUNTEER SERVICE COORDINATION*	40,666	0	40,666	-4,704	35,962
14.00	PHARMACY*	0	788,054	788,054	-167,128	620,926
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0
26.00	PHYSICIAN SERVICES**	0	629,005	629,005	-133,397	495,608
27.00	NURSE PRACTITIONER**	91,376	0	91,376	-10,568	80,808
28.00	REGISTERED NURSE**	2,920,327	0	2,920,327	-337,769	2,582,558
29.00	LPN/LVN**	228,175	0	228,175	-26,390	201,785
30.00	PHYSICAL THERAPY**	0	0	0	0	0
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES**	354,940	0	354,940	-41,053	313,887
34.00	SPIRITUAL COUNSELING**	180,639	0	180,639	-20,893	159,746
35.00	DIETARY COUNSELING**	0	0	0	0	0
36.00	COUNSELING - OTHER**	0	0	0	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	338,038	0	338,038	-39,098	298,940
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	862,859	862,859	-182,992	679,867
39.00	PATIENT TRANSPORTATION**	0	125,567	125,567	-26,630	98,937
40.00	IMAGING SERVICES**	0	0	0	0	0
41.00	LABS & DIAGNOSTICS**	0	9,785	9,785	-2,075	7,710
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	333,290	333,290	-70,683	262,607
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0
43.00	OUTPATIENT SERVICES**	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	71,826	0	71,826	-8,307	63,519
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0
62.00	FUNDRAISING*	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0
66.00	RESIDENTIAL CARE*	0	0	0	0	0
67.00	ADVERTISING*	0	20,883	20,883	-4,429	16,454
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0
69.00	THRIFT STORE*	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD*	0	1,957,799	1,957,799	-415,203	1,542,596
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	-20,232	-20,232	4,291	-15,941
100.00	TOTAL	5,282,249	9,744,997	15,027,246	-5,740,546	9,286,700

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0

Hospice CCN: 18-1507

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/26/2022 4:35 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I	
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT*	0	4,123		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	209,988		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	-80,534	196,747		3.00
4.00	ADMINISTRATIVE & GENERAL*	0	1,116,392		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	87,564		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	327		6.00
7.00	HOUSEKEEPING*	0	3,391		7.00
8.00	DIETARY*	0	2,867		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	5,104		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	133,694		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	35,962		13.00
14.00	PHARMACY*	0	620,926		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED**	0	0		25.00
26.00	PHYSICIAN SERVICES**	0	495,608		26.00
27.00	NURSE PRACTITIONER**	0	80,808		27.00
28.00	REGISTERED NURSE**	0	2,582,558		28.00
29.00	LPN/LVN**	0	201,785		29.00
30.00	PHYSICAL THERAPY**	0	0		30.00
31.00	OCCUPATIONAL THERAPY**	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	313,887		33.00
34.00	SPIRITUAL COUNSELING**	0	159,746		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	0		36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	298,940		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	679,867		38.00
39.00	PATIENT TRANSPORTATION**	0	98,937		39.00
40.00	IMAGING SERVICES**	0	0		40.00
41.00	LABS & DIAGNOSTICS**	0	7,710		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	262,607		42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0		42.50
43.00	OUTPATIENT SERVICES**	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0		46.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM *	0	63,519		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	-633	15,821		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	1,542,596		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	-15,941		71.00
100.00	TOTAL	-81,167	9,205,533		100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0

