

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: 52-0028	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/31/2022 10:54 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 5/31/2022	Time: 10:54 am
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MONROE CLINIC (52-0028) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	347,625	284,879	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	347,625	284,879	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 52-0028		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/31/2022 10:54 am	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 515 22ND AVENUE			PO Box:				1.00		
2.00	City: MONROE			State: WI		Zip Code: 53566		County: GREEN		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		MONROE CLINIC	520028	31540	1	07/01/1966	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF		MONROE CLINIC	52U028	31540		11/03/2020	N	P	P
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		MONROE CLINIC HOMECARE	527157	31540		05/21/1985	N	P	N
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice		MONROE CLINIC HOSPICE	521523	31540		09/01/1988			
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
17.10	Hospital-Based (CORF) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2021	12/31/2021		20.00
21.00	Type of Control (see instructions)						1			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00

Worksheet S-2
Part I
Date/Time Prepared:
5/31/2022 10:54 am

MCRIF32 - 17.4.174.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 52-0028		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/31/2022 10:54 am	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
			1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		Y	N		60.00		
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.00	1	60.01		
			Y/N	IME	Direct GME	IME	Direct GME	
			1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)							61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)							61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)							61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).							61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)							61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)							61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
			1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20	
							1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>								
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>								
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
5/31/2022 10:54 am

			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY	3600	0.00	8.17	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-0028	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/31/2022 10:54 am	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	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

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				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00	2.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00	2.00		
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				115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	181,559		150,000		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.	Y		5.06		122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-0028		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/31/2022 10:54 am	
		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				140.00	
		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: SSM HEALTH	Contractor's Name: WPS		Contractor's Number: 05301		141.00	
142.00	Street: 10101 WOODFIELD LANE	PO Box:				142.00	
143.00	City: ST. LOUIS	State: MO		Zip Code: 63132		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.					145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
161.10	CORF			N		N	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 52-0028	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/31/2022 10:54 am
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 52-0028	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/31/2022 10:54 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		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.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/14/2022	Y 03/14/2022
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
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: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
5/31/2022 10:54 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		Y		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.				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.		Y		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.		Y		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.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DEBORAH	BEDUHN		41.00
42.00	Enter the employer/company name of the cost report preparer.	SSM HEALTH SYSTEM REIMBURSEMENT			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	XXXXXXXXXX	DEBORAH.BEDUHN@SSMHEALTH.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
5/31/2022 10:54 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	FINANCE MANAGER GOVERNMENT REIMBURSE	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: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/31/2022 10:54 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	52	18,980	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)		52	18,980	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		58	21,170	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		58				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: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/31/2022 10:54 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	2,796	130	7,284			1.00
2.00	HMO and other (see instructions)	1,951	862				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	7	0	7			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)	2,803	130	7,291			7.00
8.00	INTENSIVE CARE UNIT	352	5	1,356			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		372	752			13.00
14.00	Total (see instructions)	3,155	507	9,399	9.07	900.34	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	3,989	0	7,819	0.00	15.68	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	8,986	0	10,473	0.00	21.81	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				9.07	937.83	27.00
28.00	Observation Bed Days		21	1,457			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			382			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	39	241			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: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/31/2022 10:54 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	802	33	2,384	1.00
2.00 HMO and other (see instructions)			421	334		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	802	33	2,384	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/31/2022 10:54 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	86,957,283	940	86,958,223	1,959,415.24	44.38	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		30,704,158	0	30,704,158	211,163.00	145.41	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	1,250,087	89	1,250,176	32,805.61	38.11	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,634,889	51,513	4,686,402	145,454.48	32.22	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,285,607	0	1,285,607	12,027.78	106.89	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		8,743,374	0	8,743,374	212,118.06	41.22	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		14,749,196	0	14,749,196			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		1,369,291	0	1,369,291			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		4,735,090	0	4,735,090			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		331,036	0	331,036			25.00
25.50	Home office wage-related (core)		3,042,462	0	3,042,462			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/31/2022 10:54 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	800,181	-6,101	794,080	21,630.68	36.71	26.00
27.00	Administrative & General	5.00	5,664,500	401	5,664,901	140,298.01	40.38	27.00
28.00	Administrative & General under contract (see inst.)		439,290	0	439,290	3,424.49	128.28	28.00
29.00	Maintenance & Repairs	6.00	918,855	65	918,920	33,859.80	27.14	29.00
30.00	Operation of Plant	7.00	-940	940	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	173,924	12	173,936	12,483.65	13.93	31.00
32.00	Housekeeping	9.00	845,944	60	846,004	47,399.63	17.85	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	828,230	59	828,289	48,265.15	17.16	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	312,161	22	312,183	6,901.86	45.23	38.00
39.00	Central Services and Supply	14.00	331,095	23	331,118	16,728.72	19.79	39.00
40.00	Pharmacy	15.00	1,622,615	115	1,622,730	37,396.69	43.39	40.00
41.00	Medical Records & Medical Records Library	16.00	382,388	27	382,415	22,094.63	17.31	41.00
42.00	Social Service	17.00	193,883	14	193,897	6,676.08	29.04	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
5/31/2022 10:54 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	55,442,328	851	55,443,179	1,718,871.12	32.26	1.00
2.00	Excluded area salaries (see instructions)	4,634,889	51,513	4,686,402	145,454.48	32.22	2.00
3.00	Subtotal salaries (line 1 minus line 2)	50,807,439	-50,662	50,756,777	1,573,416.64	32.26	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,028,981	0	10,028,981	224,145.84	44.74	4.00
5.00	Subtotal wage-related costs (see inst.)	17,791,658	0	17,791,658	0.00	35.05	5.00
6.00	Total (sum of lines 3 thru 5)	78,628,078	-50,662	78,577,416	1,797,562.48	43.71	6.00
7.00	Total overhead cost (see instructions)	12,512,126	-4,363	12,507,763	397,159.39	31.49	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part IV
Date/Time Prepared:
5/31/2022 10:54 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	4,022,837	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	10,417,708	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	287,349	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	61,723	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	424,092	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	202,157	14.00
15.00	'Workers' Compensation Insurance	319,042	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	5,284,538	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	142	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	165,025	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	21,184,613	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: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part V
Date/Time Prepared:
5/31/2022 10:54 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,428,300	21,184,613	1.00
2.00	Hospital	1,285,607	19,815,322	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	141,951	372,654	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	742	441,845	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	554,792	18.00

