

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: 18-0104	Period: From 09/01/2020 To 08/31/2021	Worksheet S Parts I-III Date/Time Prepared: 1/26/2022 4:15 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 1/26/2022	Time: 4:15 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BAPTIST HEALTH PADUCAH (18-0104) for the cost reporting period beginning 09/01/2020 and ending 08/31/2021 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	Christopher Graff	☒	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	Christopher Graff		2
3	Signatory Title	VP, SYSTEM FINANCIAL OPERATIONS		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	42,987	-35,051	0	1,090,970	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	42,987	-35,051	0	1,090,970	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: 18-0104		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 1/26/2022 4:15 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 2501 KENTUCKY AVENUE			PO Box:				1.00	
2.00	City: PADUCAH			State: KY		Zip Code: 42003-		County:	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			BAPTIST HEALTH PADUCAH	180104	99918	1	01/04/1966	N
4.00	Subprovider - IPF							P	T
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
17.10	Hospital-Based (CORF) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						09/01/2020	08/31/2021	20.00
21.00	Type of Control (see instructions)						2		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	N		23.00

Worksheet S-2
Part I
Date/Time Prepared:
1/26/2022 4:15 pm

MCRIF32 - 17.1.172.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet S-2
Part I
Date/Time Prepared:
1/26/2022 4:15 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) 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)					64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet S-2
Part I
Date/Time Prepared:
1/26/2022 4:15 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.				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)					0
	Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 18-0104	Period: From 09/01/2020 To 08/31/2021	Worksheet S-2 Part I Date/Time Prepared: 1/26/2022 4:15 pm
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		1.00	
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	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	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06

Rural Providers			
105.00	Does this hospital qualify as a CAH?	N	105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	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	N	N	N	N	109.00

		1.00	
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110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N	110.00
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		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	100,000	201,996 118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	18H001	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 18-0104		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part I Date/Time Prepared: 1/26/2022 4:15 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: BAPTIST HEALTH		Contractor's Name: CIGNA		Contractor's Number: 15101				141.00		
142.00	Street: 2701 EASTPOINT PARKWAY		PO Box:						142.00		
143.00	City: LOUISVILLE		State: KY		Zip Code: 40223				143.00		
								1.00			
144.00	Are provider based physicians' costs included in Worksheet A?								Y	144.00	
								1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y				145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N				146.00		
								1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00	
				Part A	Part B	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	
161.10	CORF				N	N	N			161.10	
								1.00			
Multicampus											
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00	
				Name	County	State	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: 18-0104		Period: From 09/01/2020 To 08/31/2021		Worksheet S-2 Part II Date/Time Prepared: 1/26/2022 4:15 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A	12/07/2021	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	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	
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	12/10/2021	Y	12/10/2021
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet S-2
Part II
Date/Time Prepared:
1/26/2022 4:15 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		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		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.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		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.	BETH	WHEELER		41.00
42.00	Enter the employer/company name of the cost report preparer.	BAPTIST HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-896-5036	BWHEELER@BHSI.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet S-2
Part II
Date/Time Prepared:
1/26/2022 4:15 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 MANAGER	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: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part I
Date/Time Prepared:
1/26/2022 4:15 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	195	71,175	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)		195	71,175	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	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	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		227	82,855	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		227				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part I
Date/Time Prepared:
1/26/2022 4:15 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)	11,623	221	30,048			1.00
2.00	HMO and other (see instructions)	8,177	9,914				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	11,623	221	30,048			7.00
8.00	INTENSIVE CARE UNIT	1,338	83	3,415			8.00
9.00	CORONARY CARE UNIT	1,097	82	2,990			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		15	5,453			13.00
14.00	Total (see instructions)	14,058	401	41,906	0.00	1,163.56	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,163.56	27.00
28.00	Observation Bed Days		0	2,894			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	200	342			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: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part I
Date/Time Prepared:
1/26/2022 4:15 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	3,208	98	10,025	1.00
2.00 HMO and other (see instructions)			1,592	2,296		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,208	98	10,025	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part II
Date/Time Prepared:
1/26/2022 4:15 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	74,383,535	0	74,383,535	2,420,203.25	30.73
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)		1,643,991	378,939	2,022,930	89,719.28	22.55
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		6,042,771	0	6,042,771	82,849.14	72.94
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		19,887,869	0	19,887,869	518,541.00	38.35
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		20,966,058	0	20,966,058		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		717,845	0	717,845		
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)		4,733,902	0	4,733,902		
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: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part II
Date/Time Prepared:
1/26/2022 4:15 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	1,300,856	-330,600	970,256	45,058.23	21.53	26.00
27.00	Administrative & General	5.00	6,372,709	-2,425,122	3,947,587	145,845.12	27.07	27.00
28.00	Administrative & General under contract (see inst.)		187,668	0	187,668	3,581.13	52.40	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,690,659	42,563	1,733,222	63,701.36	27.21	30.00
31.00	Laundry & Linen Service	8.00	164,349	1,540	165,889	10,042.03	16.52	31.00
32.00	Housekeeping	9.00	1,786,588	50,762	1,837,350	114,792.06	16.01	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,930,626	-1,349,463	581,163	25,733.10	22.58	34.00
35.00	Dietary under contract (see instructions)		62,007	0	62,007	1,406.78	44.08	35.00
36.00	Cafeteria	11.00	0	1,398,820	1,398,820	96,726.00	14.46	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,196,780	10,521	1,207,301	25,504.54	47.34	38.00
39.00	Central Services and Supply	14.00	728,854	12,927	741,781	36,475.78	20.34	39.00
40.00	Pharmacy	15.00	3,933,646	58,887	3,992,533	84,068.91	47.49	40.00
41.00	Medical Records & Medical Records Library	16.00	750,647	47,088	797,735	21,863.83	36.49	41.00
42.00	Social Service	17.00	1,192,105	5,200	1,197,305	39,141.90	30.59	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part III
Date/Time Prepared:
1/26/2022 4:15 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)	74,633,210	0	74,633,210	2,425,191.16	30.77	1.00
2.00	Excluded area salaries (see instructions)	1,643,991	378,939	2,022,930	89,719.28	22.55	2.00
3.00	Subtotal salaries (line 1 minus line 2)	72,989,219	-378,939	72,610,280	2,335,471.88	31.09	3.00
4.00	Subtotal other wages & related costs (see inst.)	25,930,640	0	25,930,640	601,390.14	43.12	4.00
5.00	Subtotal wage-related costs (see inst.)	25,699,960	0	25,699,960	0.00	35.39	5.00
6.00	Total (sum of lines 3 thru 5)	124,619,819	-378,939	124,240,880	2,936,862.02	42.30	6.00
7.00	Total overhead cost (see instructions)	21,297,494	-2,476,877	18,820,617	713,940.77	26.36	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part IV
Date/Time Prepared:
1/26/2022 4:15 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,511,274	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	67,391	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	12,907,794	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	61,676	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)	178,640	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,249,560	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	5,355,057	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	56,745	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	295,766	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	21,683,903	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: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet S-3
Part V
Date/Time Prepared:
1/26/2022 4:15 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	6,042,771	21,683,903	1.00
2.00	Hospital	6,042,771	20,966,058	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	717,845	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021

Worksheet S-10

Date/Time Prepared:
1/26/2022 4:15 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)		0.121079	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		47,739,111	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		348,109,862	6.00
7.00	Medicaid cost (line 1 times line 6)		42,148,794	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)	6,970,342	495,711	7,466,053
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	843,962	495,711	1,339,673
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	843,962	495,711	1,339,673
			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)		8,110,253	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		923,243	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,420,373	27.01
28.00	Non-Medicare bad debt expense (see instructions)		6,689,880	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,307,134	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		2,646,807	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		2,646,807	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021

Worksheet A

Date/Time Prepared:
1/26/2022 4:15 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	NEW CAP REL COSTS-BLDG & FIXT		0	0	6,447,300	6,447,300	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	4,805,550	4,805,550	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,300,856	820,357	2,121,213	-322,373	1,798,840	4.00
5.01	00540	NONPATIENT TELEPHONES	236,464	88,772	325,236	122,637	447,873	5.01
5.02	00550	DATA PROCESSING	216,241	53,745	269,986	14,456	284,442	5.02
5.03	00580	PURCHASING, REC, STORES	55	33,667	33,722	412	34,134	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5,919,949	86,863,257	92,783,206	-20,461,370	72,321,836	5.06
7.00	00700	OPERATION OF PLANT	1,690,659	6,858,787	8,549,446	52,944	8,602,390	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	164,349	1,031,374	1,195,723	1,916	1,197,639	8.00
9.00	00900	HOUSEKEEPING	1,786,588	1,090,447	2,877,035	62,999	2,940,034	9.00
10.00	01000	DIETARY	1,930,626	2,554,537	4,485,163	-3,374,954	1,110,209	10.00
11.00	01100	CAFETERIA	0	0	0	3,436,366	3,436,366	11.00
13.00	01300	NURSING ADMINISTRATION	1,196,780	493,708	1,690,488	12,287	1,702,775	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	728,854	1,229,840	1,958,694	12,421	1,971,115	14.00
15.00	01500	PHARMACY	3,933,646	21,135,234	25,068,880	-19,443,654	5,625,226	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	750,647	315,802	1,066,449	58,588	1,125,037	16.00
17.00	01700	SOCIAL SERVICE	1,192,105	575,344	1,767,449	6,470	1,773,919	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,913,580	9,211,289	21,124,869	-3,395,352	17,729,517	30.00
31.00	03100	INTENSIVE CARE UNIT	2,671,937	2,795,481	5,467,418	-91,356	5,376,062	31.00
32.00	03200	CORONARY CARE UNIT	2,225,696	2,036,431	4,262,127	-42,409	4,219,718	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,023,526	1,506,363	3,529,889	43,830	3,573,719	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,076,074	48,421,055	56,497,129	-32,160,349	24,336,780	50.00
51.00	05100	RECOVERY ROOM	1,224,381	408,090	1,632,471	1,724,158	3,356,629	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,249,838	1,229,174	3,479,012	64,701	3,543,713	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,876,571	4,065,069	7,941,640	-703,940	7,237,700	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,435,309	1,050,519	2,485,828	56,322	2,542,150	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	722,455	770,147	1,492,602	-46,050	1,446,552	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	239,161	327,305	566,466	33,394	599,860	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,256,013	7,029,035	8,285,048	-5,181,393	3,103,655	59.00
60.00	06000	LABORATORY	3,717,549	6,917,702	10,635,251	3,368,422	14,003,673	60.00
60.01	06001	PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	937,407	937,407	0	937,407	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	50,339	50,339	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,065,958	1,065,958	64.00
65.00	06500	RESPIRATORY THERAPY	1,973,470	1,117,244	3,090,714	171,291	3,262,005	65.00
66.00	06600	PHYSICAL THERAPY	1,101,594	388,332	1,489,926	34,427	1,524,353	66.00
67.00	06700	OCCUPATIONAL THERAPY	534,774	182,316	717,090	32,333	749,423	67.00
68.00	06800	SPEECH PATHOLOGY	392,788	159,459	552,247	-18	552,229	68.00
69.00	06900	ELECTROCARDIOLOGY	1,098,825	548,190	1,647,015	28,796	1,675,811	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	375,463	315,093	690,556	12,262	702,818	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,303,637	8,303,637	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	32,015,135	32,015,135	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	21,263,293	21,263,293	73.00
74.00	07400	RENAL DIALYSIS	0	537,401	537,401	-5,285	532,116	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	0	975,778	975,778	-63,022	912,756	76.00
76.97	07697	CARDIAC REHABILITATION	192,959	67,285	260,244	11,736	271,980	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	89,054	12,400	101,454	-558	100,896	90.00
91.00	09100	EMERGENCY	3,318,870	1,991,747	5,310,617	514,297	5,824,914	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	981,838	512,976	1,494,814	141,203	1,636,017	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021

Worksheet A

Date/Time Prepared:
1/26/2022 4:15 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	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	72,739,544	216,658,159	289,397,703	-1,322,203	288,075,500	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	220,164	270,272	490,436	933	491,369	190.00
191.00	19100	RESEARCH	122,881	16,935	139,816	8,351	148,167	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	854,912	794,260	1,649,172	946,587	2,595,759	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	695	695	364,777	365,472	194.02
194.03	07952	RETAIL PHARMACY	446,034	8,564,326	9,010,360	1,555	9,011,915	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	74,383,535	226,304,647	300,688,182	0	300,688,182	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021

Worksheet A

Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-137,272	6,310,028	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	4,805,550	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-11,920	1,786,920	4.00
5.01	00540	NONPATIENT TELEPHONES	-95,376	352,497	5.01
5.02	00550	DATA PROCESSING	4,838,749	5,123,191	5.02
5.03	00580	PURCHASING, REC, STORES	1,050,044	1,084,178	5.03
5.04	00570	ADMITTING	2,206,486	2,206,486	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-23,298,799	49,023,037	5.06
7.00	00700	OPERATION OF PLANT	-106,685	8,495,705	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-18,391	1,179,248	8.00
9.00	00900	HOUSEKEEPING	-78,326	2,861,708	9.00
10.00	01000	DIETARY	-115,599	994,610	10.00
11.00	01100	CAFETERIA	-1,075,126	2,361,240	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,702,775	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,971,115	14.00
15.00	01500	PHARMACY	-743,541	4,881,685	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18	1,125,055	16.00
17.00	01700	SOCIAL SERVICE	0	1,773,919	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,834,364	15,895,153	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,376,062	31.00
32.00	03200	CORONARY CARE UNIT	0	4,219,718	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-169,615	3,404,104	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,957,607	21,379,173	50.00
51.00	05100	RECOVERY ROOM	0	3,356,629	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-108	3,543,605	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-182,012	7,055,688	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,542,150	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	-18,616	1,427,936	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-2,128	597,732	58.00
59.00	05900	CARDIAC CATHETERIZATION	-68,388	3,035,267	59.00
60.00	06000	LABORATORY	-221,736	13,781,937	60.00
60.01	06001	PATHOLOGY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	937,407	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-25,606	24,733	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,065,958	64.00
65.00	06500	RESPIRATORY THERAPY	-1,386	3,260,619	65.00
66.00	06600	PHYSICAL THERAPY	-112,755	1,411,598	66.00
67.00	06700	OCCUPATIONAL THERAPY	-83,615	665,808	67.00
68.00	06800	SPEECH PATHOLOGY	-44,607	507,622	68.00
69.00	06900	ELECTROCARDIOLOGY	-27,593	1,648,218	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-2,616	700,202	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-97,357	8,206,280	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	32,015,135	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,263,293	73.00
74.00	07400	RENAL DIALYSIS	0	532,116	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03951	WOUND CARE CENTER	0	912,756	76.00
76.97	07697	CARDIAC REHABILITATION	-242	271,738	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	100,896	90.00
91.00	09100	EMERGENCY	-7,040	5,817,874	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	-5,827	1,630,190	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet A
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-23,448,956	264,626,544	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	491,369	190.00
191.00	19100	RESEARCH	0	148,167	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,595,759	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	NAUTILUS	0	0	194.00
194.01	07951	PR/MARKETING	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	365,472	194.02
194.03	07952	RETAIL PHARMACY	0	9,011,915	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-23,448,956	277,239,226	200.00