Hospice CCN: 14-1548

From 01/01/2021

To 12/31/2021

Date/Time Prepared:
5/26/2022 4:35 pm

		Hospice II				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		4,920	4,920	1,110	6,030
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	56,520	56,520
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	75,733	75,733
4.00	ADMINISTRATIVE & GENERAL*	0	5,080	5,080	186,375	191,455
5.00	PLANT OPERATION & MAINTENANCE*	0	8,287	8,287	23,569	31,856
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	88	88
7.00	HOUSEKEEPING*	0	0	0	912	912
8.00	DIETARY*	0	0	0	771	771
9.00	NURSING ADMINISTRATION*	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	1,374	1,374
11.00	MEDICAL RECORDS*	0	0	0	0	0
12.00	STAFF TRANSPORTATION*	0	0	0	35,985	35,985
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	5,302	5,302
14.00	PHARMACY*	0	87,583	87,583	167,128	254,711
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0
26.00	PHYSICIAN SERVICES**	0	0	0	133,397	133,397
27.00	NURSE PRACTITIONER**	0	0	0	11,913	11,913
28.00	REGISTERED NURSE**	0	0	0	380,718	380,718
29.00	LPN/LVN**	0	0	0	29,747	29,747
30.00	PHYSICAL THERAPY**	0	0	0	0	0
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	46,273	46,273
34.00	SPIRITUAL COUNSELING**	0	0	0	23,549	23,549
35.00	DIETARY COUNSELING**	0	0	0	0	0
36.00	COUNSELING - OTHER**	0	0	0	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	0	0	44,070	44,070
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	121,490	121,490	182,992	304,482
39.00	PATIENT TRANSPORTATION**	0	1,923	1,923	26,630	28,553
40.00	IMAGING SERVICES**	0	0	0	0	0
41.00	LABS & DIAGNOSTICS**	0	55	55	2,075	2,130
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	46,779	46,779	70,683	117,462
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0
43.00	OUTPATIENT SERVICES**	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	9,364	9,364
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0
62.00	FUNDRAISING*	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0
66.00	RESIDENTIAL CARE*	0	0	0	0	0
67.00	ADVERTISING*	0	244	244	4,429	4,673
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0
69.00	THRIFT STORE*	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD*	0	203,029	203,029	415,203	618,232
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	4,420	4,420	-4,291	129
100.00	TOTAL	0	483,810	483,810	1,931,619	2,415,429

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0

Hospice CCN: 14-1548

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/26/2022 4:35 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice II
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	6,030	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	56,520	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	75,733	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	191,455	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	31,856	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	88	6.00
7.00	HOUSEKEEPING*	0	912	7.00
8.00	DIETARY*	0	771	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	1,374	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	35,985	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	5,302	13.00
14.00	PHARMACY*	0	254,711	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	133,397	26.00
27.00	NURSE PRACTITIONER**	0	11,913	27.00
28.00	REGISTERED NURSE**	0	380,718	28.00
29.00	LPN/LVN**	0	29,747	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	46,273	33.00
34.00	SPIRITUAL COUNSELING**	0	23,549	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	44,070	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	304,482	38.00
39.00	PATIENT TRANSPORTATION**	0	28,553	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	2,130	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	117,462	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	9,364	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	-414	4,259	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	618,232	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	129	71.00
100.00	TOTAL	-414	2,415,015	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE

Provider CCN: 18-0102

Period:

Worksheet 0-2

Hospice CCN: 18-1507

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/26/2022 4:35 pm

						Hospice I		07/20/2022 4:00 PM	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL			
		1.00	2.00	3.00	4.00	5.00			
DIRECT PATIENT CARE SERVICE COST CENTERS									
25.00	INPATIENT CARE-CONTRACTED							25.00	
26.00	PHYSICIAN SERVICES	0	581,080	581,080	-123,233	457,847		26.00	
27.00	NURSE PRACTITIONER	84,414	0	84,414	-9,763	74,651		27.00	
28.00	REGISTERED NURSE	2,697,821	0	2,697,821	-312,034	2,385,787		28.00	
29.00	LPN/LVN	210,790	0	210,790	-24,380	186,410		29.00	
30.00	PHYSICAL THERAPY	0	0	0	0	0		30.00	
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0		31.00	
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0		32.00	
33.00	MEDICAL SOCIAL SERVICES	327,896	0	327,896	-37,925	289,971		33.00	
34.00	SPIRITUAL COUNSELING	166,875	0	166,875	-19,301	147,574		34.00	
35.00	DIETARY COUNSELING	0	0	0	0	0		35.00	
36.00	COUNSELING - OTHER	0	0	0	0	0		36.00	
37.00	HOSPICE AIDE & HOME MAKER SERVICES	312,282	0	312,282	-36,119	276,163		37.00	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	797,116	797,116	-169,049	628,067		38.00	
39.00	PATIENT TRANSPORTATION	0	115,999	115,999	-24,601	91,398		39.00	
40.00	IMAGING SERVICES	0	0	0	0	0		40.00	
41.00	LABS & DIAGNOSTICS	0	9,039	9,039	-1,917	7,122		41.00	
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	307,895	307,895	-65,297	242,598		42.00	
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		42.50	
43.00	OUTPATIENT SERVICES	0	0	0	0	0		43.00	
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0		44.00	
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0		45.00	
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0		46.00	
100.00	TOTAL *	3,800,078	1,811,129	5,611,207	-823,619	4,787,588		100.00	