Health Financial Systems		MONROE CLINIC		In Lieu of Form CMS-2552-10		
HOME HEALTH AGENCY STATISTICAL DATA			Provider CCN: 52-0028	Period: From 01/01/2021 To 12/31/2021	Worksheet S-4	
			Component CCN: 52-7157		Date/Time Prepared: 5/31/2022 10:54 am	
				Home Health Agency I	PPS	
			1.00			
0.00	County	Green			0.00	
		Title V	Title XVIII	Title XIX	Other	Total
		1.00	2.00	3.00	4.00	5.00
HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	1,137	48	920	2,105
2.00	Unduplicated Census Count (see instructions)	0.00	268.00	16.00	199.00	483.00
				Number of Employees (Full Time Equivalent)		
		Enter the number of hours in your normal work week		Staff	Contract	Total
		0		1.00	2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES						
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00
5.00	Other Administrative Personnel			9.10	0.00	9.10
6.00	Direct Nursing Service			1.69	0.00	1.69
7.00	Nursing Supervisor			0.00	0.00	0.00
8.00	Physical Therapy Service			2.82	0.00	2.82
9.00	Physical Therapy Supervisor			0.00	0.00	0.00
10.00	Occupational Therapy Service			0.95	0.00	0.95
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00
12.00	Speech Pathology Service			0.00	0.00	0.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00
14.00	Medical Social Service			0.11	0.00	0.11
15.00	Medical Social Service Supervisor			0.00	0.00	0.00
16.00	Home Health Aide			1.01	0.00	1.01
17.00	Home Health Aide Supervisor			0.00	0.00	0.00
18.00	Other (specify)			0.00	0.00	0.00
					CBSA Data	
					1.00	
HOME HEALTH AGENCY CBSA CODES						
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				5	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).				27500	20.00
20.01					31540	20.01
20.02					40420	20.02
20.03					99914	20.03
20.04					99952	20.04
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)
		Without Outliers	With Outliers			
		1.00	2.00	3.00	4.00	5.00
PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	1,490	89	65	7	1,651
22.00	Skilled Nursing Visit Charges	305,856	18,245	13,325	1,435	338,861
23.00	Physical Therapy Visits	913	92	44	7	1,056
24.00	Physical Therapy Visit Charges	203,197	20,476	9,793	1,558	235,024
25.00	Occupational Therapy Visits	362	71	2	4	439
26.00	Occupational Therapy Visit Charges	86,518	16,969	478	956	104,921
27.00	Speech Pathology Visits	13	0	1	0	14
28.00	Speech Pathology Visit Charges	3,263	0	251	0	3,514
29.00	Medical Social Service Visits	49	15	0	0	64
30.00	Medical Social Service Visit Charges	13,531	4,142	0	0	17,673
31.00	Home Health Aide Visits	710	50	0	5	765
32.00	Home Health Aide Visit Charges	67,450	4,750	0	475	72,675
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,537	317	112	23	3,989
34.00	Other Charges	0	0	0	0	0
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	679,815	64,582	23,847	4,424	772,668
36.00	Total Number of Episodes (standard/non outlier)	423		57	3	483
37.00	Total Number of Outlier Episodes		18		0	18
38.00	Total Non-Routine Medical Supply Charges	45,108	2,609	754	0	48,471

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA			Provider CCN: 52-0028	Period: From 01/01/2021	Worksheet S-9
			Hospice CCN: 52-1523	To 12/31/2021	PARTS I THROUGH IV
			Hospice I		Date/Time Prepared: 5/31/2022 10:54 am

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
	PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	8,971	477	1,006	10,454	11.00
12.00	Hospice Inpatient Respite Care	5	0	1	6	12.00
13.00	Hospice General Inpatient Care	10	1	1	12	13.00
14.00	Total Hospice Days	8,986	478	1,008	10,472	14.00
	PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 52-0028	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/31/2022 10:54 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.261692		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		5,553,328		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y		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		44,250,157		6.00
7.00	Medicaid cost (line 1 times line 6)		11,579,912		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)		6,026,584		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)		6,026,584		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)	3,621,265	196,709	3,817,974	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	947,656	196,709	1,144,365	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	947,656	196,709	1,144,365	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		2,500,770		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		544,444		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		837,606		27.01
28.00	Non-Medicare bad debt expense (see instructions)		1,663,164		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		728,399		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		1,872,764		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		7,899,348		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0028

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

Worksheet A

Date/Time Prepared:
5/31/2022 10:54 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,935,055	2,935,055	3,378,807	6,313,862	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	800,181	6,917,741	7,717,922	10,442,782	18,160,704	4.00
5.01	00550	DATA PROCESSING	1,025	8,957,173	8,958,198	-260,202	8,697,996	5.01
5.02	00540	NONPATIENT TELEPHONES	186,971	13,763	200,734	360,133	560,867	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	877	877	0	877	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	991,218	103,778	1,094,996	-70,514	1,024,482	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	4,485,286	30,761,284	35,246,570	-6,002,800	29,243,770	5.06
6.00	00600	MAINTENANCE & REPAIRS	918,855	4,513,695	5,432,550	-1,306,492	4,126,058	6.00
7.00	00700	OPERATION OF PLANT	-940	10,947	10,007	1,227,542	1,237,549	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	173,924	130,189	304,113	-12,368	291,745	8.00
9.00	00900	HOUSEKEEPING	845,944	531,500	1,377,444	-244,316	1,133,128	9.00
10.00	01000	DIETARY	828,230	562,269	1,390,499	-62,296	1,328,203	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	312,161	101,697	413,858	-24,434	389,424	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	331,095	359,489	690,584	-26,648	663,936	14.00
15.00	01500	PHARMACY	1,622,615	2,442,921	4,065,536	-2,245,399	1,820,137	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	382,388	51,852	434,240	-28,116	406,124	16.00
17.00	01700	SOCIAL SERVICE	193,883	14,639	208,522	-14,028	194,494	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,250,087	260,567	1,510,654	-83,329	1,427,325	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	255,776	21,717	277,493	39,754	317,247	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,450,634	1,395,628	8,846,262	-1,811,714	7,034,548	30.00
31.00	03100	INTENSIVE CARE UNIT	1,163,758	343,156	1,506,914	-217,667	1,289,247	31.00
43.00	04300	NURSERY	0	0	0	278,954	278,954	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,855,354	5,213,560	7,068,914	-4,105,665	2,963,249	50.00
51.00	05100	RECOVERY ROOM	324,719	43,871	368,590	-39,230	329,360	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	676,612	676,612	52.00
53.00	05300	ANESTHESIOLOGY	2,787,161	403,649	3,190,810	-234,293	2,956,517	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,393,940	1,073,672	2,467,612	-614,863	1,852,749	54.00
57.00	05700	CT SCAN	392,961	419,786	812,747	-91,409	721,338	57.00
58.00	05800	MRI	309,280	107,581	416,861	-41,320	375,541	58.00
59.00	05900	CARDIAC CATHETERIZATION	521,247	1,825,700	2,346,947	-1,353,314	993,633	59.00
60.00	06000	LABORATORY	1,921,042	5,449,180	7,370,222	-1,060,009	6,310,213	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	691,365	302,718	994,083	-179,717	814,366	65.00
66.00	06600	PHYSICAL THERAPY	1,307,652	196,319	1,503,971	-122,661	1,381,310	66.00
67.00	06700	OCCUPATIONAL THERAPY	295,677	47,631	343,308	-24,695	318,613	67.00
68.00	06800	SPEECH PATHOLOGY	0	195,895	195,895	72,732	268,627	68.00
69.00	06900	ELECTROCARDIOLOGY	260,505	296,771	557,276	-81,770	475,506	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,446,323	7,446,323	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,509,094	2,509,094	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	16,570,585	16,570,585	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,538,627	609,190	2,147,817	-487,705	1,660,112	75.00
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	41,983,320	24,377,434	66,360,754	-17,819,521	48,541,233	90.00
91.00	09100	EMERGENCY	4,564,189	1,344,239	5,908,428	-573,414	5,335,014	91.00
91.01	09101	CARDIAC REHAB	238,040	24,061	262,101	-20,265	241,836	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,275,410	442,247	1,717,657	-96,318	1,621,339	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	1,512,215	576,069	2,088,284	-251,360	1,836,924	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	85,365,795	103,379,510	188,745,305	3,395,466	192,140,771	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	122,294	252,857	375,151	-9,241	365,910	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0028