RECLASSIFICATIONS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021

Worksheet A-6

Date/Time Prepared:
1/26/2022 4:15 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	20,927,134		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	336,159		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
	0		0	21,263,293		
	B - CHARGEABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	40,318,772		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
	0		0	40,318,772		
	C - TELEPHONE EXPENSES					
1.00	NONPATIENT TELEPHONES	5.01	0	111,249		1.00
	0		0	111,249		
	D - DEPRECIATION MME					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,805,550		1.00
	0		0	4,805,550		
	E - RECLASS OF IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	32,015,135		1.00
	0		0	32,015,135		
	F - NON PATIENT RELATED DAY CARE COSTS					
1.00	OTHER NONREIMBURSABLE	194.02	364,777	0		1.00
	0		364,777	0		
	G - DIETARY/CAFE					
1.00	CAFETERIA	11.00	1,398,820	2,037,546		1.00
	0		1,398,820	2,037,546		
	H - DEPRECIATION B&F					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	7,387,106		1.00
	0		0	7,387,106		
	I - INPATIENT ANCILLARY					
1.00	OPERATING ROOM	50.00	388,904	115,819		1.00
2.00	RECOVERY ROOM	51.00	8,344	2,490		2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	146,124	43,612		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	321	338		4.00
5.00	CARDIAC CATHETERIZATION	59.00	21,156	6,296		5.00
6.00	LABORATORY	60.00	24,756	7,384		6.00
7.00	INTRAVENOUS THERAPY	64.00	5,042	1,505		7.00
8.00	RESPIRATORY THERAPY	65.00	23,361	6,972		8.00
9.00	ELECTROCARDIOLOGY	69.00	224	67		9.00
10.00	WOUND CARE CENTER	76.00	651	194		10.00
11.00	EMERGENCY	91.00	12,612	3,764		11.00
12.00	ONCOLOGY INFUSION	93.00	353	105		12.00

RECLASSIFICATIONS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet A-6
Date/Time Prepared:
1/26/2022 4:15 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
0		631,848	188,546		
J - OP ANCILLARY					
1.00	OPERATING ROOM	50.00	33,914	10,122	1.00
2.00	RECOVERY ROOM	51.00	1,290,694	385,173	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	3,828	1,142	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	1,729	516	4.00
5.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	821	245	5.00
6.00	CARDIAC CATHETERIZATION	59.00	692	206	6.00
7.00	LABORATORY	60.00	1,426	425	7.00
8.00	BLOOD STORING, PROCESSING & TRANS.	63.00	38,768	11,571	8.00
9.00	INTRAVENOUS THERAPY	64.00	815,900	243,511	9.00
10.00	RESPIRATORY THERAPY	65.00	377	112	10.00
11.00	ELECTROENCEPHALOGRAPHY	70.00	1,064	317	11.00
12.00	CLINIC	90.00	85	25	12.00
13.00	EMERGENCY	91.00	339,390	101,293	13.00
14.00	ONCOLOGY INFUSION	93.00	6,003	1,792	14.00
0			2,534,691	756,450	
K - COVID					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	34,177	8,347	1.00
2.00	NONPATIENT TELEPHONES	5.01	9,153	2,235	2.00
3.00	DATA PROCESSING	5.02	11,618	2,838	3.00
4.00	PURCHASING, REC, STORES	5.03	331	81	4.00
5.00	OPERATION OF PLANT	7.00	42,563	10,395	5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	1,540	376	6.00
7.00	HOUSEKEEPING	9.00	50,762	12,398	7.00
8.00	DIETARY	10.00	49,357	12,055	8.00
9.00	NURSING ADMINISTRATION	13.00	10,521	2,569	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	12,927	3,157	10.00
11.00	PHARMACY	15.00	58,887	14,382	11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	47,088	11,500	12.00
13.00	SOCIAL SERVICE	17.00	5,200	1,270	13.00
14.00	ADULTS & PEDIATRICS	30.00	505,854	123,545	14.00
15.00	INTENSIVE CARE UNIT	31.00	89,093	21,759	15.00
16.00	CORONARY CARE UNIT	32.00	72,952	17,817	16.00
17.00	NURSERY	43.00	66,274	16,186	17.00
18.00	OPERATING ROOM	50.00	404,490	98,789	18.00
19.00	RECOVERY ROOM	51.00	38,013	9,284	19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	84,919	20,740	20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	69,301	16,925	21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	51,884	12,672	22.00
23.00	CT SCAN	57.00	17,539	4,284	23.00
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	25,982	6,346	24.00
25.00	CARDIAC CATHETERIZATION	59.00	41,735	10,193	25.00
26.00	LABORATORY	60.00	73,657	17,989	26.00
27.00	RESPIRATORY THERAPY	65.00	115,937	28,315	27.00
28.00	PHYSICAL THERAPY	66.00	39,665	9,687	28.00
29.00	OCCUPATIONAL THERAPY	67.00	26,358	6,437	29.00
30.00	SPEECH PATHOLOGY	68.00	20,602	5,032	30.00
31.00	ELECTROCARDIOLOGY	69.00	23,175	5,660	31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	9,013	2,201	32.00
33.00	CARDIAC REHABILITATION	76.97	9,535	2,329	33.00
34.00	EMERGENCY	91.00	140,517	34,319	34.00
35.00	ONCOLOGY INFUSION	93.00	171,980	42,003	35.00
36.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	750	183	36.00
37.00	RESEARCH	191.00	6,712	1,639	37.00
38.00	PHYSICIANS' PRIVATE OFFICES	192.00	5,450	1,331	38.00
39.00	RETAIL PHARMACY	194.03	1,250	305	39.00
40.00	ADULTS & PEDIATRICS	30.00	0	405,123	40.00
41.00	INTENSIVE CARE UNIT	31.00	0	9,564	41.00
42.00	LABORATORY	60.00	0	3,264,602	42.00
43.00	RESPIRATORY THERAPY	65.00	0	7,318	43.00
0			2,446,761	4,284,180	
L - PHYSICIAN OFFICE BLDG DEPRECIATION					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	939,806	1.00
0			0	939,806	
500.00	Grand Total: Increases		7,376,897	114,107,633	500.00

RECLASSIFICATIONS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021

Worksheet A-6

Date/Time Prepared:
1/26/2022 4:15 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DRUGS CHARGED TO PATIENTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,425,643	0		1.00
2.00	PHARMACY	15.00	0	19,483,808	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	519	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	17,164	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	336,159	0		5.00
	0		0	21,263,293			
	B - CHARGEABLE MEDICAL SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	120	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,549	0		2.00
3.00	OPERATION OF PLANT	7.00	0	14	0		3.00
4.00	HOUSEKEEPING	9.00	0	161	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	803	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,663	0		6.00
7.00	PHARMACY	15.00	0	33,115	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	384,585	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	156,826	0		9.00
10.00	CORONARY CARE UNIT	32.00	0	122,292	0		10.00
11.00	NURSERY	43.00	0	37,701	0		11.00
12.00	OPERATING ROOM	50.00	0	33,212,387	0		12.00
13.00	RECOVERY ROOM	51.00	0	9,840	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	235,664	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	439,747	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	8,234	0		16.00
17.00	CT SCAN	57.00	0	67,873	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	5,261,671	0		18.00
19.00	LABORATORY	60.00	0	21,817	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	11,101	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	14,925	0		21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	462	0		22.00
23.00	SPEECH PATHOLOGY	68.00	0	25,652	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	330	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	333	0		25.00
26.00	RENAL DIALYSIS	74.00	0	5,285	0		26.00
27.00	WOUND CARE CENTER	76.00	0	63,863	0		27.00
28.00	CARDIAC REHABILITATION	76.97	0	128	0		28.00
29.00	EMERGENCY	91.00	0	117,598	0		29.00
30.00	ONCOLOGY INFUSION	93.00	0	81,033	0		30.00
	0		0	40,318,772			
	C - TELEPHONE EXPENSES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	111,249	0		1.00
	0		0	111,249			
	D - DEPRECIATION MME						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4,805,550	9		1.00
	0		0	4,805,550			
	E - RECLASS OF IMPLANTABLE DEVICES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	32,015,135	0		1.00
	0		0	32,015,135			
	F - NON PATIENT RELATED DAY CARE COSTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	364,777	0	0		1.00
	0		364,777	0			
	G - DIETARY/CAFE						
1.00	DIETARY	10.00	1,398,820	2,037,546	0		1.00
	0		1,398,820	2,037,546			
	H - DEPRECIATION B&F						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	7,387,106	9		1.00
	0		0	7,387,106			
	I - INPATIENT ANCILLARY						
1.00	ADULTS & PEDIATRICS	30.00	618,298	139,526	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	7,614	47,332	0		2.00
3.00	CORONARY CARE UNIT	32.00	5,210	1,485	0		3.00
4.00	NURSERY	43.00	726	203	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

RECLASSIFICATIONS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet A-6
Date/Time Prepared:
1/26/2022 4:15 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
			631,848	188,546			
J - OP ANCILLARY							
1.00	ADULTS & PEDIATRICS	30.00	2,531,427	755,519	0		1.00
2.00	CORONARY CARE UNIT	32.00	3,261	930	0		2.00
3.00	WOUND CARE CENTER	76.00	3	1	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
			2,534,691	756,450			
K - COVID							
1.00	OTHER ADMINISTRATIVE AND GENERAL CLINIC	5.00	2,446,224	4,284,049	0		1.00
2.00		90.00	537	131	0		2.00
3.00		0.00			0		3.00
4.00		0.00			0		4.00
5.00		0.00			0		5.00
6.00		0.00			0		6.00
7.00		0.00			0		7.00
8.00		0.00			0		8.00
9.00		0.00			0		9.00
10.00		0.00			0		10.00
11.00		0.00			0		11.00
12.00		0.00			0		12.00
13.00		0.00			0		13.00
14.00		0.00			0		14.00
15.00		0.00			0		15.00
16.00		0.00			0		16.00
17.00		0.00			0		17.00
18.00		0.00			0		18.00
19.00		0.00			0		19.00
20.00		0.00			0		20.00
21.00		0.00			0		21.00
22.00		0.00			0		22.00
23.00		0.00			0		23.00
24.00		0.00			0		24.00
25.00		0.00			0		25.00
26.00		0.00			0		26.00
27.00		0.00			0		27.00
28.00		0.00			0		28.00
29.00		0.00			0		29.00
30.00		0.00			0		30.00
31.00		0.00			0		31.00
32.00		0.00			0		32.00
33.00		0.00			0		33.00
34.00		0.00			0		34.00
35.00		0.00			0		35.00
36.00		0.00			0		36.00
37.00		0.00			0		37.00
38.00		0.00			0		38.00
39.00		0.00			0		39.00
40.00		0.00			0		40.00
41.00		0.00			0		41.00
42.00		0.00			0		42.00
43.00		0.00			0		43.00
			2,446,761	4,284,180			
L - PHYSICIAN OFFICE BLDG DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	939,806	9		1.00
			0	939,806			
500.00	Grand Total: Decreases		7,376,897	114,107,633			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet A-7
Part I
Date/Time Prepared:
1/26/2022 4:15 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	8,344,004	0	0	0	0	1.00	
2.00	Land Improvements	7,713,635	0	0	0	0	2.00	
3.00	Buildings and Fixtures	244,416,181	7,407,708	0	7,407,708	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	14,012,142	225,347	0	225,347	0	5.00	
6.00	Movable Equipment	100,908,616	8,989,355	0	8,989,355	3,702,849	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	375,394,578	16,622,410	0	16,622,410	3,702,849	8.00	
9.00	Reconciling Items	-6,327,601	4,194,339	0	4,194,339	0	9.00	
10.00	Total (line 8 minus line 9)	381,722,179	12,428,071	0	12,428,071	3,702,849	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,344,004	0				1.00	
2.00	Land Improvements	7,713,635	0				2.00	
3.00	Buildings and Fixtures	251,823,889	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	14,237,489	0				5.00	
6.00	Movable Equipment	106,195,122	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	388,314,139	0				8.00	
9.00	Reconciling Items	-2,133,262	0				9.00	
10.00	Total (line 8 minus line 9)	390,447,401	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet A-7
Part II
Date/Time Prepared:
1/26/2022 4:15 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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
		PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet A-7
Part III
Date/Time Prepared:
1/26/2022 4:15 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	NEW CAP REL COSTS-BLDG & FIXT	282,119,017	0	282,119,017	0.726523	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	106,195,122	0	106,195,122	0.273477	0	2.00
3.00	Total (sum of lines 1-2)	388,314,139	0	388,314,139	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	6,313,485	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	4,805,550	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,119,035	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	-3,457	0	0	0	6,310,028	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,805,550	2.00
3.00	Total (sum of lines 1-2)	-3,457	0	0	0	11,115,578	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021

Worksheet A-8

Date/Time Prepared:
1/26/2022 4:15 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		B	-3,457	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-9,070,545			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	-7,877,868			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,074,014	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP 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	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021

Worksheet A-8

Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	PATIENT PHONE - COST OFFSET	A	-11,762	NONPATIENT TELEPHONES		5.01	0	33.00
34.00	PATIENT PHONE - OPERATOR OFFSET	A	-27,425	NONPATIENT TELEPHONES		5.01	0	34.00
35.00	PATIENT PHONE - BENEFIT OFFSET	A	-7,956	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	35.00
36.00	MINORITY INTEREST IN JV	B	-1,112	CAFETERIA		11.00	0	36.00
37.00	VALUE BASED CARE REVENUE	B	-33,312	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	37.00
38.00	CABLE TV COSTS	A	-56,189	NONPATIENT TELEPHONES		5.01	0	38.00
39.00	CABLE TV COSTS	A	-3,646	RADIOLOGY-DIAGNOSTIC		54.00	0	39.00
40.00	CABLE TV COSTS	A	-5,827	ONCOLOGY INFUSION		93.00	0	40.00
42.00	CHANGE IN USEFUL LIFE	B	75,531	NEW CAP REL COSTS-BLDG & FIXT		1.00	9	42.00
43.00	CHANGE IN USEFUL LIFE PEDIATRIC BLDG	B	-9,468	NEW CAP REL COSTS-BLDG & FIXT		1.00	9	43.00
45.00	EDUCATION CLASS	B	-50	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	45.00
45.02	BASIC LIFE SUPPORT	B	-28,869	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	45.02
45.03	NICU OTHER REVENUE	B	-824	NURSERY		43.00	0	45.03
45.04	OTHER INCOME	A	-3,327	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	45.04
45.15	EQUITY IN JV	B	-232,860	OTHER ADMINISTRATIVE AND GENERAL		5.06	9	45.15
45.17	BAD DEBT EXPENSE	A	-1,004,066	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	45.17
45.18	RENTAL INCOME	B	-199,878	NEW CAP REL COSTS-BLDG & FIXT		1.00	9	45.18
46.00	PROVIDER TAX	B	-1,387,009	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	46.00
46.01	LTACH	B	-493,548	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	46.01
46.02	LTACH	B	-106,685	OPERATION OF PLANT		7.00	0	46.02
46.03	LTACH	B	-18,391	LAUNDRY & LINEN SERVICE		8.00	0	46.03
46.04	LTACH	B	-78,326	HOUSEKEEPING		9.00	0	46.04
46.05	LTACH	B	-115,599	DIETARY		10.00	0	46.05
46.06	LTACH	B	-743,541	PHARMACY		15.00	0	46.06
46.07	LTACH	B	-26,234	ADULTS & PEDIATRICS		30.00	0	46.07
46.08	LTACH	B	-120,679	OPERATING ROOM		50.00	0	46.08
46.09	LTACH	B	-173,026	RADIOLOGY-DIAGNOSTIC		54.00	0	46.09
46.10	LTACH	B	-18,616	CT SCAN		57.00	0	46.10
46.11	LTACH	B	-2,128	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0	46.11
46.12	LTACH	B	-65,384	CARDIAC CATHETERIZATION		59.00	0	46.12
46.13	LTACH	B	-221,736	LABORATORY		60.00	0	46.13
46.14	LTACH	B	-25,606	BLOOD STORING, PROCESSING & TRANS.		63.00	0	46.14
46.15	LTACH	B	-112,755	PHYSICAL THERAPY		66.00	0	46.15
46.16	LTACH	B	-83,615	OCCUPATIONAL THERAPY		67.00	0	46.16
46.17	LTACH	B	-44,607	SPEECH PATHOLOGY		68.00	0	46.17
46.18	LTACH	B	-23,505	ELECTROCARDIOLOGY		69.00	0	46.18
46.19	LTACH	B	-2,616	ELECTROENCEPHALOGRAPHY		70.00	0	46.19
46.20	LTACH	B	-7,040	EMERGENCY		91.00	0	46.20
46.21	LTACH	B	-1,386	RESPIRATORY THERAPY		65.00	0	46.21
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-23,448,956					50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021