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	457,847	26.00
27.00	NURSE PRACTITIONER	0	74,651	27.00
28.00	REGISTERED NURSE	0	2,385,787	28.00
29.00	LPN/LVN	0	186,410	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	289,971	33.00
34.00	SPIRITUAL COUNSELING	0	147,574	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	276,163	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	628,067	38.00
39.00	PATIENT TRANSPORTATION	0	91,398	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	7,122	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	242,598	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	4,787,588	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 18-0102 Hospice CCN: 14-1548	Period: From 01/01/2021 To 12/31/2021	Worksheet 0-2 Date/Time Prepared: 5/26/2022 4:35 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice II RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	123,233	123,233	26.00
27.00	NURSE PRACTITIONER	0	0	0	11,005	11,005	27.00
28.00	REGISTERED NURSE	0	0	0	351,710	351,710	28.00
29.00	LPN/LVN	0	0	0	27,480	27,480	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	42,747	42,747	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	21,755	21,755	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	40,712	40,712	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	112,234	112,234	169,049	281,283	38.00
39.00	PATIENT TRANSPORTATION	0	1,776	1,776	24,601	26,377	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	51	51	1,917	1,968	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	43,214	43,214	65,297	108,511	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	157,275	157,275	879,506	1,036,781	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	123,233	26.00
27.00	NURSE PRACTITIONER	0	11,005	27.00
28.00	REGISTERED NURSE	0	351,710	28.00
29.00	LPN/LVN	0	27,480	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	42,747	33.00
34.00	SPIRITUAL COUNSELING	0	21,755	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	40,712	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	281,283	38.00
39.00	PATIENT TRANSPORTATION	0	26,377	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	1,968	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	108,511	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	1,036,781	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT
RESPIRE CARE

Provider CCN: 18-0102

Period:

Worksheet 0-3

Hospice CCN: 18-1507

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/26/2022 4:35 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	3,585	3,585	-760	2,825	26.00
27.00	NURSE PRACTITIONER	521	0	521	-60	461	27.00
28.00	REGISTERED NURSE	16,644	0	16,644	-1,925	14,719	28.00
29.00	LPN/LVN	1,300	0	1,300	-150	1,150	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	2,023	0	2,023	-234	1,789	33.00
34.00	SPIRITUAL COUNSELING	1,030	0	1,030	-119	911	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	1,927	0	1,927	-223	1,704	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	4,918	4,918	-1,043	3,875	38.00
39.00	PATIENT TRANSPORTATION	0	716	716	-152	564	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	56	56	-12	44	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	1,900	1,900	-403	1,497	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	23,445	11,175	34,620	-5,081	29,539	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	2,825	26.00
27.00	NURSE PRACTITIONER	0	461	27.00
28.00	REGISTERED NURSE	0	14,719	28.00
29.00	LPN/LVN	0	1,150	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	1,789	33.00
34.00	SPIRITUAL COUNSELING	0	911	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	1,704	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	3,875	38.00
39.00	PATIENT TRANSPORTATION	0	564	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	44	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	1,497	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	29,539	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESPIRE CARE		Provider CCN: 18-0102 Hospice CCN: 14-1548	Period: From 01/01/2021 To 12/31/2021	Worksheet 0-3 Date/Time Prepared: 5/26/2022 4:35 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice II RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	760	760	26.00
27.00	NURSE PRACTITIONER	0	0	0	68	68	27.00
28.00	REGISTERED NURSE	0	0	0	2,170	2,170	28.00
29.00	LPN/LVN	0	0	0	170	170	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	264	264	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	134	134	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	251	251	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	692	692	1,043	1,735	38.00
39.00	PATIENT TRANSPORTATION	0	11	11	152	163	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	12	12	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	267	267	403	670	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	970	970	5,427	6,397	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	760	26.00
27.00	NURSE PRACTITIONER	0	68	27.00
28.00	REGISTERED NURSE	0	2,170	28.00
29.00	LPN/LVN	0	170	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	264	33.00
34.00	SPIRITUAL COUNSELING	0	134	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	251	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	1,735	38.00
39.00	PATIENT TRANSPORTATION	0	163	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	12	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	670	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	6,397	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL
INPATIENT CARE
Provider CCN: 18-0102
Hospice CCN: 18-1507
Period:
From 01/01/2021
To 12/31/2021
Worksheet 0-4
Date/Time Prepared:
5/26/2022 4:35 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	44,340	44,340	-9,404	34,936	26.00
27.00	NURSE PRACTITIONER	6,441	0	6,441	-745	5,696	27.00
28.00	REGISTERED NURSE	205,862	0	205,862	-23,810	182,052	28.00
29.00	LPN/LVN	16,085	0	16,085	-1,860	14,225	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	25,021	0	25,021	-2,894	22,127	33.00
34.00	SPIRITUAL COUNSELING	12,734	0	12,734	-1,473	11,261	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	23,829	0	23,829	-2,756	21,073	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	60,825	60,825	-12,900	47,925	38.00
39.00	PATIENT TRANSPORTATION	0	8,852	8,852	-1,877	6,975	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	690	690	-146	544	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	23,495	23,495	-4,983	18,512	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	289,972	138,202	428,174	-62,848	365,326	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	34,936	26.00
27.00	NURSE PRACTITIONER	0	5,696	27.00
28.00	REGISTERED NURSE	0	182,052	28.00
29.00	LPN/LVN	0	14,225	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	22,127	33.00
34.00	SPIRITUAL COUNSELING	0	11,261	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	21,073	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	47,925	38.00
39.00	PATIENT TRANSPORTATION	0	6,975	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	544	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	18,512	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	365,326	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL
INPATIENT CARE
Provider CCN: 18-0102
Hospice CCN: 14-1548
Period:
From 01/01/2021
To 12/31/2021
Worksheet 0-4
Date/Time Prepared:
5/26/2022 4:35 pm