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

Worksheet A

Date/Time Prepared:
5/31/2022 10:54 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	1,469,194	9,044,222	10,513,416	-3,386,225	7,127,191	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	86,957,283	112,676,589	199,633,872	0	199,633,872	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0028

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

Worksheet A

Date/Time Prepared:
5/31/2022 10:54 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	175,783	6,489,645	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	898,616	898,616	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,176,301	16,984,403	4.00
5.01	00550	DATA PROCESSING	-96,237	8,601,759	5.01
5.02	00540	NONPATIENT TELEPHONES	0	560,867	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	877	5.03
5.04	00570	ADMITTING	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,024,482	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-1,001,774	28,241,996	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	4,126,058	6.00
7.00	00700	OPERATION OF PLANT	0	1,237,549	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	291,745	8.00
9.00	00900	HOUSEKEEPING	0	1,133,128	9.00
10.00	01000	DIETARY	-362,257	965,946	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-350	389,074	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,181	662,755	14.00
15.00	01500	PHARMACY	23,393	1,843,530	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	406,124	16.00
17.00	01700	SOCIAL SERVICE	-92	194,402	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-663	1,426,662	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	0	317,247	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,555,226	4,479,322	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,492	1,286,755	31.00
43.00	04300	NURSERY	-2	278,952	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,963,249	50.00
51.00	05100	RECOVERY ROOM	0	329,360	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-4	676,608	52.00
53.00	05300	ANESTHESIOLOGY	-2,492,762	463,755	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-200	1,852,549	54.00
57.00	05700	CT SCAN	0	721,338	57.00
58.00	05800	MRI	0	375,541	58.00
59.00	05900	CARDIAC CATHETERIZATION	-599	993,034	59.00
60.00	06000	LABORATORY	0	6,310,213	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	814,366	65.00
66.00	06600	PHYSICAL THERAPY	-173,362	1,207,948	66.00
67.00	06700	OCCUPATIONAL THERAPY	-296,454	22,159	67.00
68.00	06800	SPEECH PATHOLOGY	0	268,627	68.00
69.00	06900	ELECTROCARDIOLOGY	-26,464	449,042	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,446,323	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,509,094	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,570,585	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,660,112	75.00
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	-26,691,393	21,849,840	90.00
91.00	09100	EMERGENCY	-2,343,412	2,991,602	91.00
91.01	09101	CARDIAC REHAB	0	241,836	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
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	-195	1,621,144	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	1,836,924	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-36,123,628	156,017,143	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	365,910	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	194.00
194.01	07951	5 WEST	0	0	194.01
194.02	07952	LIFELINE	0	0	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 52-0028

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

Worksheet A

Date/Time Prepared:
5/31/2022 10:54 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.03	07953	PHARMACY NURSING HOME	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	7,127,191	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-36,123,628	163,510,244	200.00

RECLASSIFICATIONS

Provider CCN: 52-0028

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

Worksheet A-6

Date/Time Prepared:
5/31/2022 10:54 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - Chargeable Medical Supplies					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,446,323		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
0			0	7,446,323		
B - Implantable Devices						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,509,094		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
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
0			0	2,509,094		
C - Drugs Charged to Patients						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	55		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	16,570,585		2.00
3.00	EMERGENCY	91.00	0	8,715		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
0			0	16,579,355		
D - Depreciation						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,378,854		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
0			0	3,378,854		
E - Employee Benefits						
1.00		0.00	0	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,448,883		2.00
3.00	OPERATION OF PLANT	7.00	0	70		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

RECLASSIFICATIONS

Provider CCN: 52-0028

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

Worksheet A-6

Date/Time Prepared:
5/31/2022 10:54 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
TOTALS			0	10,448,953		
F - Labor and Delivery						
1.00	NURSERY	43.00	260,137	18,817		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	630,970	45,642		2.00
			891,107	64,459		
G - Property Tax						
1.00	CLINIC	90.00	0	459,249		1.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
0			0	459,249		
H - Property Insurance						
1.00	CLINIC	90.00	0	131,699		1.00
0			0	131,699		
I - Accrued Salary/Severance						
1.00		0.00	0	0		1.00
3.00	NONPATIENT TELEPHONES	5.02	13	0		3.00
4.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	70	0		4.00