Worksheet A-8-1

Date/Time Prepared:
1/26/2022 4:15 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	16.00	MEDICAL RECORDS & LIBRARY	HIM	18	0	1.00
2.00	5.03	PURCHASING, REC, STORES	MAT MGMT	1,050,044	0	2.00
3.00	5.04	ADMITTING	PATIENT ACCESS	2,206,242	0	3.00
4.00	5.04	ADMITTING	SCHEDULING	244	0	4.00
4.01	5.06	OTHER ADMINISTRATIVE AND GEN	FIN COUNSEL	34,929	0	4.01
4.02	5.06	OTHER ADMINISTRATIVE AND GEN	FINANCE + MALPRACTICE	34,319,640	50,230,377	4.02
4.03	5.02	DATA PROCESSING	IT	4,838,749	0	4.03
4.04	71.00	MEDICAL SUPPLIES CHARGED TO	SUPLIES	-97,357	0	4.04
5.00	0		0	42,352,509	50,230,377	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
	1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	B		100.00	BAPTIST HC SYS	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021

Worksheet A-8-1

Date/Time Prepared:
1/26/2022 4:15 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	18	0		1.00
2.00	1,050,044	0		2.00
3.00	2,206,242	0		3.00
4.00	244	0		4.00
4.01	34,929	0		4.01
4.02	-15,910,737	0		4.02
4.03	4,838,749	0		4.03
4.04	-97,357	0		4.04
5.00	-7,877,868			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			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: 18-0104

Period:
From 09/01/2020
To 08/31/2021

Worksheet A-8-2

Date/Time Prepared:
1/26/2022 4:15 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	30.00	DR. A	1,808,130	1,808,130	0	0	0	1.00
2.00	43.00	DR. B	176,519	167,000	9,519	211,500	76	2.00
3.00	50.00	DR. C	2,865,003	2,831,515	33,488	246,400	237	3.00
4.00	52.00	DR. D	450	0	450	237,100	3	4.00
5.00	60.00	DR. E	100,000	0	100,000	260,300	800	5.00
6.00	69.00	DR. F	22,188	0	22,188	211,500	178	6.00
7.00	59.00	DR. G	9,207	0	9,207	211,500	61	7.00
8.00	54.00	DR. H	41,550	0	41,550	271,900	277	8.00
9.00	76.97	DR. I	750	0	750	211,500	5	9.00
10.00	4.00	DR. J	21,250	0	21,250	211,500	170	10.00
11.00	5.06	DR. K	3,969	0	3,969	211,500	28	11.00
12.00	5.06	DR. L	4,266,487	4,229,358	37,129	211,500	284	12.00
13.00	5.06	DR. M	3,863	0	3,863	211,500	26	13.00
200.00			9,319,366	9,036,003	283,363		2,145	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	DR. A	0	0	0	0	0	1.00
2.00	43.00	DR. B	7,728	386	0	0	0	2.00
3.00	50.00	DR. C	28,075	1,404	0	0	0	3.00
4.00	52.00	DR. D	342	17	0	0	0	4.00
5.00	60.00	DR. E	100,115	5,006	0	0	0	5.00
6.00	69.00	DR. F	18,100	905	0	0	0	6.00
7.00	59.00	DR. G	6,203	310	0	0	0	7.00
8.00	54.00	DR. H	36,210	1,811	0	0	0	8.00
9.00	76.97	DR. I	508	25	0	0	0	9.00
10.00	4.00	DR. J	17,286	864	0	0	0	10.00
11.00	5.06	DR. K	2,847	142	0	0	0	11.00
12.00	5.06	DR. L	28,878	1,444	0	0	0	12.00
13.00	5.06	DR. M	2,644	132	0	0	0	13.00
200.00			248,936	12,446	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	DR. A	0	0	0	1,808,130		1.00
2.00	43.00	DR. B	0	7,728	1,791	168,791		2.00
3.00	50.00	DR. C	0	28,075	5,413	2,836,928		3.00
4.00	52.00	DR. D	0	342	108	108		4.00
5.00	60.00	DR. E	0	100,115	0	0		5.00
6.00	69.00	DR. F	0	18,100	4,088	4,088		6.00
7.00	59.00	DR. G	0	6,203	3,004	3,004		7.00
8.00	54.00	DR. H	0	36,210	5,340	5,340		8.00
9.00	76.97	DR. I	0	508	242	242		9.00
10.00	4.00	DR. J	0	17,286	3,964	3,964		10.00
11.00	5.06	DR. K	0	2,847	1,122	1,122		11.00
12.00	5.06	DR. L	0	28,878	8,251	4,237,609		12.00
13.00	5.06	DR. M	0	2,644	1,219	1,219		13.00
200.00			0	248,936	34,542	9,070,545		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	6,310,028	6,310,028			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	4,805,550	4,805,550			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,786,920	192,272	1,044	1,980,236	4.00
5.01	00540	NONPATIENT TELEPHONES	352,497	748	0	5,888	5.01
5.02	00550	DATA PROCESSING	5,123,191	0	0	6,149	5.02
5.03	00580	PURCHASING, REC, STORES	1,084,178	37,892	0	10	5.03
5.04	00570	ADMITTING	2,206,486	25,071	0	0	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	49,023,037	109,753	498,344	93,735	5.06
7.00	00700	OPERATION OF PLANT	8,495,705	2,986,764	64,510	46,769	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,179,248	33,678	784	4,476	8.00
9.00	00900	HOUSEKEEPING	2,861,708	15,208	15,933	49,579	9.00
10.00	01000	DIETARY	994,610	53,735	19,086	15,682	10.00
11.00	01100	CAFETERIA	2,361,240	36,028	0	37,746	11.00
13.00	01300	NURSING ADMINISTRATION	1,702,775	25,416	79,653	32,578	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,971,115	81,755	138,989	20,016	14.00
15.00	01500	PHARMACY	4,881,685	32,219	420,654	107,735	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,125,055	20,057	0	21,526	16.00
17.00	01700	SOCIAL SERVICE	1,773,919	9,729	0	32,308	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,895,153	804,680	68,499	250,125	30.00
31.00	03100	INTENSIVE CARE UNIT	5,376,062	109,940	36,487	74,298	31.00
32.00	03200	CORONARY CARE UNIT	4,219,718	69,601	0	61,798	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,404,104	20,880	107,228	56,372	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	21,379,173	454,174	1,169,413	240,249	50.00
51.00	05100	RECOVERY ROOM	3,356,629	48,040	0	69,118	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,543,605	72,490	120,218	67,047	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,055,688	153,639	425,010	106,531	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,542,150	85,871	472,796	40,130	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	1,427,936	7,783	456,959	19,968	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	597,732	0	231,237	7,177	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,035,267	114,056	81,490	35,608	59.00
60.00	06000	LABORATORY	13,781,937	65,373	100,117	103,008	60.00
60.01	06001	PATHOLOGY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	937,407	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	24,733	6,459	0	1,046	63.00
64.00	06400	INTRAVENOUS THERAPY	1,065,958	0	0	22,152	64.00
65.00	06500	RESPIRATORY THERAPY	3,260,619	30,033	50,439	57,021	65.00
66.00	06600	PHYSICAL THERAPY	1,411,598	22,228	2,491	30,796	66.00
67.00	06700	OCCUPATIONAL THERAPY	665,808	0	3,585	15,142	67.00
68.00	06800	SPEECH PATHOLOGY	507,622	0	15,509	11,155	68.00
69.00	06900	ELECTROCARDIOLOGY	1,648,218	105,397	129,229	30,282	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	700,202	45,855	52,731	10,403	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,206,280	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	32,015,135	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,263,293	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	532,116	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	912,756	9,093	0	18	76.00
76.97	07697	CARDIAC REHABILITATION	271,738	23,350	1,070	5,464	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	100,896	0	0	2,391	90.00
91.00	09100	EMERGENCY	5,817,874	125,499	41,300	102,847	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	1,630,190	269,424	0	31,306	93.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	264,626,544	6,304,190	4,804,805	1,925,649	359,133
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	491,369	5,838	0	5,961	190.00
191.00	19100	RESEARCH	148,167	0	0	3,497	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,595,759	0	0	23,216	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	365,472	0	0	9,843	194.02
194.03	07952	RETAIL PHARMACY	9,011,915	0	745	12,070	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	277,239,226	6,310,028	4,805,550	1,980,236	359,133

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			DATA PROCESSING	PURCHASING, REC, STORES	ADMITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	5,134,985					5.02
5.03	00580	PURCHASING, REC, STORES	69,780	1,197,505				5.03
5.04	00570	ADMITTING	594,498	0	2,834,306			5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	179,923	50,536	0	49,980,515	49,980,515	5.06
7.00	00700	OPERATION OF PLANT	0	6,260	0	11,611,299	2,553,650	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	156	0	1,219,645	268,234	8.00
9.00	00900	HOUSEKEEPING	38,311	1,802	0	2,984,278	656,326	9.00
10.00	01000	DIETARY	14,366	2,766	0	1,105,890	243,216	10.00
11.00	01100	CAFETERIA	0	129	0	2,435,577	535,652	11.00
13.00	01300	NURSING ADMINISTRATION	0	6,186	0	1,857,030	408,413	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	63,623	4,302	0	2,281,971	501,869	14.00
15.00	01500	PHARMACY	127,930	17	0	5,579,359	1,227,057	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	308,537	107	0	1,485,270	326,652	16.00
17.00	01700	SOCIAL SERVICE	1,368	0	0	1,825,141	401,400	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,799,913	22,708	229,518	19,193,930	4,221,283	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,684	81,634	5,695,224	1,252,539	31.00
32.00	03200	CORONARY CARE UNIT	0	6,317	71,621	4,434,700	975,315	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	3,653	97,466	3,689,703	811,469	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	309,221	454,878	486,084	24,517,076	5,391,991	50.00
51.00	05100	RECOVERY ROOM	0	591	24,784	3,499,162	769,564	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,407	55,334	3,865,101	850,044	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	159,399	11,869	60,598	8,001,829	1,759,826	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	627	10,894	3,159,416	694,844	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	2,987	121,566	2,037,199	448,037	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	254	17,409	853,809	187,777	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	66,671	150,727	3,491,201	767,813	59.00
60.00	06000	LABORATORY	782,630	20,122	137,815	15,000,121	3,298,947	60.00
60.01	06001	PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	11,044	20,532	968,983	213,106	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	32,672	7,185	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	166	1,088,276	239,342	64.00
65.00	06500	RESPIRATORY THERAPY	113,563	5,898	50,346	3,571,393	785,449	65.00
66.00	06600	PHYSICAL THERAPY	97,145	334	28,845	1,597,780	351,397	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	16	19,668	704,219	154,877	67.00
68.00	06800	SPEECH PATHOLOGY	0	317	11,984	548,324	120,592	68.00
69.00	06900	ELECTROCARDIOLOGY	62,939	627	86,492	2,075,343	456,426	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,473	455	5,048	821,470	180,664	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	108,952	87,832	8,403,064	1,848,069	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	377,490	638,528	33,031,153	7,264,439	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	264,876	21,528,169	4,734,647	73.00
74.00	07400	RENAL DIALYSIS	0	153	10,140	542,409	119,291	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	0	1,280	417	923,564	203,118	76.00
76.97	07697	CARDIAC REHABILITATION	0	42	3	301,667	66,345	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	103,287	22,716	90.00
91.00	09100	EMERGENCY	406,366	11,376	63,802	6,585,566	1,448,350	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	2,154	177	1,933,251	425,176	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			DATA PROCESSING	PURCHASING, REC, STORES	ADMITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.06	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,134,985	1,197,167	2,834,306	264,565,036	47,193,107	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	58	0	503,226	110,673	190.00
191.00	19100	RESEARCH	0	2	0	151,666	33,356	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	7	0	2,618,982	575,987	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	1	0	375,316	82,542	194.02
194.03	07952	RETAIL PHARMACY	0	270	0	9,025,000	1,984,850	194.03
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)	5,134,985	1,197,505	2,834,306	277,239,226	49,980,515	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00580	PURCHASING, REC, STORES						5.03
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT	14,164,949					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	161,299	1,649,178				8.00
9.00	00900	HOUSEKEEPING	72,836	73,133	3,786,573			9.00
10.00	01000	DIETARY	257,362	35,869	0	1,642,337		10.00
11.00	01100	CAFETERIA	172,554	0	0	0	3,143,783	11.00
13.00	01300	NURSING ADMINISTRATION	121,727	0	0	0	41,798	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	391,563	16,957	71,683	0	59,778	14.00
15.00	01500	PHARMACY	154,310	0	362,634	0	137,775	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	96,063	0	71,683	0	35,831	16.00
17.00	01700	SOCIAL SERVICE	46,598	0	0	0	64,147	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,853,976	935,699	1,315,603	1,338,648	503,404	30.00
31.00	03100	INTENSIVE CARE UNIT	526,553	103,740	206,617	164,952	117,975	31.00
32.00	03200	CORONARY CARE UNIT	333,352	106,065	164,450	138,737	94,595	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	100,006	24,199	84,333	0	87,094	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,175,247	221,435	497,567	0	438,985	50.00
51.00	05100	RECOVERY ROOM	230,085	0	84,333	0	122,309	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	347,188	14,759	122,284	0	109,292	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	735,848	19,932	236,134	0	193,666	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	411,277	0	122,284	0	52,262	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	37,278	0	0	0	32,827	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	14,663	58.00
59.00	05900	CARDIAC CATHETERIZATION	546,267	0	0	0	51,851	59.00
60.00	06000	LABORATORY	313,100	0	101,200	0	241,131	60.00
60.01	06001	PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	30,934	0	8,433	0	2,173	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	46,004	64.00
65.00	06500	RESPIRATORY THERAPY	143,843	0	29,517	0	96,452	65.00
66.00	06600	PHYSICAL THERAPY	106,458	0	0	0	51,609	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	28,712	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	17,032	68.00
69.00	06900	ELECTROCARDIOLOGY	504,795	0	105,417	0	54,463	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	219,618	0	16,867	0	22,696	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	43,551	0	0	0	36	76.00
76.97	07697	CARDIAC REHABILITATION	111,834	0	0	0	10,439	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	3,029	90.00
91.00	09100	EMERGENCY	601,073	97,390	185,534	0	202,635	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	1,290,395	0	0	0	62,086	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,136,990	1,649,178	3,786,573	1,642,337	2,996,749	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	27,959	0	0	0	4,638	190.00
191.00	19100	RESEARCH	0	0	0	0	6,272	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	76,145	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	0	37,665	194.02
194.03	07952	RETAIL PHARMACY	0	0	0	0	22,314	194.03
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)	14,164,949	1,649,178	3,786,573	1,642,337	3,143,783	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00580	PURCHASING, REC, STORES						5.03
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	2,428,968					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,323,821				14.00
15.00	01500	PHARMACY	0	2,647	7,463,782			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,015,499		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	2,337,286	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	698,034	30,739	0	543,026	1,667,784	30.00
31.00	03100	INTENSIVE CARE UNIT	163,588	12,535	0	99,568	198,665	31.00
32.00	03200	CORONARY CARE UNIT	131,169	9,775	0	93,668	167,077	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	120,768	3,013	0	89,439	303,760	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	512,328	2,654,594	0	366,754	0	50.00
51.00	05100	RECOVERY ROOM	169,599	786	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	151,549	18,836	0	8,900	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,672	62,017	0	175,288	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,142	658	0	12,735	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	3,225	5,425	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	42,875	420,555	0	0	0	59.00
60.00	06000	LABORATORY	4,181	1,744	0	154,932	0	60.00
60.01	06001	PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	74,865	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	63,791	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,329	887	0	2,852	0	65.00
66.00	06600	PHYSICAL THERAPY	6,070	1,193	0	1,327	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	37	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	889	2,050	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	17,868	26	0	29,305	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	27	0	7,769	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	7,463,782	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	422	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	0	5,104	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	9,926	10	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,318	0	0	0	0	90.00
91.00	09100	EMERGENCY	248,320	9,399	0	429,936	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	64,327	6,477	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,428,968	3,323,821	7,463,782	2,015,499	2,337,286	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
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	0	0	194.02
194.03	07952	RETAIL PHARMACY	0	0	0	0	0	194.03
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)	2,428,968	3,323,821	7,463,782	2,015,499	2,337,286	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00580	PURCHASING, REC, STORES				5.03
5.04	00570	ADMITTING				5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	34,302,126	0	34,302,126	30.00
31.00	03100	INTENSIVE CARE UNIT	8,541,956	0	8,541,956	31.00
32.00	03200	CORONARY CARE UNIT	6,648,903	0	6,648,903	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	5,313,784	0	5,313,784	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	36,775,977	0	36,775,977	50.00
51.00	05100	RECOVERY ROOM	4,875,838	0	4,875,838	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,487,953	0	5,487,953	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,187,212	0	11,187,212	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,464,618	0	4,464,618	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	2,563,991	0	2,563,991	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,056,249	0	1,056,249	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,320,562	0	5,320,562	59.00
60.00	06000	LABORATORY	19,115,356	0	19,115,356	60.00
60.01	06001	PATHOLOGY	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,256,954	0	1,256,954	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	81,397	0	81,397	63.00
64.00	06400	INTRAVENOUS THERAPY	1,437,413	0	1,437,413	64.00
65.00	06500	RESPIRATORY THERAPY	4,635,722	0	4,635,722	65.00
66.00	06600	PHYSICAL THERAPY	2,115,834	0	2,115,834	66.00
67.00	06700	OCCUPATIONAL THERAPY	887,845	0	887,845	67.00
68.00	06800	SPEECH PATHOLOGY	688,887	0	688,887	68.00
69.00	06900	ELECTROCARDIOLOGY	3,243,643	0	3,243,643	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,269,111	0	1,269,111	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,251,133	0	10,251,133	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	40,295,592	0	40,295,592	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,726,598	0	33,726,598	73.00
74.00	07400	RENAL DIALYSIS	662,122	0	662,122	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	1,175,373	0	1,175,373	76.00
76.97	07697	CARDIAC REHABILITATION	500,221	0	500,221	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	130,350	0	130,350	90.00
91.00	09100	EMERGENCY	9,808,203	0	9,808,203	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	3,781,712	0	3,781,712	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part I
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
95.00	09500	AMBULANCE SERVICES	0	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	261,602,635	0	261,602,635		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	646,496	0	646,496		190.00
191.00	19100	RESEARCH	191,294	0	191,294		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,271,114	0	3,271,114		192.00
193.00	19300	NONPAID WORKERS	0	0	0		193.00
194.00	07950	NAUTILUS	0	0	0		194.00
194.01	07951	PR/MARKETING	0	0	0		194.01
194.02	07953	OTHER NONREIMBURSABLE	495,523	0	495,523		194.02
194.03	07952	RETAIL PHARMACY	11,032,164	0	11,032,164		194.03
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	277,239,226	0	277,239,226		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,532	192,272	1,044	201,848	4.00
5.01	00540	NONPATIENT TELEPHONES	0	748	0	748	5.01
5.02	00550	DATA PROCESSING	3,851,609	0	0	3,851,609	5.02
5.03	00580	PURCHASING, REC, STORES	0	37,892	0	37,892	5.03
5.04	00570	ADMITTING	0	25,071	0	25,071	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	4,531,333	109,753	498,344	5,139,430	5.06
7.00	00700	OPERATION OF PLANT	2,119	2,986,764	64,510	3,053,393	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	33,678	784	34,462	8.00
9.00	00900	HOUSEKEEPING	0	15,208	15,933	31,141	9.00
10.00	01000	DIETARY	0	53,735	19,086	72,821	10.00
11.00	01100	CAFETERIA	0	36,028	0	36,028	11.00
13.00	01300	NURSING ADMINISTRATION	128,343	25,416	79,653	233,412	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	81,755	138,989	220,744	14.00
15.00	01500	PHARMACY	12,175	32,219	420,654	465,048	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	20,057	0	20,057	16.00
17.00	01700	SOCIAL SERVICE	3,300	9,729	0	13,029	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	804,680	68,499	873,179	30.00
31.00	03100	INTENSIVE CARE UNIT	0	109,940	36,487	146,427	31.00
32.00	03200	CORONARY CARE UNIT	0	69,601	0	69,601	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	20,880	107,228	128,108	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	90,314	454,174	1,169,413	1,713,901	50.00
51.00	05100	RECOVERY ROOM	0	48,040	0	48,040	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	72,490	120,218	192,708	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	116,550	153,639	425,010	695,199	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	85,871	472,796	558,667	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	7,783	456,959	464,742	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	231,237	231,237	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	114,056	81,490	195,546	59.00
60.00	06000	LABORATORY	0	65,373	100,117	165,490	60.00
60.01	06001	PATHOLOGY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,459	0	6,459	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	30,033	50,439	80,472	65.00
66.00	06600	PHYSICAL THERAPY	0	22,228	2,491	24,719	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	3,585	3,585	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	15,509	15,509	68.00
69.00	06900	ELECTROCARDIOLOGY	0	105,397	129,229	234,626	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,817	45,855	52,731	100,403	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	0	9,093	0	9,093	76.00
76.97	07697	CARDIAC REHABILITATION	0	23,350	1,070	24,420	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	244	90.00
91.00	09100	EMERGENCY	0	125,499	41,300	166,799	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	1,800	269,424	0	271,224	93.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,747,892	6,304,190	4,804,805	19,856,887	196,282
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	241	5,838	0	6,079	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	1,004	194.02
194.03	07952	RETAIL PHARMACY	0	0	745	745	194.03
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	8,748,133	6,310,028	4,805,550	19,863,711	201,848