				Hospice II			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	9,404	9,404	26.00
27.00	NURSE PRACTITIONER	0	0	0	840	840	27.00
28.00	REGISTERED NURSE	0	0	0	26,838	26,838	28.00
29.00	LPN/LVN	0	0	0	2,097	2,097	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	3,262	3,262	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	1,660	1,660	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	3,107	3,107	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	8,564	8,564	12,900	21,464	38.00
39.00	PATIENT TRANSPORTATION	0	136	136	1,877	2,013	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	4	4	146	150	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	3,298	3,298	4,983	8,281	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	12,002	12,002	67,114	79,116	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	9,404	26.00
27.00	NURSE PRACTITIONER	0	840	27.00
28.00	REGISTERED NURSE	0	26,838	28.00
29.00	LPN/LVN	0	2,097	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	3,262	33.00
34.00	SPIRITUAL COUNSELING	0	1,660	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	3,107	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	21,464	38.00
39.00	PATIENT TRANSPORTATION	0	2,013	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	150	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	8,281	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	79,116	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET
EXPENSES FOR ALLOCATION

Provider CCN: 18-0102

Period:

Worksheet 0-5

Hospice CCN: 18-1507

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/26/2022 4:35 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	4,123	55,866	59,989	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	209,988	119,443	329,431	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	196,747	789,864	986,611	3.00
4.00	ADMINISTRATIVE & GENERAL	1,116,392	2,732,237	3,848,629	4.00
5.00	PLANT OPERATION & MAINTENANCE	87,564	243,906	331,470	5.00
6.00	LAUNDRY & LINEN SERVICE	327	0	327	6.00
7.00	HOUSEKEEPING	3,391	68,962	72,353	7.00
8.00	DIETARY	2,867	0	2,867	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	5,104	83,227	88,331	10.00
11.00	MEDICAL RECORDS	0	454	454	11.00
12.00	STAFF TRANSPORTATION	133,694	0	133,694	12.00
13.00	VOLUNTEER SERVICE COORDINATION	35,962	0	35,962	13.00
14.00	PHARMACY	620,926	149,229	770,155	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	14,926	14,926	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	4,787,588	0	4,787,588	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	29,539	0	29,539	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	365,326	0	365,326	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	63,519	0	63,519	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	15,821	0	15,821	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	1,542,596	0	1,542,596	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	-15,941	0	-15,941	99.00
100.00	TOTAL	9,205,533	4,258,114	13,463,647	100.00

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET
EXPENSES FOR ALLOCATION

Provider CCN: 18-0102

Period:

Worksheet 0-5

Hospice CCN: 14-1548

From 01/01/2021

To 12/31/2021

Date/Time Prepared:
5/26/2022 4:35 pm

Descriptions		Hospice II		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	6,030	0	6,030	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	56,520	0	56,520	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	75,733	116,441	192,174	3.00
4.00	ADMINISTRATIVE & GENERAL	191,455	672,779	864,234	4.00
5.00	PLANT OPERATION & MAINTENANCE	31,856	0	31,856	5.00
6.00	LAUNDRY & LINEN SERVICE	88	0	88	6.00
7.00	HOUSEKEEPING	912	0	912	7.00
8.00	DIETARY	771	0	771	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	1,374	12,914	14,288	10.00
11.00	MEDICAL RECORDS	0	61	61	11.00
12.00	STAFF TRANSPORTATION	35,985	0	35,985	12.00
13.00	VOLUNTEER SERVICE COORDINATION	5,302	0	5,302	13.00
14.00	PHARMACY	254,711	16,514	271,225	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	2,006	2,006	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,036,781	0	1,036,781	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	6,397	0	6,397	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	79,116	0	79,116	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	9,364	0	9,364	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	4,259	0	4,259	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	618,232	0	618,232	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	129	0	129	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	2,415,015	820,715	3,235,730	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 18-1507