RECLASSIFICATIONS

Provider CCN: 52-0028

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

Worksheet A-6

Date/Time Prepared:
5/31/2022 10:54 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
5.00	OTHER ADMINISTRATIVE & GENERAL	5.00	318	0		5.00
6.00	MAINTENANCE & REPAIRS	6.00	65	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	12	0		7.00
8.00	HOUSEKEEPING	9.00	60	0		8.00
9.00	DIETARY	10.00	59	0		9.00
10.00	NURSING ADMINISTRATION	13.00	22	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	23	0		11.00
12.00	PHARMACY	15.00	115	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	27	0		13.00
14.00	SOCIAL SERVICE	17.00	14	0		14.00
15.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	89	0		15.00
16.00	PARAMED ED PRGM- PHARMACY	23.00	18	0		16.00
17.00	ADULTS & PEDIATRICS	30.00	528	0		17.00
18.00	INTENSIVE CARE UNIT	31.00	82	0		18.00
19.00	OPERATING ROOM	50.00	131	0		19.00
20.00	RECOVERY ROOM	51.00	23	0		20.00
21.00	ANESTHESIOLOGY	53.00	197	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	99	0		22.00
23.00	CT SCAN	57.00	28	0		23.00
24.00	MRI	58.00	22	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	37	0		25.00
26.00	LABORATORY	60.00	136	0		26.00
27.00	RESPIRATORY THERAPY	65.00	49	0		27.00
28.00	PHYSICAL THERAPY	66.00	93	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00	21	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	18	0		30.00
31.00	ASC (NON-DISTINCT PART)	75.00	109	0		31.00
32.00	CLINIC	90.00	2,973	0		32.00
33.00	EMERGENCY	91.00	323	0		33.00
34.00	CARDIAC REHAB	91.01	17	0		34.00
35.00	HOME HEALTH AGENCY	101.00	90	0		35.00
36.00	HOSPICE	116.00	107	0		36.00
37.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	9	0		37.00
38.00	FREESTANDING CLINIC	194.04	104	0		38.00
	TOTALS		6,101	0		
J - Paramed Pharmacy						
1.00	PARAMED ED PRGM- PHARMACY	23.00	51,185	7,821		1.00
	0		51,185	7,821		
K - Clinic Housekeeping						
1.00	CLINIC	90.00	0	178,329		1.00
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
	0		0	178,329		
L - SPEECH PATHOLOGY						
1.00	SPEECH PATHOLOGY	68.00	72,933	0		1.00
	0		72,933	0		
M - Utilities						
1.00	OPERATION OF PLANT	7.00	0	1,227,472		1.00
	0		0	1,227,472		
N - Telephone Expense						
1.00	NONPATIENT TELEPHONES	5.02	0	479,378		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
	0		0	479,378		
O - Clinic Telephone Expense						
1.00	CLINIC	90.00	0	105,713		1.00
	0		0	105,713		

RECLASSIFICATIONS

Provider CCN: 52-0028

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

Worksheet A-6

Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	P - Salary to Other					
1.00	OPERATION OF PLANT	7.00	940	0		1.00
	TOTALS		940	0		
500.00	Grand Total: Increases		1,022,266	43,016,699		500.00

RECLASSIFICATIONS

Provider CCN: 52-0028

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

Worksheet A-6

Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - Chargeable Medical Supplies						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,283	0		1.00
2.00	PHARMACY	15.00	0	60,811	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	179	0		3.00
4.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	186	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	370,277	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	130,293	0		6.00
7.00	OPERATING ROOM	50.00	0	1,857,891	0		7.00
8.00	RECOVERY ROOM	51.00	0	14,800	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	121,161	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	508,092	0		10.00
11.00	CT SCAN	57.00	0	61,422	0		11.00
12.00	MRI	58.00	0	8,629	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	1,167,396	0		13.00
14.00	LABORATORY	60.00	0	915,844	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	128,453	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	25,156	0		16.00
17.00	OCCUPATIONAL THERAPY	67.00	0	1,980	0		17.00
18.00	SPEECH PATHOLOGY	68.00	0	201	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	6,143	0		19.00
20.00	ASC (NON-DISTINCT PART)	75.00	0	368,067	0		20.00
21.00	CLINIC	90.00	0	1,389,057	0		21.00
22.00	EMERGENCY	91.00	0	305,112	0		22.00
23.00	CARDIAC REHAB	91.01	0	2,890	0		23.00
	0		0	7,446,323			
	B - Implantable Devices						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	12	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	266	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	126	0		3.00
4.00	OPERATING ROOM	50.00	0	2,109,859	0		4.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,767	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	146,889	0		7.00
8.00	ASC (NON-DISTINCT PART)	75.00	0	2,472	0		8.00
9.00	CLINIC	90.00	0	245,398	0		9.00
10.00	EMERGENCY	91.00	0	1,305	0		10.00
	0		0	2,509,094			
	C - Drugs Charged to Patients						
1.00	PHARMACY	15.00	0	2,065,922	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	291	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	22	0		3.00
4.00	OPERATING ROOM	50.00	0	894	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	438	0		5.00
6.00	CT SCAN	57.00	0	91	0		6.00
7.00	MRI	58.00	0	324	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	1	0		8.00
9.00	LABORATORY	60.00	0	42	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	68	0		10.00
11.00	PHYSICAL THERAPY	66.00	0	599	0		11.00
12.00	ELECTROCARDIOLOGY	69.00	0	56,433	0		12.00
13.00	ASC (NON-DISTINCT PART)	75.00	0	238	0		13.00
14.00	CLINIC	90.00	0	14,323,187	0		14.00
15.00	HOSPICE	116.00	0	130,805	0		15.00
	0		0	16,579,355			
	D - Depreciation						
1.00		0.00	0	0	9		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	8,481	0		2.00
3.00	HOUSEKEEPING	9.00	0	2,388	0		3.00
4.00	CLINIC	90.00	0	101,489	0		4.00
5.00	EMERGENCY	91.00	0	159	0		5.00
6.00	HOSPICE	116.00	0	1,204	0		6.00
7.00	FREESTANDING CLINIC	194.04	0	3,265,133	0		7.00
	0		0	3,378,854			
	E - Employee Benefits						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	47	9		1.00
2.00	DATA PROCESSING	5.01	0	3,618	0		2.00
3.00	NONPATIENT TELEPHONES	5.02	0	13,545	0		3.00
4.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	70,584	0		4.00
5.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	5,410,398	0		5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	70,604	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	12,380	0		7.00
8.00	HOUSEKEEPING	9.00	0	63,659	0		8.00