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, REC, STORES	ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	1,348					5.01
5.02	00550	DATA PROCESSING	21	3,852,257				5.02
5.03	00580	PURCHASING, REC, STORES	21	52,349	90,263			5.03
5.04	00570	ADMITTING	31	445,991	0	471,093		5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	95	134,978	3,810	0	5,287,869	5.06
7.00	00700	OPERATION OF PLANT	42	0	472	0	270,172	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5	0	12	0	28,379	8.00
9.00	00900	HOUSEKEEPING	7	28,741	136	0	69,438	9.00
10.00	01000	DIETARY	21	10,778	209	0	25,732	10.00
11.00	01100	CAFETERIA	2	0	10	0	56,671	11.00
13.00	01300	NURSING ADMINISTRATION	39	0	466	0	43,209	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8	47,730	324	0	53,097	14.00
15.00	01500	PHARMACY	34	95,973	1	0	129,821	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	37	231,464	8	0	34,559	16.00
17.00	01700	SOCIAL SERVICE	29	1,026	0	0	42,467	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	463	1,350,290	1,712	38,123	446,604	30.00
31.00	03100	INTENSIVE CARE UNIT	34	0	579	13,559	132,516	31.00
32.00	03200	CORONARY CARE UNIT	21	0	476	11,896	103,187	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	275	16,189	85,852	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	90	231,977	34,274	80,739	570,463	50.00
51.00	05100	RECOVERY ROOM	0	0	45	4,117	81,419	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	483	9,191	89,933	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	109	119,581	895	10,065	186,187	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	26	0	47	1,810	73,513	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	225	20,192	47,402	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	19	2,892	19,866	58.00
59.00	05900	CARDIAC CATHETERIZATION	28	0	5,027	25,036	81,233	59.00
60.00	06000	LABORATORY	34	587,128	1,517	22,891	349,023	60.00
60.01	06001	PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	833	3,410	22,546	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	760	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	28	25,322	64.00
65.00	06500	RESPIRATORY THERAPY	13	85,195	445	8,363	83,099	65.00
66.00	06600	PHYSICAL THERAPY	16	72,878	25	4,791	37,177	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1	3,267	16,386	67.00
68.00	06800	SPEECH PATHOLOGY	7	0	24	1,991	12,758	68.00
69.00	06900	ELECTROCARDIOLOGY	46	47,217	47	14,366	48,289	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5	4,106	34	838	19,114	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	8,215	14,589	195,522	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	28,461	106,374	768,585	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	43,996	500,917	73.00
74.00	07400	RENAL DIALYSIS	0	0	12	1,684	12,621	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	0	0	96	69	21,489	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	3	0	7,019	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	2,403	90.00
91.00	09100	EMERGENCY	62	304,855	858	10,598	153,233	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	162	29	44,983	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, REC, STORES	ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.06	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,348	3,852,257	90,238	471,093	4,992,966	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	4	0	11,709	190.00
191.00	19100	RESEARCH	0	0	0	0	3,529	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1	0	60,938	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	0	8,733	194.02
194.03	07952	RETAIL PHARMACY	0	0	20	0	209,994	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,348	3,852,257	90,263	471,093	5,287,869	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00580	PURCHASING, REC, STORES						5.03
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT	3,328,847					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	37,906	101,220				8.00
9.00	00900	HOUSEKEEPING	17,117	4,489	156,124			9.00
10.00	01000	DIETARY	60,482	2,202	0	173,844		10.00
11.00	01100	CAFETERIA	40,551	0	0	0	137,110	11.00
13.00	01300	NURSING ADMINISTRATION	28,607	0	0	0	1,823	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	92,020	1,041	2,956	0	2,607	14.00
15.00	01500	PHARMACY	36,264	0	14,952	0	6,009	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,575	0	2,956	0	1,563	16.00
17.00	01700	SOCIAL SERVICE	10,951	0	0	0	2,798	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	905,705	57,429	54,243	141,698	21,953	30.00
31.00	03100	INTENSIVE CARE UNIT	123,743	6,367	8,519	17,460	5,145	31.00
32.00	03200	CORONARY CARE UNIT	78,340	6,510	6,780	14,686	4,126	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	23,502	1,485	3,477	0	3,798	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	511,196	13,591	20,515	0	19,146	50.00
51.00	05100	RECOVERY ROOM	54,071	0	3,477	0	5,334	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	81,591	906	5,042	0	4,767	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	172,929	1,223	9,736	0	8,446	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	96,653	0	5,042	0	2,279	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	8,761	0	0	0	1,432	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	639	58.00
59.00	05900	CARDIAC CATHETERIZATION	128,376	0	0	0	2,261	59.00
60.00	06000	LABORATORY	73,580	0	4,173	0	10,517	60.00
60.01	06001	PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,270	0	348	0	95	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	2,006	64.00
65.00	06500	RESPIRATORY THERAPY	33,804	0	1,217	0	4,207	65.00
66.00	06600	PHYSICAL THERAPY	25,018	0	0	0	2,251	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,252	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	743	68.00
69.00	06900	ELECTROCARDIOLOGY	118,630	0	4,346	0	2,375	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	51,612	0	695	0	990	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	10,235	0	0	0	2	76.00
76.97	07697	CARDIAC REHABILITATION	26,282	0	0	0	455	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	132	90.00
91.00	09100	EMERGENCY	141,256	5,977	7,650	0	8,838	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	303,250	0	0	0	2,708	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,322,277	101,220	156,124	173,844	130,697	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,570	0	0	0	202	190.00
191.00	19100	RESEARCH	0	0	0	0	274	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	3,321	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	0	1,643	194.02
194.03	07952	RETAIL PHARMACY	0	0	0	0	973	194.03
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)	3,328,847	101,220	156,124	173,844	137,110	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00580	PURCHASING, REC, STORES						5.03
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	310,877					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	422,568				14.00
15.00	01500	PHARMACY	0	336	759,421			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	315,414		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	73,594	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	89,341	3,908	0	84,980	52,514	30.00
31.00	03100	INTENSIVE CARE UNIT	20,937	1,594	0	15,582	6,255	31.00
32.00	03200	CORONARY CARE UNIT	16,788	1,243	0	14,658	5,261	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	15,457	383	0	13,997	9,564	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	65,571	337,489	0	57,395	0	50.00
51.00	05100	RECOVERY ROOM	21,706	100	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,396	2,395	0	1,393	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	342	7,884	0	27,432	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,426	84	0	1,993	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	413	690	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,487	53,464	0	0	0	59.00
60.00	06000	LABORATORY	535	222	0	24,246	0	60.00
60.01	06001	PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	9,517	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	8,164	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	682	113	0	446	0	65.00
66.00	06600	PHYSICAL THERAPY	777	152	0	208	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	114	261	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,287	3	0	4,586	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3	0	1,216	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	759,421	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	54	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	0	649	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,270	1	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	169	0	0	0	0	90.00
91.00	09100	EMERGENCY	31,782	1,195	0	67,282	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	8,233	823	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	310,877	422,568	759,421	315,414	73,594	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
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	0	0	194.02
194.03	07952	RETAIL PHARMACY	0	0	0	0	0	194.03
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)	310,877	422,568	759,421	315,414	73,594	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00580	PURCHASING, REC, STORES				5.03
5.04	00570	ADMITTING				5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,147,605	0	4,147,605	30.00
31.00	03100	INTENSIVE CARE UNIT	506,292	0	506,292	31.00
32.00	03200	CORONARY CARE UNIT	339,873	0	339,873	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	307,834	0	307,834	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,680,840	0	3,680,840	50.00
51.00	05100	RECOVERY ROOM	225,355	0	225,355	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	414,640	0	414,640	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,250,889	0	1,250,889	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	745,631	0	745,631	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	545,893	0	545,893	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	255,385	0	255,385	58.00
59.00	05900	CARDIAC CATHETERIZATION	500,088	0	500,088	59.00
60.00	06000	LABORATORY	1,249,858	0	1,249,858	60.00
60.01	06001	PATHOLOGY	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	36,306	0	36,306	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,041	0	15,041	63.00
64.00	06400	INTRAVENOUS THERAPY	37,778	0	37,778	64.00
65.00	06500	RESPIRATORY THERAPY	303,869	0	303,869	65.00
66.00	06600	PHYSICAL THERAPY	171,152	0	171,152	66.00
67.00	06700	OCCUPATIONAL THERAPY	26,040	0	26,040	67.00
68.00	06800	SPEECH PATHOLOGY	32,544	0	32,544	68.00
69.00	06900	ELECTROCARDIOLOGY	479,905	0	479,905	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	180,077	0	180,077	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	218,326	0	218,326	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	903,420	0	903,420	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,304,334	0	1,304,334	73.00
74.00	07400	RENAL DIALYSIS	14,371	0	14,371	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	41,635	0	41,635	76.00
76.97	07697	CARDIAC REHABILITATION	60,007	0	60,007	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	2,948	0	2,948	90.00
91.00	09100	EMERGENCY	910,870	0	910,870	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	634,604	0	634,604	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet B
Part II
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
95.00	09500	AMBULANCE SERVICES	0	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	19,543,410	0	19,543,410		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,172	0	25,172		190.00
191.00	19100	RESEARCH	4,160	0	4,160		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	66,627	0	66,627		192.00
193.00	19300	NONPAID WORKERS	0	0	0		193.00
194.00	07950	NAUTILUS	0	0	0		194.00
194.01	07951	PR/MARKETING	0	0	0		194.01
194.02	07953	OTHER NONREIMBURSABLE	11,380	0	11,380		194.02
194.03	07952	RETAIL PHARMACY	212,962	0	212,962		194.03
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	19,863,711	0	19,863,711		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (% OF TRANSACTIONS)	
			NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	843,135					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		4,776,936				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	25,691	1,038	73,385,854			4.00
5.01	00540	NONPATIENT TELEPHONES	100	0	218,192	827		5.01
5.02	00550	DATA PROCESSING	0	0	227,859	13	7,506	5.02
5.03	00580	PURCHASING, REC, STORES	5,063	0	386	13	102	5.03
5.04	00570	ADMITTING	3,350	0	0	19	869	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	14,665	495,377	3,473,725	58	263	5.06
7.00	00700	OPERATION OF PLANT	399,086	64,126	1,733,222	26	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,500	779	165,889	3	0	8.00
9.00	00900	HOUSEKEEPING	2,032	15,838	1,837,350	4	56	9.00
10.00	01000	DIETARY	7,180	18,972	581,163	13	21	10.00
11.00	01100	CAFETERIA	4,814	0	1,398,820	1	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,396	79,179	1,207,301	24	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,924	138,161	741,781	5	93	14.00
15.00	01500	PHARMACY	4,305	418,149	3,992,533	21	187	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,680	0	797,735	23	451	16.00
17.00	01700	SOCIAL SERVICE	1,300	0	1,197,305	18	2	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	107,520	68,091	9,269,706	284	2,631	30.00
31.00	03100	INTENSIVE CARE UNIT	14,690	36,270	2,753,416	21	0	31.00
32.00	03200	CORONARY CARE UNIT	9,300	0	2,290,177	13	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,790	106,590	2,089,074	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	60,686	1,162,448	8,903,382	55	452	50.00
51.00	05100	RECOVERY ROOM	6,419	0	2,561,432	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,686	119,502	2,484,709	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,529	422,479	3,947,922	67	233	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,474	469,981	1,487,193	16	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,040	454,238	739,994	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	229,860	265,964	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,240	81,005	1,319,596	17	0	59.00
60.00	06000	LABORATORY	8,735	99,521	3,817,388	21	1,144	60.00
60.01	06001	PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	863	0	38,768	1	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	820,942	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,013	50,139	2,113,145	8	166	65.00
66.00	06600	PHYSICAL THERAPY	2,970	2,476	1,141,259	10	142	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,564	561,132	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	15,417	413,390	4	0	68.00
69.00	06900	ELECTROCARDIOLOGY	14,083	128,460	1,122,224	28	92	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,127	52,417	385,540	3	8	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	1,215	0	651	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,120	1,064	202,494	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	88,602	0	0	90.00
91.00	09100	EMERGENCY	16,769	41,054	3,811,389	38	594	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	36,000	0	1,160,174	0	0	93.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (% OF TRANSACTIONS)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	842,355	4,776,195	71,362,924	827	7,506
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	780	0	220,914	0	190.00
191.00	19100	RESEARCH	0	0	129,593	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	860,362	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	364,777	0	194.02
194.03	07952	RETAIL PHARMACY	0	741	447,284	0	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,310,028	4,805,550	1,980,236	359,133	5,134,985
203.00		Unit cost multiplier (Wkst. B, Part I)	7.484007	1.005990	0.026984	434.259976	684.117373
204.00		Cost to be allocated (per Wkst. B, Part II)			201,848	1,348	3,852,257
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002751	1.629988	513.223688
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			PURCHASING, REC, STORES (BILLED EXPENSES)	ADMITTING (INPATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5.04	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00580	PURCHASING, REC, STORES	101,557,169					5.03
5.04	00570	ADMITTING	0	686,302,566				5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	4,285,965	0	-49,980,515	227,258,711		5.06
7.00	00700	OPERATION OF PLANT	530,925	0	0	11,611,299	395,180	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	13,245	0	0	1,219,645	4,500	8.00
9.00	00900	HOUSEKEEPING	152,821	0	0	2,984,278	2,032	9.00
10.00	01000	DIETARY	234,581	0	0	1,105,890	7,180	10.00
11.00	01100	CAFETERIA	10,909	0	0	2,435,577	4,814	11.00
13.00	01300	NURSING ADMINISTRATION	524,617	0	0	1,857,030	3,396	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	364,834	0	0	2,281,971	10,924	14.00
15.00	01500	PHARMACY	1,406	0	0	5,579,359	4,305	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,082	0	0	1,485,270	2,680	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,825,141	1,300	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,925,857	55,573,416	0	19,193,930	107,520	30.00
31.00	03100	INTENSIVE CARE UNIT	651,689	19,766,020	0	5,695,224	14,690	31.00
32.00	03200	CORONARY CARE UNIT	535,749	17,341,639	0	4,434,700	9,300	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	309,854	23,599,500	0	3,689,703	2,790	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	38,574,697	117,695,779	0	24,517,076	60,686	50.00
51.00	05100	RECOVERY ROOM	50,081	6,000,904	0	3,499,162	6,419	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	543,411	13,398,124	0	3,865,101	9,686	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,006,597	14,672,685	0	8,001,829	20,529	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	53,188	2,637,839	0	3,159,416	11,474	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	253,316	29,434,945	0	2,037,199	1,040	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	21,525	4,215,357	0	853,809	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,654,379	36,495,573	0	3,491,201	15,240	59.00
60.00	06000	LABORATORY	1,706,569	33,369,327	0	15,000,121	8,735	60.00
60.01	06001	PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	936,657	4,971,535	0	968,983	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	32,672	863	63.00
64.00	06400	INTRAVENOUS THERAPY	0	40,177	0	1,088,276	0	64.00
65.00	06500	RESPIRATORY THERAPY	500,233	12,190,281	0	3,571,393	4,013	65.00
66.00	06600	PHYSICAL THERAPY	28,300	6,984,334	0	1,597,780	2,970	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,354	4,762,297	0	704,219	0	67.00
68.00	06800	SPEECH PATHOLOGY	26,873	2,901,789	0	548,324	0	68.00
69.00	06900	ELECTROCARDIOLOGY	53,212	20,942,354	0	2,075,343	14,083	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	38,569	1,222,210	0	821,470	6,127	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,240,291	21,266,798	0	8,403,064	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	32,015,135	154,636,988	0	33,031,153	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	64,134,556	0	21,528,169	0	73.00
74.00	07400	RENAL DIALYSIS	13,018	2,455,087	0	542,409	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	108,526	101,061	0	923,564	1,215	76.00
76.97	07697	CARDIAC REHABILITATION	3,528	692	0	301,667	3,120	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	103,287	0	90.00
91.00	09100	EMERGENCY	964,776	15,448,360	0	6,585,566	16,769	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	182,716	42,939	0	1,933,251	36,000	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			PURCHASING, REC, STORES (BILLED EXPENSES)	ADMITTING (INPATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5.04	5A.06	5.06	7.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	101,528,485	686,302,566	-49,980,515	214,584,521	394,400	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,937	0	0	503,226	780	190.00
191.00	19100	RESEARCH	179	0	0	151,666	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	573	0	0	2,618,982	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	80	0	0	375,316	0	194.02
194.03	07952	RETAIL PHARMACY	22,915	0	0	9,025,000	0	194.03
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)	1,197,505	2,834,306		49,980,515	14,164,949	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.011791	0.004130		0.219928	35.844296	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	90,263	471,093		5,287,869	3,328,847	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000889	0.000686		0.023268	8.423622	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: 18-0104