From 01/01/2021

Part I

To 12/31/2021

Date/Time Prepared:

5/26/2022 4:35 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	59,989	59,989					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	329,431		329,431				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	986,611	0	0	986,611			3.00
4.00	ADMINISTRATIVE & GENERAL	3,848,629	59,989	329,431	197,296	4,435,345		4.00
5.00	PLANT OPERATION & MAINTENANCE	331,470	0	0	0	331,470		5.00
6.00	LAUNDRY & LINEN SERVICE	327	0	0	0	327		6.00
7.00	HOUSEKEEPING	72,353	0	0	0	72,353		7.00
8.00	DIETARY	2,867	0	0	0	2,867		8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	88,331	0	0	0	88,331		10.00
11.00	MEDICAL RECORDS	454	0	0	0	454		11.00
12.00	STAFF TRANSPORTATION	133,694	0	0	0	133,694		12.00
13.00	VOLUNTEER SERVICE COORDINATION	35,962	0	0	7,631	43,593		13.00
14.00	PHARMACY	770,155	0	0	0	770,155		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0		15.00
16.00	OTHER GENERAL SERVICE	14,926	0	0	0	14,926		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	4,787,588			672,180	5,459,768		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	29,539	0	0	8,118	37,657		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	365,326	0	0	87,986	453,312		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	63,519	0	0	13,400	76,919		60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0		61.00
62.00	FUNDRAISING	0	0	0	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0		66.00
67.00	ADVERTISING	15,821	0	0	0	15,821		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0		68.00
69.00	THRIFT STORE	0	0	0	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD	1,542,596				1,542,596		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0		71.00
99.00	NEGATIVE COST CENTER	-15,941	0	0	0	0		99.00
100.00	TOTAL	13,463,647	59,989	329,431	986,611	13,463,647		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 18-1507

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/26/2022 4:35 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	4,435,345						4.00
5.00	PLANT OPERATION & MAINTENANCE	195,981	527,451					5.00
6.00	LAUNDRY & LINEN SERVICE	193	0		520			6.00
7.00	HOUSEKEEPING	42,779	0			115,132		7.00
8.00	DIETARY	1,695	0			0	4,562	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	52,226	527,451			115,132		10.00
11.00	MEDICAL RECORDS	268	0			0		11.00
12.00	STAFF TRANSPORTATION	79,046	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	25,774	0			0		13.00
14.00	PHARMACY	455,353	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	8,825	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	3,228,088						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	22,265	0		90	0	791	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	268,020	0		430	0	3,771	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	45,478	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	9,354	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	4,435,345	527,451		520	115,132	4,562	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 18-1507

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/26/2022 4:35 pm

Descriptions		Hospice I				
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION
		9.00	10.00	11.00	12.00	13.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	783,140			10.00
11.00	MEDICAL RECORDS	0		722		11.00
12.00	STAFF TRANSPORTATION	0			212,740	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	69,367
14.00	PHARMACY	0			0	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0
16.00	OTHER GENERAL SERVICE	0			0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0
51.00	HOSPICE ROUTINE HOME CARE	0	760,610	701	212,740	60,696
52.00	HOSPICE INPATIENT RESPITE CARE	0	3,908	4	0	667
53.00	HOSPICE GENERAL INPATIENT CARE	0	18,622	17	0	8,004
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0
61.00	VOLUNTEER PROGRAM	0			0	0
62.00	FUNDRAISING	0			0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0
64.00	PALLIATIVE CARE PROGRAM	0			0	0
65.00	OTHER PHYSICIAN SERVICES	0			0	0
66.00	RESIDENTIAL CARE	0			0	0
67.00	ADVERTISING	0			0	0
68.00	TELEHEALTH/TELEMONITORING	0			0	0
69.00	THRIFT STORE	0			0	0
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	0	783,140	722	212,740	69,367