RECLASSIFICATIONS

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Period:
From 01/01/2021
To 12/31/2021Worksheet A-6
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
9.00	DIETARY	10.00	0	62,355	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	24,456	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	24,431	0		11.00
12.00	PHARMACY	15.00	0	118,781	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	27,964	0		13.00
14.00	SOCIAL SERVICE	17.00	0	14,042	0		14.00
15.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	83,232	0		15.00
16.00	PARAMED ED PRGM- PHARMACY	23.00	0	19,270	0		16.00
17.00	ADULTS & PEDIATRICS	30.00	0	485,842	0		17.00
18.00	INTENSIVE CARE UNIT	31.00	0	87,308	0		18.00
19.00	OPERATING ROOM	50.00	0	137,152	0		19.00
20.00	RECOVERY ROOM	51.00	0	24,453	0		20.00
22.00	ANESTHESIOLOGY	53.00	0	113,329	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	103,665	0		23.00
24.00	CT SCAN	57.00	0	29,924	0		24.00
25.00	MRI	58.00	0	32,389	0		25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	39,065	0		26.00
27.00	LABORATORY	60.00	0	144,259	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	51,245	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	96,999	0		29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	22,736	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	19,212	0		31.00
32.00	ASC (NON-DISTINCT PART)	75.00	0	117,037	0		32.00
33.00	CLINIC	90.00	0	2,307,251	0		33.00
34.00	EMERGENCY	91.00	0	275,876	0		34.00
35.00	CARDIAC REHAB	91.01	0	17,392	0		35.00
36.00	HOME HEALTH AGENCY	101.00	0	96,408	0		36.00
37.00	HOSPICE	116.00	0	108,816	0		37.00
38.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	9,250	0		38.00
39.00	FREESTANDING CLINIC	194.04	0	109,979	0		39.00
	TOTALS		0	10,448,953			
F - Labor and Delivery							
1.00	ADULTS & PEDIATRICS	30.00	891,107	64,459			1.00
2.00			891,107	64,459			2.00
G - Property Tax							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	459,249	0		1.00
11.00	CENTRAL SERVICES & SUPPLY		0	0	0		11.00
12.00	PHARMACY		0	0	0		12.00
13.00	MEDICAL RECORDS & LIBRARY		0	0	0		13.00
14.00	SOCIAL SERVICE		0	0	0		14.00
15.00	I&R SERVICES-SALARY & FRINGES APPRV		0	0	0		15.00
16.00	PARAMED ED PRGM- PHARMACY		0	0	0		16.00
17.00	ADULTS & PEDIATRICS		0	0	0		17.00
18.00	INTENSIVE CARE UNIT		0	0	0		18.00
19.00	OPERATING ROOM		0	0	0		19.00
20.00	RECOVERY ROOM		0	0	0		20.00
21.00	ANESTHESIOLOGY		0	0	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC		0	0	0		22.00
23.00	CT SCAN		0	0	0		23.00
24.00	MRI		0	0	0		24.00
25.00	CARDIAC CATHETERIZATION		0	0	0		25.00
26.00	LABORATORY		0	0	0		26.00
27.00	RESPIRATORY THERAPY		0	0	0		27.00
28.00	PHYSICAL THERAPY		0	0	0		28.00
29.00	OCCUPATIONAL THERAPY		0	0	0		29.00
30.00	ELECTROCARDIOLOGY		0	0	0		30.00
31.00	ASC (NON-DISTINCT PART)		0	0	0		31.00
32.00	CLINIC		0	0	0		32.00
33.00	EMERGENCY		0	0	0		33.00
34.00	CARDIAC REHAB		0	0	0		34.00
35.00	HOME HEALTH AGENCY		0	0	0		35.00
36.00	HOSPICE		0	0	0		36.00
37.00	GIFT FLOWER COFFEE SHOP & CANTEEN		0	0	0		37.00
38.00	FREESTANDING CLINIC		0	0	0		38.00
	0		0	459,249			

RECLASSIFICATIONS

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Period:
From 01/01/2021
To 12/31/2021Worksheet A-6
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
H - Property Insurance						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	131,699	0	1.00
	0		0	131,699		
I - Accrued Salary/Severance						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	6,101	0	0	1.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
38.00		0.00	0	0	0	38.00
	TOTALS		6,101	0		
J - Paramed Pharmacy						
1.00	CLINIC	90.00	51,185	7,821	0	1.00
	0		51,185	7,821		
K - Clinic Housekeeping						
1.00	HOUSEKEEPING	9.00	0	178,329	0	1.00
3.00	INTENSIVE CARE UNIT		0	0	0	3.00
4.00	OPERATING ROOM		0	0	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC		0	0	0	5.00
6.00	CT SCAN		0	0	0	6.00
7.00	LABORATORY		0	0	0	7.00
8.00	PHYSICAL THERAPY		0	0	0	8.00
9.00	ELECTROCARDIOLOGY		0	0	0	9.00
10.00	ASC (NON-DISTINCT PART)		0	0	0	10.00
11.00	CLINIC		0	0	0	11.00
12.00	EMERGENCY		0	0	0	12.00
13.00	HOSPICE		0	0	0	13.00
	0		0	178,329		
L - SPEECH PATHOLOGY						
1.00	CLINIC	90.00	72,933	0	0	1.00
	0		72,933	0		
M - Utilities						
1.00	MAINTENANCE & REPAIRS	6.00	0	1,227,472	0	1.00
	0		0	1,227,472		
N - Telephone Expense						
1.00	DATA PROCESSING	5.01	0	256,584	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	1,772	0	2.00
3.00	CLINIC	90.00	0	199,163	0	3.00
4.00	HOSPICE	116.00	0	10,642	0	4.00
5.00	FREESTANDING CLINIC	194.04	0	11,217	0	5.00
	0		0	479,378		

RECLASSIFICATIONS

Provider CCN: 52-0028

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

Worksheet A-6

Date/Time Prepared:
5/31/2022 10:54 am

	Decreases						07/01/2022 10:04 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	0 - Clinic Telephone Expense						
1.00	NONPATIENT TELEPHONES	5.02	0	105,713	0		1.00
	0		0	105,713			
	P - Salary to Other						
1.00	OPERATION OF PLANT	7.00	0	940	0		1.00
	TOTALS		0	940			
500.00	Grand Total: Decreases		1,021,326	43,017,639			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
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		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	3,050,000	8,792	0	8,792	0	1.00	
2.00	Land Improvements	3,036,653	4,668,567	0	4,668,567	0	2.00	
3.00	Buildings and Fixtures	126,472,175	0	0	0	5,829,126	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	733,333	40,699	0	40,699	0	5.00	
6.00	Movable Equipment	27,356,791	1,796,192	0	1,796,192	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	160,648,952	6,514,250	0	6,514,250	5,829,126	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	160,648,952	6,514,250	0	6,514,250	5,829,126	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,058,792	0				1.00	
2.00	Land Improvements	7,705,220	0				2.00	
3.00	Buildings and Fixtures	120,643,049	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	774,032	0				5.00	
6.00	Movable Equipment	29,152,983	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	161,334,076	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	161,334,076	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
5/31/2022 10:54 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	2,935,055	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,935,055	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	2,935,055				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	2,935,055				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
5/31/2022 10:54 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	131,407,061	0	131,407,061	0.814503	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	29,927,015	0	29,927,015	0.185497	0	2.00
3.00	Total (sum of lines 1-2)	161,334,076	0	161,334,076	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	6,489,645	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	898,616	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,388,261	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	6,489,645	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	898,616	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	7,388,261	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-0028