Period:
From 09/01/2020
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00580	PURCHASING, REC, STORES						5.03
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,415,869					8.00
9.00	00900	HOUSEKEEPING	62,787	898				9.00
10.00	01000	DIETARY	30,795	0	134,193			10.00
11.00	01100	CAFETERIA	0	0	0	1,918,305		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	25,505	1,068,867	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,558	17	0	36,476	0	14.00
15.00	01500	PHARMACY	0	86	0	84,069	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	17	0	21,864	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	39,142	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	803,325	312	109,379	307,170	307,170	30.00
31.00	03100	INTENSIVE CARE UNIT	89,064	49	13,478	71,987	71,987	31.00
32.00	03200	CORONARY CARE UNIT	91,060	39	11,336	57,721	57,721	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	20,776	20	0	53,144	53,144	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	190,109	118	0	267,864	225,450	50.00
51.00	05100	RECOVERY ROOM	0	20	0	74,632	74,632	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,671	29	0	66,689	66,689	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,112	56	0	118,173	1,176	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	29	0	31,890	4,903	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	20,031	1,419	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	8,947	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	31,639	18,867	59.00
60.00	06000	LABORATORY	0	24	0	147,136	1,840	60.00
60.01	06001	PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2	0	1,326	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	28,071	28,071	64.00
65.00	06500	RESPIRATORY THERAPY	0	7	0	58,854	2,345	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	31,491	2,671	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	17,520	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	10,393	391	68.00
69.00	06900	ELECTROCARDIOLOGY	0	25	0	33,233	7,863	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4	0	13,849	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	0	0	0	22	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	6,370	4,368	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	1,848	580	90.00
91.00	09100	EMERGENCY	83,612	44	0	123,646	109,273	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	0	37,884	28,307	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
			8.00	9.00	10.00	11.00	13.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,415,869	898	134,193	1,828,586	1,068,867	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,830	0	190.00
191.00	19100	RESEARCH	0	0	0	3,827	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	46,463	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	22,983	0	194.02
194.03	07952	RETAIL PHARMACY	0	0	0	13,616	0	194.03
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)	1,649,178	3,786,573	1,642,337	3,143,783	2,428,968	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.164781	4,216.673719	12.238619	1.638834	2.272470	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	101,220	156,124	173,844	137,110	310,877	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.071490	173.857461	1.295477	0.071475	0.290847	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: 18-0104

Period:
From 09/01/2020
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
			14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00580	PURCHASING, REC, STORES					5.03
5.04	00570	ADMITTING					5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	41,585,276				14.00
15.00	01500	PHARMACY	33,115	100			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,686,425		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	39,142	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	384,585	0	723,791	27,930	30.00
31.00	03100	INTENSIVE CARE UNIT	156,826	0	132,712	3,327	31.00
32.00	03200	CORONARY CARE UNIT	122,292	0	124,848	2,798	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	37,701	0	119,212	5,087	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	33,212,387	0	488,840	0	50.00
51.00	05100	RECOVERY ROOM	9,840	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	235,664	0	11,862	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	775,906	0	233,639	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,234	0	16,974	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	67,873	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,261,671	0	0	0	59.00
60.00	06000	LABORATORY	21,817	0	206,507	0	60.00
60.01	06001	PATHOLOGY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	936,657	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,101	0	3,801	0	65.00
66.00	06600	PHYSICAL THERAPY	14,925	0	1,769	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	462	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	25,652	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	330	0	39,060	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	333	0	10,355	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,285	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	63,863	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	128	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	117,596	0	573,055	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04040	ONCOLOGY INFUSION	81,033	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021

Worksheet B-1

Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
			14.00	15.00	16.00	17.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	41,585,276	100	2,686,425	39,142	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE	0	0	0	0	194.02
194.03	07952	RETAIL PHARMACY	0	0	0	0	194.03
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)	3,323,821	7,463,782	2,015,499	2,337,286	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.079928	74,637.820000	0.750253	59.712994	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	422,568	759,421	315,414	73,594	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.010161	7,594.210000	0.117410	1.880180	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: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/26/2022 4:15 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		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,302,126		34,302,126	0	34,302,126	30.00
31.00	03100	INTENSIVE CARE UNIT	8,541,956		8,541,956	0	8,541,956	31.00
32.00	03200	CORONARY CARE UNIT	6,648,903		6,648,903	0	6,648,903	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	5,313,784		5,313,784	1,791	5,315,575	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,775,977		36,775,977	5,413	36,781,390	50.00
51.00	05100	RECOVERY ROOM	4,875,838		4,875,838	0	4,875,838	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,487,953		5,487,953	108	5,488,061	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,187,212		11,187,212	5,340	11,192,552	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,464,618		4,464,618	0	4,464,618	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	2,563,991		2,563,991	0	2,563,991	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,056,249		1,056,249	0	1,056,249	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,320,562		5,320,562	3,004	5,323,566	59.00
60.00	06000	LABORATORY	19,115,356		19,115,356	0	19,115,356	60.00
60.01	06001	PATHOLOGY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,256,954		1,256,954	0	1,256,954	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	81,397		81,397	0	81,397	63.00
64.00	06400	INTRAVENOUS THERAPY	1,437,413		1,437,413	0	1,437,413	64.00
65.00	06500	RESPIRATORY THERAPY	4,635,722	0	4,635,722	0	4,635,722	65.00
66.00	06600	PHYSICAL THERAPY	2,115,834	0	2,115,834	0	2,115,834	66.00
67.00	06700	OCCUPATIONAL THERAPY	887,845	0	887,845	0	887,845	67.00
68.00	06800	SPEECH PATHOLOGY	688,887	0	688,887	0	688,887	68.00
69.00	06900	ELECTROCARDIOLOGY	3,243,643		3,243,643	4,088	3,247,731	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,269,111		1,269,111	0	1,269,111	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,251,133		10,251,133	0	10,251,133	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	40,295,592		40,295,592	0	40,295,592	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,726,598		33,726,598	0	33,726,598	73.00
74.00	07400	RENAL DIALYSIS	662,122		662,122	0	662,122	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03951	WOUND CARE CENTER	1,175,373		1,175,373	0	1,175,373	76.00
76.97	07697	CARDIAC REHABILITATION	500,221		500,221	242	500,463	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	130,350		130,350	0	130,350	90.00
91.00	09100	EMERGENCY	9,808,203		9,808,203	0	9,808,203	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,013,493		3,013,493	0	3,013,493	92.00
93.00	04040	ONCOLOGY INFUSION	3,781,712		3,781,712	0	3,781,712	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/26/2022 4:15 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	Total Costs		
1.00					2.00	3.00	4.00	5.00			
116.00	11600	HOSPICE		0		0		0		116.00	
200.00		Subtotal (see instructions)	264,616,128	0		264,616,128	19,986	264,636,114		200.00	
201.00		Less Observation Beds	3,013,493			3,013,493		3,013,493		201.00	
202.00		Total (see instructions)	261,602,635	0		261,602,635	19,986	261,622,621		202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/26/2022 4:15 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	55,573,416		55,573,416		30.00
31.00	03100	INTENSIVE CARE UNIT	19,766,020		19,766,020		31.00
32.00	03200	CORONARY CARE UNIT	17,341,639		17,341,639		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	23,599,500		23,599,500		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	117,695,779	260,152,758	377,848,537	0.097330	0.000000
51.00	05100	RECOVERY ROOM	6,000,904	24,666,283	30,667,187	0.158992	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,398,124	1,066,692	14,464,816	0.379400	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,672,685	125,690,621	140,363,306	0.079702	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	2,637,839	139,174,529	141,812,368	0.031483	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000
57.00	05700	CT SCAN	29,434,945	79,154,416	108,589,361	0.023612	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,215,357	14,912,858	19,128,215	0.055219	0.000000
59.00	05900	CARDIAC CATHETERIZATION	36,495,573	57,530,039	94,025,612	0.056586	0.000000
60.00	06000	LABORATORY	33,369,327	77,381,408	110,750,735	0.172598	0.000000
60.01	06001	PATHOLOGY	0	0	0	0.000000	0.000000
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,971,535	1,830,777	6,802,312	0.184783	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	308,928	308,928	0.263482	0.000000
64.00	06400	INTRAVENOUS THERAPY	40,177	6,501,560	6,541,737	0.219730	0.000000
65.00	06500	RESPIRATORY THERAPY	12,190,281	3,422,147	15,612,428	0.296925	0.000000
66.00	06600	PHYSICAL THERAPY	6,984,334	2,515,382	9,499,716	0.222726	0.000000
67.00	06700	OCCUPATIONAL THERAPY	4,762,297	1,865,942	6,628,239	0.133949	0.000000
68.00	06800	SPEECH PATHOLOGY	2,901,789	1,484,534	4,386,323	0.157053	0.000000
69.00	06900	ELECTROCARDIOLOGY	20,942,354	56,593,645	77,535,999	0.041834	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	1,222,210	10,291,892	11,514,102	0.110222	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,266,798	29,542,686	50,809,484	0.201756	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	154,636,988	131,496,843	286,133,831	0.140828	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	64,134,556	319,189,278	383,323,834	0.087985	0.000000
74.00	07400	RENAL DIALYSIS	2,455,087	0	2,455,087	0.269694	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
76.00	03951	WOUND CARE CENTER	101,061	22,555,150	22,656,211	0.051879	0.000000
76.97	07697	CARDIAC REHABILITATION	692	756,236	756,928	0.660857	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	100,499	2,705,133	2,805,632	0.046460	0.000000
91.00	09100	EMERGENCY	15,347,861	64,703,673	80,051,534	0.122524	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,105,627	12,631,885	14,737,512	0.204478	0.000000
93.00	04040	ONCOLOGY INFUSION	42,939	24,055,309	24,098,248	0.156929	0.000000
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/26/2022 4:15 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		10.00	
200.00		Subtotal (see instructions)	688,408,193	1,472,180,604	2,160,588,797			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	688,408,193	1,472,180,604	2,160,588,797			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/26/2022 4:15 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
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.097344			50.00
51.00	05100	RECOVERY ROOM	0.158992			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.379408			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.079740			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.031483			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.023612			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.055219			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.056618			59.00
60.00	06000	LABORATORY	0.172598			60.00
60.01	06001	PATHOLOGY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.184783			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.263482			63.00
64.00	06400	INTRAVENOUS THERAPY	0.219730			64.00
65.00	06500	RESPIRATORY THERAPY	0.296925			65.00
66.00	06600	PHYSICAL THERAPY	0.222726			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.133949			67.00
68.00	06800	SPEECH PATHOLOGY	0.157053			68.00
69.00	06900	ELECTROCARDIOLOGY	0.041887			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.110222			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.201756			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.140828			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.087985			73.00
74.00	07400	RENAL DIALYSIS	0.269694			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03951	WOUND CARE CENTER	0.051879			76.00
76.97	07697	CARDIAC REHABILITATION	0.661176			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0.046460			90.00
91.00	09100	EMERGENCY	0.122524			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.204478			92.00
93.00	04040	ONCOLOGY INFUSION	0.156929			93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
202.00		11.00	Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/26/2022 4:15 pm