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 18-1507

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/26/2022 4:35 pm

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	1,225,508					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		23,751			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,190,251	0	23,067		10,935,921	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	6,116	0	119	0	71,617	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	29,141	0	565	0	781,882	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		122,397	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		25,175	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					1,542,596	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	-15,941	99.00
100.00	TOTAL	1,225,508	0	23,751	0	13,463,647	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 14-1548

From 01/01/2021

Part I

To 12/31/2021

Date/Time Prepared:

5/26/2022 4:35 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX		CAP REL MVBLE EQUIP		EMPLOYEE BENEFITS DEPARTMENT		SUBTOTAL	
		0		1.00		2.00		3.00		3A	
GENERAL SERVICE COST CENTERS											
1.00	CAP REL COSTS-BLDG & FIXT	6,030		6,030							1.00
2.00	CAP REL COSTS-MVBLE EQUIP	56,520				56,520					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	192,174		0		0		192,174			3.00
4.00	ADMINISTRATIVE & GENERAL	864,234		6,030		56,520		38,430		965,214	4.00
5.00	PLANT OPERATION & MAINTENANCE	31,856		0		0		0		31,856	5.00
6.00	LAUNDRY & LINEN SERVICE	88		0		0		0		88	6.00
7.00	HOUSEKEEPING	912		0		0		0		912	7.00
8.00	DIETARY	771		0		0		0		771	8.00
9.00	NURSING ADMINISTRATION	0		0		0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	14,288		0		0		0		14,288	10.00
11.00	MEDICAL RECORDS	61		0		0		0		61	11.00
12.00	STAFF TRANSPORTATION	35,985		0		0		0		35,985	12.00
13.00	VOLUNTEER SERVICE COORDINATION	5,302		0		0		1,486		6,788	13.00
14.00	PHARMACY	271,225		0		0		0		271,225	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0		0		0	15.00
16.00	OTHER GENERAL SERVICE	2,006		0		0		0		2,006	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		0				0	17.00
LEVEL OF CARE											
50.00	HOSPICE CONTINUOUS HOME CARE	0						0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,036,781						138,255		1,175,036	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	6,397		0		0		847		7,244	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	79,116		0		0		10,546		89,662	53.00
NONREIMBURSABLE COST CENTERS											
60.00	BEREAVEMENT PROGRAM	9,364		0		0		2,610		11,974	60.00
61.00	VOLUNTEER PROGRAM	0		0		0		0		0	61.00
62.00	FUNDRAISING	0		0		0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0		0		0	65.00
66.00	RESIDENTIAL CARE	0		0		0		0		0	66.00
67.00	ADVERTISING	4,259		0		0		0		4,259	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0		0		0	68.00
69.00	THRIFT STORE	0		0		0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	618,232								618,232	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	129		0		0		0		129	71.00
99.00	NEGATIVE COST CENTER	0		0		0		0		0	99.00
100.00	TOTAL	3,235,730		6,030		56,520		192,174		3,235,730	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 14-1548

From 01/01/2021
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Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice II HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	965,214						4.00
5.00	PLANT OPERATION & MAINTENANCE	18,609	50,465					5.00
6.00	LAUNDRY & LINEN SERVICE	51	0		139			6.00
7.00	HOUSEKEEPING	533	0			1,445		7.00
8.00	DIETARY	450	0			0	1,221	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	8,347	50,465			1,445		10.00
11.00	MEDICAL RECORDS	36	0			0		11.00
12.00	STAFF TRANSPORTATION	21,021	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	3,965	0			0		13.00
14.00	PHARMACY	158,442	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	1,172	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	686,420						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	4,232	0		22	0	195	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	52,378	0		117	0	1,026	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	6,995	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	2,488	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	75	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	965,214	50,465		139	1,445	1,221	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:

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Hospice CCN: 14-1548

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Descriptions		Hospice II					
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	74,545				10.00
11.00	MEDICAL RECORDS	0		97			11.00
12.00	STAFF TRANSPORTATION	0			57,006		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	10,753	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	73,531	96	56,230	9,950	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	162	0	124	52	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	852	1	652	751	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	74,545	97	57,006	10,753	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 14-1548

From 01/01/2021
To 12/31/2021Part I
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Descriptions		Hospice II				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	429,667					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		3,178			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	423,825	0	3,133		2,428,221	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	931	0	7	0	12,969	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	4,911	0	38	0	150,388	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		18,969	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		6,747	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					618,232	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	204	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	429,667	0	3,178	0	3,235,730	100.00