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

Worksheet A-8

Date/Time Prepared:
5/31/2022 10:54 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-1,181	CENTRAL SERVICES & SUPPLY	14.00	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)	B		0OTHER ADMINISTRATIVE & GENERAL	5.06	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	-28,890,334			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	1,814,237			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-362,257	DIETARY	10.00	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	B		0PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B		0MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines	B		0OPERATION OF PLANT	7.00	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		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	Other Operating Revenue	B	-41,150	CAP REL COSTS-BLDG & FIXT	1.00	9	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 52-0028

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

Worksheet A-8

Date/Time Prepared:
5/31/2022 10:54 am

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.01 Other Operating Revenue	B	-1,167,162	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.01
33.03 Other Operating Revenue	B	-165,080	PHYSICAL THERAPY	66.00	0	33.03
33.05 Other Operating Revenue	B	25,633	PHARMACY	15.00	0	33.05
33.06 Other Operating Revenue	B	-1,750	CLINIC	90.00	0	33.06
33.07 Other Operating Revenue	B	-288,135	OCCUPATIONAL THERAPY	67.00	0	33.07
34.00 Advertising and Marketing	A	-63,751	OTHER ADMINISTRATIVE & GENERAL	5.06	0	34.00
34.01 Advertising and Marketing	A	-4,096	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.01
35.00 Provider Tax	A	-542,779	OTHER ADMINISTRATIVE & GENERAL	5.06	0	35.00
35.01 ADVERTISING EXPENSE	A	0	OTHER ADMINISTRATIVE & GENERAL	5.06	0	35.01
36.00 Lobbying	A	-4,989	OTHER ADMINISTRATIVE & GENERAL	5.06	0	36.00
37.00 Gifts	A	-36,341	OTHER ADMINISTRATIVE & GENERAL	5.06	0	37.00
37.02 Gifts	A	-477	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.02
37.03 Gifts	A	-350	NURSING ADMINISTRATION	13.00	0	37.03
37.04 Gifts	A	-92	SOCIAL SERVICE	17.00	0	37.04
37.05 Gifts	A	-663	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	37.05
37.06 Gifts	A	-44	ADULTS & PEDIATRICS	30.00	0	37.06
37.07 Gifts	A	-50	INTENSIVE CARE UNIT	31.00	0	37.07
37.08 Gifts	A	-2	NURSERY	43.00	0	37.08
37.09 Gifts	A	-4	DELIVERY ROOM & LABOR ROOM	52.00	0	37.09
37.10 Gifts	A	-200	RADIOLOGY-DIAGNOSTIC	54.00	0	37.10
37.11 Gifts	A	-165,224	CLINIC	90.00	0	37.11
37.12 Gifts	A	-195	HOME HEALTH AGENCY	101.00	0	37.12
38.00 Community Connect	A	-11	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.00
38.01 Community Connect	A	-96,237	DATA PROCESSING	5.01	0	38.01
39.00 Therapy Outreach	A	-8,282	PHYSICAL THERAPY	66.00	0	39.00
39.01 Therapy Outreach	A	-8,319	OCCUPATIONAL THERAPY	67.00	0	39.01
39.02 AP SALARY	A	-79,819	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.02
39.03 AP SALARY	A	-9,783	OTHER ADMINISTRATIVE & GENERAL	5.06	0	39.03
39.04 AP	A	0		0.00	0	39.04
39.05 AP SALARY	A	-498,260	ADULTS & PEDIATRICS	30.00	0	39.05
39.06 AP SALARY	A	-2,442	INTENSIVE CARE UNIT	31.00	0	39.06
39.07 AP SALARY	A	-549,134	ANESTHESIOLOGY	53.00	0	39.07
39.08 AP SALARY	A	-599	CARDIAC CATHETERIZATION	59.00	0	39.08
39.09 AP SALARY	A	-3,771,694	CLINIC	90.00	0	39.09
39.10 AP SALARY	A	-811,030	EMERGENCY	91.00	0	39.10
39.11 AP SALARY		0		0.00	0	39.11
39.12 AP SALARY		0		0.00	0	39.12
40.00 INTEREST EXPENSE	B	-391,582	OTHER ADMINISTRATIVE & GENERAL	5.06	0	40.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-36,123,628				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: 52-0028

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

Worksheet A-8-1

Date/Time Prepared:
5/31/2022 10:54 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	CORP EMPLOYEE BENEFITS	5,942,611	7,034,509	1.00
2.00	5.06	OTHER ADMINISTRATIVE & GENER	CORP A&G	14,504,154	14,139,685	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	CORP BUILDING AND FIXED	204,356	0	3.00
4.00	2.00	CAP REL COSTS-MVBLE EQUIP	COPR MOVEABLE EQUIP	879,850	0	4.00
4.01	5.06	OTHER ADMINISTRATIVE & GENER	WISC REG A&G	1,426,117	0	4.01
4.02	1.00	CAP REL COSTS-BLDG & FIXT	WISC REG BUILD AND FIXED	12,577	0	4.02
4.03	2.00	CAP REL COSTS-MVBLE EQUIP	WISC REG MOVEABLE EQUIP	18,766	0	4.03
4.04	0.00			0	0	4.04
4.05	0.00			0	0	4.05
4.06	0.00			0	0	4.06
4.07	0.00			0	0	4.07
4.08	0.00			0	0	4.08
4.09	0.00			0	0	4.09
4.10	0.00			0	0	4.10
4.11	0.00			0	0	4.11
4.12	0.00			0	0	4.12
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			22,988,431	21,174,194	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	
			Name	Percentage of Ownership
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	SSM HEALTH CARE	100.00	0.00	6.00
7.00	B	SSM DATA CENTER	100.00	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:			0.00	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.