			Title XIX		Hospital		TEFRA	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	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	34,302,126		34,302,126	0	34,302,126	30.00
31.00	03100	INTENSIVE CARE UNIT	8,541,956		8,541,956	0	8,541,956	31.00
32.00	03200	CORONARY CARE UNIT	6,648,903		6,648,903	0	6,648,903	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	5,313,784		5,313,784	1,791	5,315,575	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,775,977		36,775,977	5,413	36,781,390	50.00
51.00	05100	RECOVERY ROOM	4,875,838		4,875,838	0	4,875,838	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,487,953		5,487,953	108	5,488,061	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,187,212		11,187,212	5,340	11,192,552	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,464,618		4,464,618	0	4,464,618	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	2,563,991		2,563,991	0	2,563,991	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,056,249		1,056,249	0	1,056,249	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,320,562		5,320,562	3,004	5,323,566	59.00
60.00	06000	LABORATORY	19,115,356		19,115,356	0	19,115,356	60.00
60.01	06001	PATHOLOGY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,256,954		1,256,954	0	1,256,954	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	81,397		81,397	0	81,397	63.00
64.00	06400	INTRAVENOUS THERAPY	1,437,413		1,437,413	0	1,437,413	64.00
65.00	06500	RESPIRATORY THERAPY	4,635,722	0	4,635,722	0	4,635,722	65.00
66.00	06600	PHYSICAL THERAPY	2,115,834	0	2,115,834	0	2,115,834	66.00
67.00	06700	OCCUPATIONAL THERAPY	887,845	0	887,845	0	887,845	67.00
68.00	06800	SPEECH PATHOLOGY	688,887	0	688,887	0	688,887	68.00
69.00	06900	ELECTROCARDIOLOGY	3,243,643		3,243,643	4,088	3,247,731	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,269,111		1,269,111	0	1,269,111	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,251,133		10,251,133	0	10,251,133	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	40,295,592		40,295,592	0	40,295,592	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,726,598		33,726,598	0	33,726,598	73.00
74.00	07400	RENAL DIALYSIS	662,122		662,122	0	662,122	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03951	WOUND CARE CENTER	1,175,373		1,175,373	0	1,175,373	76.00
76.97	07697	CARDIAC REHABILITATION	500,221		500,221	242	500,463	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	130,350		130,350	0	130,350	90.00
91.00	09100	EMERGENCY	9,808,203		9,808,203	0	9,808,203	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,013,493		3,013,493	0	3,013,493	92.00
93.00	04040	ONCOLOGY INFUSION	3,781,712		3,781,712	0	3,781,712	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/26/2022 4:15 pm

					Title XIX		Hospital		TEFRA	
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		
116.00	11600	HOSPICE		0		0		0	116.00	
200.00		Subtotal (see instructions)	264,616,128	0	264,616,128		19,986	264,636,114	200.00	
201.00		Less Observation Beds	3,013,493		3,013,493			3,013,493	201.00	
202.00		Total (see instructions)	261,602,635	0	261,602,635		19,986	261,622,621	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/26/2022 4:15 pm

			Title XIX			Hospital		TEFRA	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	55,573,416		55,573,416			30.00	
31.00	03100	INTENSIVE CARE UNIT	19,766,020		19,766,020			31.00	
32.00	03200	CORONARY CARE UNIT	17,341,639		17,341,639			32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00	
40.00	04000	SUBPROVIDER - IPF	0		0			40.00	
41.00	04100	SUBPROVIDER - IRF	0		0			41.00	
42.00	04200	SUBPROVIDER	0		0			42.00	
43.00	04300	NURSERY	23,599,500		23,599,500			43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00	
45.00	04500	NURSING FACILITY	0		0			45.00	
46.00	04600	OTHER LONG TERM CARE	0		0			46.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	117,695,779	260,152,758	377,848,537	0.097330	0.097330	50.00	
51.00	05100	RECOVERY ROOM	6,000,904	24,666,283	30,667,187	0.158992	0.158992	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,398,124	1,066,692	14,464,816	0.379400	0.379400	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,672,685	125,690,621	140,363,306	0.079702	0.079702	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	2,637,839	139,174,529	141,812,368	0.031483	0.031483	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00	
57.00	05700	CT SCAN	29,434,945	79,154,416	108,589,361	0.023612	0.023612	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,215,357	14,912,858	19,128,215	0.055219	0.055219	58.00	
59.00	05900	CARDIAC CATHETERIZATION	36,495,573	57,530,039	94,025,612	0.056586	0.056586	59.00	
60.00	06000	LABORATORY	33,369,327	77,381,408	110,750,735	0.172598	0.172598	60.00	
60.01	06001	PATHOLOGY	0	0	0	0.000000	0.000000	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,971,535	1,830,777	6,802,312	0.184783	0.184783	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	308,928	308,928	0.263482	0.263482	63.00	
64.00	06400	INTRAVENOUS THERAPY	40,177	6,501,560	6,541,737	0.219730	0.219730	64.00	
65.00	06500	RESPIRATORY THERAPY	12,190,281	3,422,147	15,612,428	0.296925	0.296925	65.00	
66.00	06600	PHYSICAL THERAPY	6,984,334	2,515,382	9,499,716	0.222726	0.222726	66.00	
67.00	06700	OCCUPATIONAL THERAPY	4,762,297	1,865,942	6,628,239	0.133949	0.133949	67.00	
68.00	06800	SPEECH PATHOLOGY	2,901,789	1,484,534	4,386,323	0.157053	0.157053	68.00	
69.00	06900	ELECTROCARDIOLOGY	20,942,354	56,593,645	77,535,999	0.041834	0.041834	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,222,210	10,291,892	11,514,102	0.110222	0.110222	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,266,798	29,542,686	50,809,484	0.201756	0.201756	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	154,636,988	131,496,843	286,133,831	0.140828	0.140828	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	64,134,556	319,189,278	383,323,834	0.087985	0.087985	73.00	
74.00	07400	RENAL DIALYSIS	2,455,087	0	2,455,087	0.269694	0.269694	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00	
76.00	03951	WOUND CARE CENTER	101,061	22,555,150	22,656,211	0.051879	0.051879	76.00	
76.97	07697	CARDIAC REHABILITATION	692	756,236	756,928	0.660857	0.660857	76.97	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00	
90.00	09000	CLINIC	100,499	2,705,133	2,805,632	0.046460	0.046460	90.00	
91.00	09100	EMERGENCY	15,347,861	64,703,673	80,051,534	0.122524	0.122524	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,105,627	12,631,885	14,737,512	0.204478	0.204478	92.00	
93.00	04040	ONCOLOGY INFUSION	42,939	24,055,309	24,098,248	0.156929	0.156929	93.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00	
99.00	09900	CMHC	0	0	0			99.00	
99.10	09910	CORF	0	0	0			99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00	
106.00	10600	HEART ACQUISITION	0	0	0			106.00	
107.00	10700	LIVER ACQUISITION	0	0	0			107.00	
108.00	10800	LUNG ACQUISITION	0	0	0			108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00	
111.00	11100	ISLET ACQUISITION	0	0	0			111.00	
113.00	11300	INTEREST EXPENSE						113.00	
114.00	11400	UTILIZATION REVIEW-SNF						114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00	
116.00	11600	HOSPICE	0	0	0			116.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/26/2022 4:15 pm

			Title XIX			Hospital	TEFRA	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00		10.00	
200.00		Subtotal (see instructions)	688,408,193	1,472,180,604	2,160,588,797			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	688,408,193	1,472,180,604	2,160,588,797			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part I
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	TEFRA
			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
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	PATHOLOGY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
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 PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03951	WOUND CARE CENTER	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
93.00	04040	ONCOLOGY INFUSION	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00

MCRIF32 - 17.1.172.1

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

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part II
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description			Title XIX			Hospital	TEFRA
			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	36,775,977	3,680,840	33,095,137	0	0
51.00	05100	RECOVERY ROOM	4,875,838	225,355	4,650,483	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,487,953	414,640	5,073,313	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,187,212	1,250,889	9,936,323	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	4,464,618	745,631	3,718,987	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	2,563,991	545,893	2,018,098	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,056,249	255,385	800,864	0	0
59.00	05900	CARDIAC CATHETERIZATION	5,320,562	500,088	4,820,474	0	0
60.00	06000	LABORATORY	19,115,356	1,249,858	17,865,498	0	0
60.01	06001	PATHOLOGY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,256,954	36,306	1,220,648	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	81,397	15,041	66,356	0	0
64.00	06400	INTRAVENOUS THERAPY	1,437,413	37,778	1,399,635	0	0
65.00	06500	RESPIRATORY THERAPY	4,635,722	303,869	4,331,853	0	0
66.00	06600	PHYSICAL THERAPY	2,115,834	171,152	1,944,682	0	0
67.00	06700	OCCUPATIONAL THERAPY	887,845	26,040	861,805	0	0
68.00	06800	SPEECH PATHOLOGY	688,887	32,544	656,343	0	0
69.00	06900	ELECTROCARDIOLOGY	3,243,643	479,905	2,763,738	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,269,111	180,077	1,089,034	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,251,133	218,326	10,032,807	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	40,295,592	903,420	39,392,172	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	33,726,598	1,304,334	32,422,264	0	0
74.00	07400	RENAL DIALYSIS	662,122	14,371	647,751	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03951	WOUND CARE CENTER	1,175,373	41,635	1,133,738	0	0
76.97	07697	CARDIAC REHABILITATION	500,221	60,007	440,214	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	130,350	2,948	127,402	0	0
91.00	09100	EMERGENCY	9,808,203	910,870	8,897,333	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,013,493	364,373	2,649,120	0	0
93.00	04040	ONCOLOGY INFUSION	3,781,712	634,604	3,147,108	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0
106.00	10600	HEART ACQUISITION	0	0	0	0	0
107.00	10700	LIVER ACQUISITION	0	0	0	0	0
108.00	10800	LUNG ACQUISITION	0	0	0	0	0
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0	0
200.00		Subtotal (sum of lines 50 thru 199)	209,809,359	14,606,179	195,203,180	0	0
201.00		Less Observation Beds	3,013,493	364,373	2,649,120	0	0
202.00		Total (line 200 minus line 201)	206,795,866	14,241,806	192,554,060	0	0

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

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet C
Part II
Date/Time Prepared:
1/26/2022 4:15 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	TEFRA
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	36,775,977	377,848,537	0.097330	50.00
51.00	05100	RECOVERY ROOM	4,875,838	30,667,187	0.158992	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,487,953	14,464,816	0.379400	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,187,212	140,363,306	0.079702	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,464,618	141,812,368	0.031483	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	56.00
57.00	05700	CT SCAN	2,563,991	108,589,361	0.023612	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,056,249	19,128,215	0.055219	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,320,562	94,025,612	0.056586	59.00
60.00	06000	LABORATORY	19,115,356	110,750,735	0.172598	60.00
60.01	06001	PATHOLOGY	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,256,954	6,802,312	0.184783	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	81,397	308,928	0.263482	63.00
64.00	06400	INTRAVENOUS THERAPY	1,437,413	6,541,737	0.219730	64.00
65.00	06500	RESPIRATORY THERAPY	4,635,722	15,612,428	0.296925	65.00
66.00	06600	PHYSICAL THERAPY	2,115,834	9,499,716	0.222726	66.00
67.00	06700	OCCUPATIONAL THERAPY	887,845	6,628,239	0.133949	67.00
68.00	06800	SPEECH PATHOLOGY	688,887	4,386,323	0.157053	68.00
69.00	06900	ELECTROCARDIOLOGY	3,243,643	77,535,999	0.041834	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,269,111	11,514,102	0.110222	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,251,133	50,809,484	0.201756	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	40,295,592	286,133,831	0.140828	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,726,598	383,323,834	0.087985	73.00
74.00	07400	RENAL DIALYSIS	662,122	2,455,087	0.269694	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	75.00
76.00	03951	WOUND CARE CENTER	1,175,373	22,656,211	0.051879	76.00
76.97	07697	CARDIAC REHABILITATION	500,221	756,928	0.660857	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	89.00
90.00	09000	CLINIC	130,350	2,805,632	0.046460	90.00
91.00	09100	EMERGENCY	9,808,203	80,051,534	0.122524	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,013,493	14,737,512	0.204478	92.00
93.00	04040	ONCOLOGY INFUSION	3,781,712	24,098,248	0.156929	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	97.00
99.00	09900	CMHC	0	0	0.000000	99.00
99.10	09910	CORF	0	0	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0.000000	105.00
106.00	10600	HEART ACQUISITION	0	0	0.000000	106.00
107.00	10700	LIVER ACQUISITION	0	0	0.000000	107.00
108.00	10800	LUNG ACQUISITION	0	0	0.000000	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0.000000	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0.000000	110.00
111.00	11100	ISLET ACQUISITION	0	0	0.000000	111.00
113.00	11300	INTEREST EXPENSE	0	0	0.000000	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0.000000	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000	115.00
116.00	11600	HOSPICE	0	0	0.000000	116.00
200.00		Subtotal (sum of lines 50 thru 199)	209,809,359	2,044,308,222		200.00
201.00		Less Observation Beds	3,013,493	0		201.00
202.00		Total (line 200 minus line 201)	206,795,866	2,044,308,222		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part I
Date/Time Prepared:
1/26/2022 4:15 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	4,147,605	0	4,147,605	32,942	125.91	30.00
31.00	INTENSIVE CARE UNIT	506,292		506,292	3,415	148.26	31.00
32.00	CORONARY CARE UNIT	339,873		339,873	2,990	113.67	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	307,834		307,834	5,453	56.45	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	5,301,604		5,301,604	44,800		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	11,623	1,463,452				30.00
31.00	INTENSIVE CARE UNIT	1,338	198,372				31.00
32.00	CORONARY CARE UNIT	1,097	124,696				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30 through 199)	14,058	1,786,520				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part II
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,680,840	377,848,537	0.009742	42,565,649	414,675	50.00
51.00	05100 RECOVERY ROOM	225,355	30,667,187	0.007348	2,133,732	15,679	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	414,640	14,464,816	0.028665	11,252	323	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,250,889	140,363,306	0.008912	5,899,735	52,578	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	745,631	141,812,368	0.005258	1,205,842	6,340	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	545,893	108,589,361	0.005027	12,505,130	62,863	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	255,385	19,128,215	0.013351	1,744,995	23,297	58.00
59.00	05900 CARDIAC CATHETERIZATION	500,088	94,025,612	0.005319	13,059,908	69,466	59.00
60.00	06000 LABORATORY	1,249,858	110,750,735	0.011285	12,116,728	136,737	60.00
60.01	06001 PATHOLOGY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	36,306	6,802,312	0.005337	2,033,161	10,851	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	15,041	308,928	0.048688	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	37,778	6,541,737	0.005775	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	303,869	15,612,428	0.019463	4,409,669	85,825	65.00
66.00	06600 PHYSICAL THERAPY	171,152	9,499,716	0.018017	3,301,409	59,481	66.00
67.00	06700 OCCUPATIONAL THERAPY	26,040	6,628,239	0.003929	1,857,770	7,299	67.00
68.00	06800 SPEECH PATHOLOGY	32,544	4,386,323	0.007419	1,181,390	8,765	68.00
69.00	06900 ELECTROCARDIOLOGY	479,905	77,535,999	0.006189	9,288,052	57,484	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	180,077	11,514,102	0.015640	407,459	6,373	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	218,326	50,809,484	0.004297	7,867,897	33,808	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	903,420	286,133,831	0.003157	51,975,731	164,087	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,304,334	383,323,834	0.003403	22,975,718	78,186	73.00
74.00	07400 RENAL DIALYSIS	14,371	2,455,087	0.005854	999,380	5,850	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03951 WOUND CARE CENTER	41,635	22,656,211	0.001838	48,119	88	76.00
76.97	07697 CARDIAC REHABILITATION	60,007	756,928	0.079277	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	2,948	2,805,632	0.001051	0	0	90.00
91.00	09100 EMERGENCY	910,870	80,051,534	0.011379	6,625,831	75,395	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	364,373	14,737,512	0.024724	1,552,824	38,392	92.00
93.00	04040 ONCOLOGY INFUSION	634,604	24,098,248	0.026334	39,421	1,038	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (lines 50 through 199)	14,606,179	2,044,308,222		205,806,892	1,414,880	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 18-0104		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part III Date/Time Prepared: 1/26/2022 4:15 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	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	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	32,942	0.00	11,623	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,415	0.00	1,338	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	2,990	0.00	1,097	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	0	42.00	
43.00	04300	NURSERY	0	0	5,453	0.00	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	44,800		14,058	0	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
33.00	03300	BURN INTENSIVE CARE UNIT	0							33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0							34.00
40.00	04000	SUBPROVIDER - IPF	0							40.00
41.00	04100	SUBPROVIDER - IRF	0							41.00
42.00	04200	SUBPROVIDER	0							42.00
43.00	04300	NURSERY	0							43.00
44.00	04400	SKILLED NURSING FACILITY	0							44.00
45.00	04500	NURSING FACILITY	0							45.00
200.00		Total (lines 30 through 199)	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/26/2022 4:15 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
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
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
93.00	04040	ONCOLOGY INFUSION	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
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: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	377,848,537	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	30,667,187	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	14,464,816	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	140,363,306	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	141,812,368	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	108,589,361	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	19,128,215	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	94,025,612	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	110,750,735	0.000000	60.00
60.01	06001	PATHOLOGY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	6,802,312	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	308,928	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	6,541,737	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	15,612,428	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,499,716	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,628,239	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,386,323	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	77,535,999	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11,514,102	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	50,809,484	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	286,133,831	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	383,323,834	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,455,087	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03951	WOUND CARE CENTER	0	0	0	22,656,211	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	756,928	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	2,805,632	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	80,051,534	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	14,737,512	0.000000	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	0	24,098,248	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
200.00		Total (lines 50 through 199)	0	0	0	2,044,308,222		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/26/2022 4:15 pm