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

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 18-1507

From 01/01/2021
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Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	100					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		100				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	5,281,308			3.00
4.00	ADMINISTRATIVE & GENERAL	100	100	1,056,123	-4,435,345	7,501,647	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	331,470	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	327	6.00
7.00	HOUSEKEEPING	0	0	0	0	72,353	7.00
8.00	DIETARY	0	0	0	0	2,867	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	88,331	10.00
11.00	MEDICAL RECORDS	0	0	0	0	454	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	133,694	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	40,851	0	43,593	13.00
14.00	PHARMACY	0	0	0	0	770,155	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	14,926	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			3,598,162	0	5,459,768	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	43,454	0	37,657	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	470,986	0	453,312	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	71,732	0	76,919	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	15,821	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				-1,542,596		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	59,989	329,431	986,611		4,435,345	100.00
101.00	UNIT COST MULTIPLIER	599.890000	3,294.310000	0.186812		0.591249	101.00

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

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 18-1507

From 01/01/2021
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Date/Time Prepared:
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Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	100					5.00
6.00	LAUNDRY & LINEN SERVICE	0	1,914				6.00
7.00	HOUSEKEEPING	0		100			7.00
8.00	DIETARY	0		0	1,914		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	100		100		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	332	0	332	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	1,582	0	1,582	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	527,451	520	115,132	4,562	0	100.00
101.00	UNIT COST MULTIPLIER	5,274.510000	0.271682	1,151.320000	2.383490	0.000000	101.00

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

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 18-1507

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Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)		MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL							4.00
5.00	PLANT OPERATION & MAINTENANCE							5.00
6.00	LAUNDRY & LINEN SERVICE							6.00
7.00	HOUSEKEEPING							7.00
8.00	DIETARY							8.00
9.00	NURSING ADMINISTRATION							9.00
10.00	ROUTINE MEDICAL SUPPLIES	66,529						10.00
11.00	MEDICAL RECORDS		66,529					11.00
12.00	STAFF TRANSPORTATION				385,635			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	416		13.00
14.00	PHARMACY				0	0	66,529	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES				0	0	0	15.00
16.00	OTHER GENERAL SERVICE				0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES							17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	64,615	64,615	385,635	364		64,615	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	332	332	0	4		332	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,582	1,582	0	48		1,582	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM				0	0	0	60.00
61.00	VOLUNTEER PROGRAM				0	0	0	61.00
62.00	FUNDRAISING				0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS				0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM				0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES				0	0	0	65.00
66.00	RESIDENTIAL CARE				0	0	0	66.00
67.00	ADVERTISING				0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING				0	0	0	68.00
69.00	THRIFT STORE				0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)				0	0	0	71.00
99.00	NEGATIVE COST CENTER							99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	783,140	722	212,740	69,367		1,225,508	100.00
101.00	UNIT COST MULTIPLIER	11.771408	0.010852	0.551662	166.747596		18.420659	101.00

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

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 18-1507

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		66,529			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	64,615			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	332	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	1,582	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	23,751	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.357002	0.000000		101.00

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

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 14-1548

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice II RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	100					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		100				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	655,980			3.00
4.00	ADMINISTRATIVE & GENERAL	100	100	131,179	-965,214	1,652,284	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	31,856	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	88	6.00
7.00	HOUSEKEEPING	0	0	0	0	912	7.00
8.00	DIETARY	0	0	0	0	771	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	14,288	10.00
11.00	MEDICAL RECORDS	0	0	0	0	61	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	35,985	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	5,074	0	6,788	13.00
14.00	PHARMACY	0	0	0	0	271,225	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	2,006	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			471,927	0	1,175,036	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	2,890	0	7,244	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	36,000	0	89,662	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	8,910	0	11,974	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	4,259	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				-618,232		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	129	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	6,030	56,520	192,174		965,214	100.00
101.00	UNIT COST MULTIPLIER	60.300000	565.200000	0.292957		0.584170	101.00

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

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 14-1548

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Descriptions		Hospice II					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	100					5.00
6.00	LAUNDRY & LINEN SERVICE	0	138				6.00
7.00	HOUSEKEEPING	0		100			7.00
8.00	DIETARY	0		0	138		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	100		100		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	22	0	22	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	116	0	116	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	50,465	139	1,445	1,221	0	100.00
101.00	UNIT COST MULTIPLIER	504.650000	1.007246	14.450000	8.847826	0.000000	101.00