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

Provider CCN: 52-0028

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

Worksheet A-8-1

Date/Time Prepared:
5/31/2022 10:54 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-1,091,898	0		1.00
2.00	364,469	0		2.00
3.00	204,356	9		3.00
4.00	879,850	9		4.00
4.01	1,426,117	0		4.01
4.02	12,577	9		4.02
4.03	18,766	9		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	9		4.12
5.00	1,814,237			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			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: 52-0028

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

Worksheet A-8-2

Date/Time Prepared:
5/31/2022 10:54 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	0.00		0	0	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	5.00	OTHER ADMINISTRATIVE & GENERAL	615,019	565,099	49,920	211,500	384	3.00
4.00	15.00	PHARMACY	2,240	2,240	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	2,081,707	2,039,100	42,607	179,000	288	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	1,973,553	1,921,553	52,000	239,400	260	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	26,464	26,464	0	0	0	9.00
10.00	90.00	CLINIC	22,795,025	22,732,130	62,895	211,500	416	10.00
11.00	91.00	EMERGENCY	1,626,540	1,445,405	181,135	211,500	926	11.00
200.00			29,120,548	28,731,991	388,557		2,274	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	0.00		0	0	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	5.00	OTHER ADMINISTRATIVE & GENERAL	39,046	1,952	0	0	0	3.00
4.00	15.00	PHARMACY	0	0	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	24,785	1,239	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	29,925	1,496	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	9.00
10.00	90.00	CLINIC	42,300	2,115	0	0	0	10.00
11.00	91.00	EMERGENCY	94,158	4,708	0	0	0	11.00
200.00			230,214	11,510	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	0.00		0	0	0	0		1.00
2.00	0.00		0	0	0	0		2.00
3.00	5.00	OTHER ADMINISTRATIVE & GENERAL	0	39,046	10,874	575,973		3.00
4.00	15.00	PHARMACY	0	0	0	2,240		4.00
5.00	30.00	ADULTS & PEDIATRICS	0	24,785	17,822	2,056,922		5.00
6.00	0.00		0	0	0	0		6.00
7.00	53.00	ANESTHESIOLOGY	0	29,925	22,075	1,943,628		7.00
8.00	0.00		0	0	0	0		8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	26,464		9.00
10.00	90.00	CLINIC	0	42,300	20,595	22,752,725		10.00
11.00	91.00	EMERGENCY	0	94,158	86,977	1,532,382		11.00
200.00			0	230,214	158,343	28,890,334		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/31/2022 10:54 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	6,489,645	6,489,645			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	898,616		898,616		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	16,984,403	54,791	2,535	17,041,729	4.00
5.01	00550	DATA PROCESSING	8,601,759	38,948	225,199	203	8,866,109
5.02	00540	NONPATIENT TELEPHONES	560,867	4,166	325	36,982	21,946
5.03	00560	PURCHASING RECEIVING AND STORES	877	5,554	0	0	65,837
5.04	00570	ADMITTING	0	0	0	0	0
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,024,482	24,493	985	196,059	395,025
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	28,241,996	177,257	59,966	887,172	1,185,074
6.00	00600	MAINTENANCE & REPAIRS	4,126,058	84,907	10,409	181,746	482,808
7.00	00700	OPERATION OF PLANT	1,237,549	2,137,212	1,936	0	65,837
8.00	00800	LAUNDRY & LINEN SERVICE	291,745	74,743	8,573	34,401	43,892
9.00	00900	HOUSEKEEPING	1,133,128	43,599	1,028	167,324	43,892
10.00	01000	DIETARY	965,946	118,329	2,001	163,821	65,837
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	389,074	19,522	0	61,744	21,946
14.00	01400	CENTRAL SERVICES & SUPPLY	662,755	29,131	11,807	65,489	65,837
15.00	01500	PHARMACY	1,843,530	27,229	3,689	320,947	307,241
16.00	01600	MEDICAL RECORDS & LIBRARY	406,124	170,342	491	75,635	263,350
17.00	01700	SOCIAL SERVICE	194,402	10,303	0	38,349	43,892
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,426,662	2,222	0	247,262	43,892
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02301	PARAMED ED PRGM- PHARMACY	317,247	1,500	0	60,715	43,892
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,479,322	482,257	17,998	1,297,461	1,514,259
31.00	03100	INTENSIVE CARE UNIT	1,286,755	76,340	8,401	230,187	285,296
43.00	04300	NURSERY	278,952	19,120	0	51,450	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,963,249	241,920	136,833	366,982	548,645
51.00	05100	RECOVERY ROOM	329,360	28,700	1,266	64,228	65,837
52.00	05200	DELIVERY ROOM & LABOR ROOM	676,608	46,390	0	124,795	0
53.00	05300	ANESTHESIOLOGY	463,755	0	26,627	551,289	109,729
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,852,549	22,438	54,984	275,716	21,946
57.00	05700	CT SCAN	721,338	22,438	42,694	77,726	21,946
58.00	05800	MRI	375,541	67,315	25,535	61,174	21,946
59.00	05900	CARDIAC CATHETERIZATION	993,034	51,972	23,751	103,101	131,675
60.00	06000	LABORATORY	6,310,213	113,802	35,001	379,974	614,483
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	814,366	46,265	4,173	136,749	65,837
66.00	06600	PHYSICAL THERAPY	1,207,948	151,361	7,383	258,648	175,567
67.00	06700	OCCUPATIONAL THERAPY	22,159	7,109	4,458	58,484	87,783
68.00	06800	SPEECH PATHOLOGY	268,627	3,749	0	14,425	21,946
69.00	06900	ELECTROCARDIOLOGY	449,042	0	0	51,527	43,892
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,446,323	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,509,094	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	16,570,585	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	1,660,112	124,161	16,029	304,334	285,296
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	21,849,840	1,379,609	144,028	8,279,598	0
91.00	09100	EMERGENCY	2,991,602	188,115	15,245	902,778	702,266
91.01	09101	CARDIAC REHAB	241,836	58,553	917	47,083	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
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	1,621,144	127,090	612	252,271	460,862
SPECIAL PURPOSE COST CENTERS							
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
116.00	11600	HOSPICE	1,836,924	116,926	2,237	299,110	197,512
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	156,017,143	6,399,878	897,116	16,726,939	8,536,921
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	365,910	28,700	341	24,189	43,892

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	7,127,191	61,067	1,159	290,601	285,296	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	163,510,244	6,489,645	898,616	17,041,729	8,866,109	202.00