			Title XVIII		Hospital	PPS			
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	42,565,649	0	65,544,550	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	2,133,732	0	6,521,564	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	11,252	0	1,694	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,899,735	0	35,436,014	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	1,205,842	0	54,019,750	0	55.00	
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00	
57.00	05700	CT SCAN	0.000000	12,505,130	0	23,692,507	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,744,995	0	36,017	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	13,059,908	0	23,359,086	0	59.00	
60.00	06000	LABORATORY	0.000000	12,116,728	0	10,434,699	0	60.00	
60.01	06001	PATHOLOGY	0.000000	0	0	0	0	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	2,033,161	0	682,913	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	106,015	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	1,529,367	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	4,409,669	0	964,876	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	3,301,409	0	143,013	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,857,770	0	72,812	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	1,181,390	0	65,393	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	9,288,052	0	19,819,647	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	407,459	0	2,334,654	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	7,867,897	0	9,062,230	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	51,975,731	0	47,673,280	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	22,975,718	0	123,088,617	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	999,380	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
76.00	03951	WOUND CARE CENTER	0.000000	48,119	0	8,010,443	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	337,284	0	76.97	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00	09000	CLINIC	0.000000	0	0	1,014,345	0	90.00	
91.00	09100	EMERGENCY	0.000000	6,625,831	0	12,430,035	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,552,824	0	3,353,700	0	92.00	
93.00	04040	ONCOLOGY INFUSION	0.000000	39,421	0	8,950,430	0	93.00	
	OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES						95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00	
200.00		Total (lines 50 through 199)		205,806,802	0	458,684,935	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part V
Date/Time Prepared:
1/26/2022 4:15 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	0.097330	65,544,550	865	0	6,379,451	50.00
51.00	05100	RECOVERY ROOM	0.158992	6,521,564	0	0	1,036,877	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.379400	1,694	0	0	643	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.079702	35,436,014	5	0	2,824,321	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.031483	54,019,750	0	0	1,700,704	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.023612	23,692,507	0	0	559,427	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.055219	36,017	0	0	1,989	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.056586	23,359,086	0	0	1,321,797	59.00
60.00	06000	LABORATORY	0.172598	10,434,699	16,938	0	1,801,008	60.00
60.01	06001	PATHOLOGY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.184783	682,913	0	0	126,191	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.263482	106,015	0	0	27,933	63.00
64.00	06400	INTRAVENOUS THERAPY	0.219730	1,529,367	0	0	336,048	64.00
65.00	06500	RESPIRATORY THERAPY	0.296925	964,876	143	0	286,496	65.00
66.00	06600	PHYSICAL THERAPY	0.222726	143,013	0	0	31,853	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.133949	72,812	0	0	9,753	67.00
68.00	06800	SPEECH PATHOLOGY	0.157053	65,393	0	0	10,270	68.00
69.00	06900	ELECTROCARDIOLOGY	0.041834	19,819,647	0	0	829,135	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.110222	2,334,654	0	0	257,330	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.201756	9,062,230	0	0	1,828,359	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.140828	47,673,280	0	0	6,713,733	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.087985	123,088,617	0	35,969	10,829,952	73.00
74.00	07400	RENAL DIALYSIS	0.269694	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	0.051879	8,010,443	0	0	415,574	76.00
76.97	07697	CARDIAC REHABILITATION	0.660857	337,284	0	0	222,896	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.046460	1,014,345	0	0	47,126	90.00
91.00	09100	EMERGENCY	0.122524	12,430,035	28	0	1,522,978	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.204478	3,353,700	0	0	685,758	92.00
93.00	04040	ONCOLOGY INFUSION	0.156929	8,950,430	3	0	1,404,582	93.00
	OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		458,684,935	17,982	35,969	41,212,184	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		458,684,935	17,982	35,969	41,212,184	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part V
Date/Time Prepared:
1/26/2022 4:15 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	84	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
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	0	0		59.00
60.00	06000	LABORATORY	2,923	0		60.00
60.01	06001	PATHOLOGY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	42	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 PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,165		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03951	WOUND CARE CENTER	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	3	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04040	ONCOLOGY INFUSION	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00		Subtotal (see instructions)	3,052	3,165		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	3,052	3,165		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part I
Date/Time Prepared:
1/26/2022 4:15 pm

			Title XIX		Hospital	TEFRA		
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	4,147,605	0	4,147,605	32,942	125.91	30.00	
31.00	INTENSIVE CARE UNIT	506,292		506,292	3,415	148.26	31.00	
32.00	CORONARY CARE UNIT	339,873		339,873	2,990	113.67	32.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	307,834		307,834	5,453	56.45	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (lines 30 through 199)	5,301,604		5,301,604	44,800		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	221	27,826					30.00
31.00	INTENSIVE CARE UNIT	83	12,306					31.00
32.00	CORONARY CARE UNIT	82	9,321					32.00
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
40.00	SUBPROVIDER - IPF	0	0					40.00
41.00	SUBPROVIDER - IRF	0	0					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	15	847					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
45.00	NURSING FACILITY	0	0					45.00
200.00	Total (lines 30 through 199)	401	50,300					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part II
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description		Title XIX		Hospital		TEFRA	
		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	3,680,840	377,848,537	0.009742	942,939	50.00
51.00	05100	RECOVERY ROOM	225,355	30,667,187	0.007348	38,496	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	414,640	14,464,816	0.028665	59,228	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,250,889	140,363,306	0.008912	177,150	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	745,631	141,812,368	0.005258	53,660	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	56.00
57.00	05700	CT SCAN	545,893	108,589,361	0.005027	373,562	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	255,385	19,128,215	0.013351	54,950	58.00
59.00	05900	CARDIAC CATHETERIZATION	500,088	94,025,612	0.005319	415,022	59.00
60.00	06000	LABORATORY	1,249,858	110,750,735	0.011285	478,041	60.00
60.01	06001	PATHOLOGY	0	0	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	36,306	6,802,312	0.005337	85,837	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,041	308,928	0.048688	0	63.00
64.00	06400	INTRAVENOUS THERAPY	37,778	6,541,737	0.005775	1,904	64.00
65.00	06500	RESPIRATORY THERAPY	303,869	15,612,428	0.019463	246,236	65.00
66.00	06600	PHYSICAL THERAPY	171,152	9,499,716	0.018017	64,937	66.00
67.00	06700	OCCUPATIONAL THERAPY	26,040	6,628,239	0.003929	38,417	67.00
68.00	06800	SPEECH PATHOLOGY	32,544	4,386,323	0.007419	42,094	68.00
69.00	06900	ELECTROCARDIOLOGY	479,905	77,535,999	0.006189	249,081	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	180,077	11,514,102	0.015640	32,709	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	218,326	50,809,484	0.004297	111,158	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	903,420	286,133,831	0.003157	774,167	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,304,334	383,323,834	0.003403	994,871	73.00
74.00	07400	RENAL DIALYSIS	14,371	2,455,087	0.005854	52,453	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	75.00
76.00	03951	WOUND CARE CENTER	41,635	22,656,211	0.001838	0	76.00
76.97	07697	CARDIAC REHABILITATION	60,007	756,928	0.079277	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	89.00
90.00	09000	CLINIC	2,948	2,805,632	0.001051	0	90.00
91.00	09100	EMERGENCY	910,870	80,051,534	0.011379	250,723	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	364,373	14,737,512	0.024724	2,878	92.00
93.00	04040	ONCOLOGY INFUSION	634,604	24,098,248	0.026334	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES					95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	97.00
200.00		Total (lines 50 through 199)	14,606,179	2,044,308,222		5,540,513	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part III
Date/Time Prepared:
1/26/2022 4:15 pm

				Title XIX		Hospital	TEFRA		
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	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00	
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	32,942	0.00	221	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	3,415	0.00	83	31.00	
32.00	03200	CORONARY CARE UNIT		0	2,990	0.00	82	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY		0	5,453	0.00	15	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00	
45.00	04500	NURSING FACILITY		0	0	0.00	0	45.00	
200.00		Total (lines 30 through 199)		0	44,800		401	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
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
45.00	04500	NURSING FACILITY	0						45.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 18-0104		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part IV Date/Time Prepared: 1/26/2022 4:15 pm	
				Title XIX		Hospital		TEFRA	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	PATHOLOGY	0	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part IV
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description		Title XIX			Hospital		TEFRA	
		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	377,848,537	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	30,667,187	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	14,464,816	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	140,363,306	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	141,812,368	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	108,589,361	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	19,128,215	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	94,025,612	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	110,750,735	0.000000	60.00
60.01	06001	PATHOLOGY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	6,802,312	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	308,928	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	6,541,737	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	15,612,428	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,499,716	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,628,239	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,386,323	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	77,535,999	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11,514,102	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	50,809,484	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	286,133,831	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	383,323,834	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,455,087	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03951	WOUND CARE CENTER	0	0	0	22,656,211	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	756,928	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	2,805,632	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	80,051,534	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	14,737,512	0.000000	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	0	24,098,248	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
200.00		Total (lines 50 through 199)	0	0	0	2,044,308,222		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 18-0104		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part IV Date/Time Prepared: 1/26/2022 4:15 pm	
				Title XIX		Hospital		TEFRA	
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		942,939	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		38,496	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		59,228	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		177,150	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		53,660	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000		0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000		373,562	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		54,950	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		415,022	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		478,041	0	0	0	60.00
60.01	06001	PATHOLOGY	0.000000		0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		85,837	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		1,904	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		246,236	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		64,937	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		38,417	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		42,094	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		249,081	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		32,709	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		111,158	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		774,167	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		994,871	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		52,453	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		0	0	0	0	75.00
76.00	03951	WOUND CARE CENTER	0.000000		0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	0	0	0	89.00
90.00	09000	CLINIC	0.000000		0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000		250,723	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		2,878	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0.000000		0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000		0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		0	0	0	0	97.00
200.00		Total (lines 50 through 199)			5,540,513	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet D
Part V
Date/Time Prepared:
1/26/2022 4:15 pm

			Title XIX		Hospital		TEFRA		
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	0.097330	0	0	2,630,465	0	50.00	
51.00	05100	RECOVERY ROOM	0.158992	0	0	328,191	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.379400	0	0	186	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.079702	0	0	933,077	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.031483	0	0	8,264	0	55.00	
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00	
57.00	05700	CT SCAN	0.023612	0	0	1,035,603	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.055219	0	0	113,359	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.056586	0	0	373,968	0	59.00	
60.00	06000	LABORATORY	0.172598	0	0	96,145	0	60.00	
60.01	06001	PATHOLOGY	0.000000	0	0	0	0	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.184783	0	0	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.263482	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.219730	0	0	120,803	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.296925	0	0	21,478	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.222726	0	0	2,967	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.133949	0	0	2,195	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.157053	0	0	17,516	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.041834	0	0	316,799	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.110222	0	0	104,378	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.201756	0	0	198,381	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.140828	0	0	937,013	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.087985	0	0	1,153,556	0	73.00	
74.00	07400	RENAL DIALYSIS	0.269694	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
76.00	03951	WOUND CARE CENTER	0.051879	0	0	299,428	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0.660857	0	0	0	0	76.97	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00	
90.00	09000	CLINIC	0.046460	0	0	3,102	0	90.00	
91.00	09100	EMERGENCY	0.122524	0	0	1,185,919	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.204478	0	0	191,042	0	92.00	
93.00	04040	ONCOLOGY INFUSION	0.156929	0	0	80,674	0	93.00	
	OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0		94.00	
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0		95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00	
200.00		Subtotal (see instructions)		0	0	10,154,509	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	0	10,154,509	0	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 18-0104		Period: From 09/01/2020 To 08/31/2021		Worksheet D Part V Date/Time Prepared: 1/26/2022 4:15 pm	
				Title XIX		Hospital		TEFRA	
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	256,023				50.00	
51.00	05100	RECOVERY ROOM	0	52,180				51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	71				52.00	
53.00	05300	ANESTHESIOLOGY	0	0				53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	74,368				54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	260				55.00	
56.00	05600	RADIOISOTOPE	0	0				56.00	
57.00	05700	CT SCAN	0	24,453				57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,260				58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	21,161				59.00	
60.00	06000	LABORATORY	0	16,594				60.00	
60.01	06001	PATHOLOGY	0	0				60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0				62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0				63.00	
64.00	06400	INTRAVENOUS THERAPY	0	26,544				64.00	
65.00	06500	RESPIRATORY THERAPY	0	6,377				65.00	
66.00	06600	PHYSICAL THERAPY	0	661				66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	294				67.00	
68.00	06800	SPEECH PATHOLOGY	0	2,751				68.00	
69.00	06900	ELECTROCARDIOLOGY	0	13,253				69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,505				70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	40,025				71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	131,958				72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	101,496				73.00	
74.00	07400	RENAL DIALYSIS	0	0				74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0				75.00	
76.00	03951	WOUND CARE CENTER	0	15,534				76.00	
76.97	07697	CARDIAC REHABILITATION	0	0				76.97	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC						88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00	
90.00	09000	CLINIC	0	144				90.00	
91.00	09100	EMERGENCY	0	145,304				91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	39,064				92.00	
93.00	04040	ONCOLOGY INFUSION	0	12,660				93.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0				94.00	
95.00	09500	AMBULANCE SERVICES	0					95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0				96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0				97.00	
200.00		Subtotal (see instructions)	0	998,940				200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0					201.00	
202.00		Net Charges (line 200 - line 201)	0	998,940				202.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0104	Period: From 09/01/2020 To 08/31/2021	Worksheet D-1 Date/Time Prepared: 1/26/2022 4:15 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)		32,942	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		32,942	2.00	
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00	
4.00	Semi-private room days (excluding swing-bed and observation bed days)		30,048	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)		11,623	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)		34,302,126	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)		34,302,126	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)		34,302,126	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)		1,041.29	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,102,914	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)		12,102,914	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021