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

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 14-1548

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Descriptions		Hospice II				
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)
		10.00	11.00	12.00	13.00	14.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES	10,149				10.00
11.00	MEDICAL RECORDS		10,149			11.00
12.00	STAFF TRANSPORTATION			10,149		12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	415	13.00
14.00	PHARMACY			0	0	10,149 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0 15.00
16.00	OTHER GENERAL SERVICE			0	0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					0 17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	10,011	10,011	10,011	384	10,011 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	22	22	22	2	22 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	116	116	116	29	116 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0 60.00
61.00	VOLUNTEER PROGRAM			0	0	0 61.00
62.00	FUNDRAISING			0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0 65.00
66.00	RESIDENTIAL CARE			0	0	0 66.00
67.00	ADVERTISING			0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0 68.00
69.00	THRIFT STORE			0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0 71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	74,545	97	57,006	10,753	429,667 100.00
101.00	UNIT COST MULTIPLIER	7.345059	0.009558	5.616908	25.910843	42.335895 101.00

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

Provider CCN: 18-0102

Period:

Worksheet 0-6

Hospice CCN: 14-1548

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/26/2022 4:35 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice II	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		10,227			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	10,082			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	22	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	123	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	3,178	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.310746	0.000000		101.00

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

Provider CCN: 18-0102

Period:

Worksheet 0-7

Hospice CCN: 18-1507

From 01/01/2021
To 12/31/2021

Date/Time Prepared:
5/26/2022 4:35 pm

				Hospice I			
Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.361863	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.216081	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.138080	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.187763	0	0	0	4.00
4.01	RETAIL PHARMACY	73.01	0.000000	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.105635	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.878420	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	DIABETES	76.00	0.000000	0	0	0	10.00
10.01	LITHOTRIPTOR	76.01	0.000000	0	0	0	10.01
10.02	WOUNDCARE	76.02	0.070175	0	0	0	10.02
10.03	PICC LINE TEAM	76.03	0.043510	0	0	0	10.03
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
4.01	RETAIL PHARMACY	0	0	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	DIABETES	0	0	0	0	0	10.00
10.01	LITHOTRIPTOR	0	0	0	0	0	10.01
10.02	WOUNDCARE	0	0	0	0	0	10.02
10.03	PICC LINE TEAM	0	0	0	0	0	10.03
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

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

Provider CCN: 18-0102

Period:

Worksheet 0-7

Hospice CCN: 14-1548

From 01/01/2021
To 12/31/2021

Date/Time Prepared:
5/26/2022 4:35 pm

Hospice II

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.361863	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.216081	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.138080	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.187763	0	0	0	4.00
4.01	RETAIL PHARMACY	73.01	0.000000	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.105635	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.878420	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	DIABETES	76.00	0.000000	0	0	0	10.00
10.01	LITHOTRIPTOR	76.01	0.000000	0	0	0	10.01
10.02	WOUNDCARE	76.02	0.070175	0	0	0	10.02
10.03	PICC LINE TEAM	76.03	0.043510	0	0	0	10.03
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
4.01	RETAIL PHARMACY	0	0	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	DIABETES	0	0	0	0	0	10.00
10.01	LITHOTRIPTOR	0	0	0	0	0	10.01
10.02	WOUNDCARE	0	0	0	0	0	10.02
10.03	PICC LINE TEAM	0	0	0	0	0	10.03
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 18-0102

Period:

Worksheet 0-8

Hospice CCN: 18-1507

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/26/2022 4:35 pm

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			10,935,921	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			64,615	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			169.25	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	58,178	3,167		9.00
10.00	Program cost (line 8 times line 9)	9,846,627	536,015		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			71,617	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			332	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			215.71	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	280	20		14.00
15.00	Program cost (line 13 times line 14)	60,399	4,314		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			781,882	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			1,582	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			494.24	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	1,369	131		19.00
20.00	Program cost (line 18 times line 19)	676,615	64,745		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			11,789,420	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			66,529	22.00
23.00	Average cost per diem (line 21 divided by line 22)			177.21	23.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 18-0102

Period:

Worksheet 0-8

Hospice CCN: 14-1548

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/26/2022 4:35 pm

		Hospice II			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			2,428,221	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			10,011	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			242.56	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	9,462	0		9.00
10.00	Program cost (line 8 times line 9)	2,295,103	0		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			12,969	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			22	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			589.50	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	22	0		14.00
15.00	Program cost (line 13 times line 14)	12,969	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			150,388	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			116	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			1,296.45	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	116	0		19.00
20.00	Program cost (line 18 times line 19)	150,388	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			2,591,578	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			10,149	22.00
23.00	Average cost per diem (line 21 divided by line 22)			255.35	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 18-0102	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/26/2022 4:35 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,459,709	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		4,197	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)		108.84	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)		2,463,906	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