Worksheet D-1

Date/Time Prepared:
1/26/2022 4:15 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	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	8,541,956	3,415	2,501.30	1,338	3,346,739
44.00	CORONARY CARE UNIT	6,648,903	2,990	2,223.71	1,097	2,439,410
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					23,842,606
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					41,731,669
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,786,520
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,414,880
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,201,400
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					38,530,269
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					2,894
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,041.29
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,013,493

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021

Worksheet D-1

Date/Time Prepared:
1/26/2022 4:15 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	4,147,605	34,302,126	0.120914	3,013,493	364,373	90.00
91.00 Nursing Program cost	0	34,302,126	0.000000	3,013,493	0	91.00
92.00 Allied health cost	0	34,302,126	0.000000	3,013,493	0	92.00
93.00 All other Medical Education	0	34,302,126	0.000000	3,013,493	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0104	Period: From 09/01/2020 To 08/31/2021	Worksheet D-1 Date/Time Prepared: 1/26/2022 4:15 pm
		Title XIX	Hospital	TEFRA
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)		32,942	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		32,942	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		30,048	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)		221	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)		5,453	15.00
16.00	Nursery days (title V or XIX only)		15	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)		34,302,126	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)		34,302,126	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)		34,302,126	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)		1,041.29	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		230,125	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)		230,125	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021

Worksheet D-1

Date/Time Prepared:
1/26/2022 4:15 pm

		Title XIX			Hospital	TEFRA		
	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)	5,313,784	5,453	974.47	15	14,617	42.00	
	Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,541,956	3,415	2,501.30	83	207,608	43.00	
44.00	CORONARY CARE UNIT	6,648,903	2,990	2,223.71	82	182,344	44.00	
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
	Cost Center Description							
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						648,101	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						1,282,795	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)						50,300	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						41,730	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						92,030	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						1,190,765	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						98	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)						-1,190,765	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)						92,030	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)						2,894	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,041.29	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						3,013,493	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021

Worksheet D-1

Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description		Title XIX		Hospital	TEFRA	
		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	4,147,605	34,302,126	0.120914	3,013,493	364,373
91.00	Nursing Program cost	0	34,302,126	0.000000	3,013,493	0
92.00	Allied health cost	0	34,302,126	0.000000	3,013,493	0
93.00	All other Medical Education	0	34,302,126	0.000000	3,013,493	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 18-0104	Period: From 09/01/2020 To 08/31/2021	Worksheet D-3 Date/Time Prepared: 1/26/2022 4:15 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		21,250,802	30.00
31.00	03100	INTENSIVE CARE UNIT		7,738,659	31.00
32.00	03200	CORONARY CARE UNIT		6,342,993	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.097344	42,565,649	50.00
51.00	05100	RECOVERY ROOM	0.158992	2,133,732	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.379408	11,252	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.079740	5,899,735	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.031483	1,205,842	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.023612	12,505,130	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.055219	1,744,995	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.056618	13,059,908	59.00
60.00	06000	LABORATORY	0.172598	12,116,728	60.00
60.01	06001	PATHOLOGY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.184783	2,033,161	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.263482	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.219730	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.296925	4,409,669	65.00
66.00	06600	PHYSICAL THERAPY	0.222726	3,301,409	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.133949	1,857,770	67.00
68.00	06800	SPEECH PATHOLOGY	0.157053	1,181,390	68.00
69.00	06900	ELECTROCARDIOLOGY	0.041887	9,288,052	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.110222	407,459	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.201756	7,867,897	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.140828	51,975,731	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.087985	22,975,718	73.00
74.00	07400	RENAL DIALYSIS	0.269694	999,380	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03951	WOUND CARE CENTER	0.051879	48,119	76.00
76.97	07697	CARDIAC REHABILITATION	0.661176	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.046460	0	90.00
91.00	09100	EMERGENCY	0.122524	6,625,831	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.204478	1,552,824	92.00
93.00	04040	ONCOLOGY INFUSION	0.156929	39,421	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		205,806,802	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)		205,806,802	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 18-0104	Period: From 09/01/2020 To 08/31/2021	Worksheet D-3 Date/Time Prepared: 1/26/2022 4:15 pm
			Title XIX	Hospital	TEFRA
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		727,157	30.00
31.00	03100	INTENSIVE CARE UNIT		469,916	31.00
32.00	03200	CORONARY CARE UNIT		464,254	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		26,865	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.097330	942,939	50.00
51.00	05100	RECOVERY ROOM	0.158992	38,496	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.379400	59,228	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.079702	177,150	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.031483	53,660	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.023612	373,562	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.055219	54,950	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.056586	415,022	59.00
60.00	06000	LABORATORY	0.172598	478,041	60.00
60.01	06001	PATHOLOGY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.184783	85,837	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.263482	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.219730	1,904	64.00
65.00	06500	RESPIRATORY THERAPY	0.296925	246,236	65.00
66.00	06600	PHYSICAL THERAPY	0.222726	64,937	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.133949	38,417	67.00
68.00	06800	SPEECH PATHOLOGY	0.157053	42,094	68.00
69.00	06900	ELECTROCARDIOLOGY	0.041834	249,081	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.110222	32,709	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.201756	111,158	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.140828	774,167	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.087985	994,871	73.00
74.00	07400	RENAL DIALYSIS	0.269694	52,453	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03951	WOUND CARE CENTER	0.051879	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.660857	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.046460	0	90.00
91.00	09100	EMERGENCY	0.122524	250,723	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.204478	2,878	92.00
93.00	04040	ONCOLOGY INFUSION	0.156929	0	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		5,540,513	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		5,540,513	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0104	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part A Date/Time Prepared: 1/26/2022 4:15 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)			2,760,231	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			30,412,860	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)			61,186	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			1,426,447	2.04
3.00	Managed Care Simulated Payments			0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			219.07	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)			5.06	30.00
31.00	Percentage of Medicaid patient days (see instructions)			24.89	31.00
32.00	Sum of lines 30 and 31			29.95	32.00
33.00	Allowable disproportionate share percentage (see instructions)			13.92	33.00
34.00	Disproportionate share adjustment (see instructions)			1,154,424	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0104	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part A Date/Time Prepared: 1/26/2022 4:15 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	889,054	934,983	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	72,873	858,135	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	931,008		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	36,746,156		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		36,746,156	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,700,034	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		131,102	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		39,577,292	59.00
60.00	Primary payer payments		39,998	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		39,537,294	61.00
62.00	Deductibles billed to program beneficiaries		3,491,038	62.00
63.00	Coinsurance billed to program beneficiaries		45,852	63.00
64.00	Allowable bad debts (see instructions)		698,292	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		453,890	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		279,964	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		36,454,294	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-142,537	70.93
70.94	HRR adjustment amount (see instructions)		-152,628	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0104	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part A Date/Time Prepared: 1/26/2022 4:15 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		36,159,129	71.00
71.01	Sequestration adjustment (see instructions)		0	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		36,116,142	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		42,987	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,171,524	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/26/2022 4:15 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	2,760,231	0	2,760,231		2,760,231
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	30,412,860	0		30,412,860	30,412,860
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	61,186	0	61,186		61,186
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,426,447	0		1,426,447	1,426,447
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1392	0.1392	0.1392	0.1392	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,154,424	0	96,056	1,058,368	1,154,424
11.01	Uncompensated care payments	36.00	931,008	0	72,873	858,135	931,008
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	36,746,156	0	2,990,346	33,755,810	36,746,156
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	36,746,156	0	2,990,346	33,755,810	36,746,156
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,700,034	0	226,722	2,473,312	2,700,034

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/26/2022 4:15 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	131,102	0	0	131,102	131,102	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	3,217,068	36,360,224	39,577,292	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	2,501,777	0	214,008	2,287,769	2,501,777	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	198,257	0	12,714	185,543	198,257	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	2,700,034	0	226,722	2,473,312	2,700,034	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: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/26/2022 4:15 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	2,760,231	2,760,231		2,760,231	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	30,412,860		30,412,860	30,412,860	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	61,186	61,186		61,186	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,426,447		1,426,447	1,426,447	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1392	0.1392	0.1392		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,154,424	96,056	1,058,368	1,154,424	11.00
11.01	Uncompensated care payments	36.00	931,008	72,873	858,135	931,008	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	36,746,156	2,990,346	33,755,810	36,746,156	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	36,746,156	2,990,346	33,755,810	36,746,156	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,700,034	226,722	2,473,312	2,700,034	16.00
17.00	Special add-on payments for new technologies	54.00	131,102	0	131,102	131,102	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			3,217,068	36,360,224	39,577,292	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/26/2022 4:15 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	2,501,777	214,008	2,287,769	2,501,777	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	198,257	12,714	185,543	198,257	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	2,700,034	226,722	2,473,312	2,700,034	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	-142,537	-16,637	-125,900	-142,537	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	-152,628	-15,181	-137,447	-152,628	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: 18-0104	Period: From 09/01/2020 To 08/31/2021	Worksheet E Part B Date/Time Prepared: 1/26/2022 4:15 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		6,217	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		41,212,184	2.00
3.00	OPPS payments		35,195,569	3.00
4.00	Outlier payment (see instructions)		181,503	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)		6,217	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		53,951	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)		53,951	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)		53,951	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		47,734	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)		6,217	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)		35,377,072	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,952,858	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		29,430,431	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		29,430,431	30.00
31.00	Primary payer payments		19,805	31.00
32.00	Subtotal (line 30 minus line 31)		29,410,626	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)		722,081	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		469,353	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		213,562	36.00
37.00	Subtotal (see instructions)		29,879,979	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-32	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		29,880,011	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		29,915,062	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)		-35,051	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		3,836,871	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: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet E-1
Part I
Date/Time Prepared:
1/26/2022 4:15 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		35,944,799		29,860,805	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	05/18/2021	179,671	05/18/2021	156,200	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	08/17/2021	8,328	05/13/2021	101,943	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)		171,343		54,257	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)		36,116,142		29,915,062	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		42,987		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		35,051	6.02
7.00	Total Medicare program liability (see instructions)		36,159,129		29,880,011	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: 18-0104	Period: From 09/01/2020 To 08/31/2021	Worksheet E-1 Part II Date/Time Prepared: 1/26/2022 4:15 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8 through 12, and 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 from S-3, Pt. I col. 8, sum of lines 1, 8 through 12, and 32.			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0104	Period: From 09/01/2020 To 08/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 1/26/2022 4:15 pm
		Title XIX	Hospital	TEFRA
		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	92,030		1.00
2.00	Medical and other services		998,940	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	92,030	998,940	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)	92,030	998,940	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	5,540,513	10,154,509	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)	5,540,513	10,154,509	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)	5,540,513	10,154,509	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	5,448,483	9,155,569	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)	92,030	998,940	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)	92,030	998,940	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)	92,030	998,940	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	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)	92,030	998,940	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	92,030	998,940	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)	92,030	998,940	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	92,030	998,940	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: 18-0104

Period:
From 09/01/2020
To 08/31/2021

Worksheet G

Date/Time Prepared:
1/26/2022 4:15 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	-368,238	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	330,830,699	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-271,314,534	0	0	0	6.00
7.00	Inventory	8,723,852	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	13,269,879	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	81,141,658	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,344,004	0	0	0	12.00
13.00	Land improvements	7,713,635	0	0	0	13.00
14.00	Accumulated depreciation	-6,865,967	0	0	0	14.00
15.00	Buildings	251,761,593	0	0	0	15.00
16.00	Accumulated depreciation	-159,690,558	0	0	0	16.00
17.00	Leasehold improvements	62,296	0	0	0	17.00
18.00	Accumulated depreciation	-37,897	0	0	0	18.00
19.00	Fixed equipment	14,237,489	0	0	0	19.00
20.00	Accumulated depreciation	-13,711,581	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	106,195,122	0	0	0	23.00
24.00	Accumulated depreciation	-82,700,017	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)	125,308,119	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	55,757,966	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	55,757,966	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	262,207,743	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,131,595	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,478	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	8,755,397	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	16,894,470	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	15,447,749	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	15,447,749	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	32,342,219	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	229,865,524	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)	229,865,524	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	262,207,743	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021

Worksheet G-1

Date/Time Prepared:
1/26/2022 4:15 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		199,485,075		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		31,281,852				2.00
3.00	Total (sum of line 1 and line 2)		230,766,927		0		3.00
4.00	OTHER MARKET EXPENSES	28,105,005		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)		28,105,005		0		10.00
11.00	Subtotal (line 3 plus line 10)		258,871,932		0		11.00
12.00	TRANSFERS	28,927,124		0		0	12.00
13.00	RESTRICTED FUND	79,282		0		0	13.00
14.00	TO BALANCE	2		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)		29,006,408		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		229,865,524		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	OTHER MARKET EXPENSES		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	TRANSFERS		0				12.00
13.00	RESTRICTED FUND		0				13.00
14.00	TO BALANCE		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: 18-0104

Period:
From 09/01/2020
To 08/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
1/26/2022 4:15 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	55,573,416		55,573,416	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	55,573,416		55,573,416	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	19,766,020		19,766,020	11.00
12.00	CORONARY CARE UNIT	17,341,639		17,341,639	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	37,107,659		37,107,659	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	92,681,075		92,681,075	17.00
18.00	Ancillary services	554,530,692	1,368,084,604	1,922,615,296	18.00
19.00	Outpatient services	17,596,925	104,096,001	121,692,926	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	NURSERY	23,599,500	0	23,599,500	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	688,408,192	1,472,180,605	2,160,588,797	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		300,688,182		29.00
30.00	OTHER MARKET EXPENSES	28,105,005			30.00
31.00	EXCLUDED EXPENSES	245,418			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)		28,350,423		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)		329,038,605		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 18-0104

Period:
From 09/01/2020
To 08/31/2021

Worksheet G-3

Date/Time Prepared:
1/26/2022 4:15 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,160,588,797	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,817,910,652	2.00
3.00	Net patient revenues (line 1 minus line 2)	342,678,145	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	329,038,605	4.00
5.00	Net income from service to patients (line 3 minus line 4)	13,639,540	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	175,169	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,023,307	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	10,313,582	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	28,319	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	393,226	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	2,165,733	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER	3,342,526	24.00
24.50	COVID-19 PHE Funding	200,450	24.50
25.00	Total other income (sum of lines 6-24)	17,642,312	25.00
26.00	Total (line 5 plus line 25)	31,281,852	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	31,281,852	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 18-0104	Period: From 09/01/2020 To 08/31/2021	Worksheet L Parts I-III Date/Time Prepared: 1/26/2022 4:15 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,501,777	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		198,257	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)		100.81	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)		2,700,034	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