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Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES	624,286					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	9,507	81,775				5.03
5.04	00570	ADMITTING	0	0	0			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	57,041	51	0	1,698,136		5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	152,107	0	0	0	30,703,572	5.06
6.00	00600	MAINTENANCE & REPAIRS	15,845	304	0	0	4,902,077	6.00
7.00	00700	OPERATION OF PLANT	9,507	0	0	0	3,452,041	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,338	468	0	0	460,160	8.00
9.00	00900	HOUSEKEEPING	6,338	872	0	0	1,396,181	9.00
10.00	01000	DIETARY	9,507	2,767	0	0	1,328,208	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,169	5	0	0	495,460	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,507	845	0	0	845,371	14.00
15.00	01500	PHARMACY	12,676	755	0	0	2,516,067	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15,845	13	0	0	931,800	16.00
17.00	01700	SOCIAL SERVICE	6,338	1	0	0	293,285	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,338	9	0	0	1,726,385	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	3,169	2	0	0	426,525	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	38,028	2,585	0	78,686	7,910,596	30.00
31.00	03100	INTENSIVE CARE UNIT	12,676	851	0	12,764	1,913,270	31.00
43.00	04300	NURSERY	0	0	0	2,158	351,680	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,183	24,432	0	121,604	4,425,848	50.00
51.00	05100	RECOVERY ROOM	6,338	95	0	9,239	505,063	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,234	853,027	52.00
53.00	05300	ANESTHESIOLOGY	0	735	0	70,336	1,222,471	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,521	3,854	0	51,100	2,311,108	54.00
57.00	05700	CT SCAN	3,169	755	0	120,727	1,010,793	57.00
58.00	05800	MRI	3,169	314	0	53,929	608,923	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,676	7,940	0	24,658	1,348,807	59.00
60.00	06000	LABORATORY	50,703	12,042	0	180,569	7,696,787	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	9,507	943	0	21,744	1,099,584	65.00
66.00	06600	PHYSICAL THERAPY	19,014	167	0	44,356	1,864,444	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,338	12	0	7,797	194,140	67.00
68.00	06800	SPEECH PATHOLOGY	3,169	4	0	2,006	313,926	68.00
69.00	06900	ELECTROCARDIOLOGY	3,169	45	0	30,343	578,018	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	27,945	7,474,268	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,821	2,526,915	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	124,982	16,695,567	73.00
75.00	07500	ASC (NON-DISTINCT PART)	9,507	2,474	0	37,530	2,439,443	75.00
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	11,020	0	576,008	32,240,103	90.00
91.00	09100	EMERGENCY	22,183	2,089	0	62,992	4,887,270	91.00
91.01	09101	CARDIAC REHAB	0	24	0	2,417	350,830	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
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	12,676	418	0	4,976	2,480,049	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	6,338	364	0	6,215	2,465,626	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	592,596	77,255	0	1,698,136	155,245,688	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	6,338	1,411	0	0	470,781	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02

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Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	25,352	3,109	0	0	7,793,775	194.04
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	624,286	81,775	0	1,698,136	163,510,244	202.00

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Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	30,703,572					5.06
6.00	00600	MAINTENANCE & REPAIRS	1,133,311	6,035,388				6.00
7.00	00700	OPERATION OF PLANT	798,077	448,325	4,698,443			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	106,384	694,131	88,629	1,349,304		8.00
9.00	00900	HOUSEKEEPING	322,783	205,611	51,699	139,867	2,116,141	9.00
10.00	01000	DIETARY	307,068	381,850	140,312	39,424	35,783	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	114,545	3,092	23,149	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	195,441	483,882	34,543	0	10,224	14.00
15.00	01500	PHARMACY	581,690	0	32,287	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	215,423	12,368	201,989	0	3,932	16.00
17.00	01700	SOCIAL SERVICE	67,805	0	12,217	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	399,123	0	2,634	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	98,608	0	1,778	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,828,851	833,269	571,851	645,511	1,038,096	30.00
31.00	03100	INTENSIVE CARE UNIT	442,329	142,227	90,523	105,688	279,185	31.00
43.00	04300	NURSERY	81,305	0	22,672	79,133	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,023,212	541,082	286,864	55,627	196,609	50.00
51.00	05100	RECOVERY ROOM	116,766	303,006	34,032	125,918	3,932	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	197,211	0	55,008	0	0	52.00
53.00	05300	ANESTHESIOLOGY	282,623	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	534,305	7,730	26,607	32,365	27,525	54.00
57.00	05700	CT SCAN	233,685	17,005	26,607	0	23,593	57.00
58.00	05800	MRI	140,777	102,033	79,821	0	23,593	58.00
59.00	05900	CARDIAC CATHETERIZATION	311,831	43,287	61,627	0	111,438	59.00
60.00	06000	LABORATORY	1,779,420	448,325	134,945	7,752	49,034	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	254,213	80,389	54,860	7,356	19,661	65.00
66.00	06600	PHYSICAL THERAPY	431,041	57,200	179,481	44,899	19,661	66.00
67.00	06700	OCCUPATIONAL THERAPY	44,883	0	8,430	0	19,661	67.00
68.00	06800	SPEECH PATHOLOGY	72,577	1,546	4,445	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	133,632	4,638	0	0	19,661	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,727,976	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	584,197	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,859,848	92,757	0	0	3,932	73.00
75.00	07500	ASC (NON-DISTINCT PART)	563,975	253,536	147,227	0	98,304	75.00
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	7,453,587	343,201	1,635,917	0	117,965	90.00
91.00	09100	EMERGENCY	1,129,888	52,562	223,063	65,764	14,352	91.00
91.01	09101	CARDIAC REHAB	81,108	0	69,432	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	573,363	29,373	150,701	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	570,028	267,449	138,649	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,792,889	5,849,874	4,591,999	1,349,304	2,116,141	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	108,840	41,741	34,032	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02

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Cost Center Description			OTHER ADMINISTRATIVE & GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	1,801,843	143,773	72,412	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	30,703,572	6,035,388	4,698,443	1,349,304	2,116,141	202.00

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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	2,232,645					10.00
11.00	01100	CAFETERIA	0	0				11.00
13.00	01300	NURSING ADMINISTRATION	0	0	636,246			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	1,569,461		14.00
15.00	01500	PHARMACY	0	0	0	0	3,130,044	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	319	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	932	19	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	380	233	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	0	0	242	41	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,941,059	0	130,779	65,682	401	30.00
31.00	03100	INTENSIVE CARE UNIT	153,213	0	37,158	21,612	30	31.00
43.00	04300	NURSERY	0	0	5,180	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	45,653	620,788	1,233	50.00
51.00	05100	RECOVERY ROOM	0	0	9,186	2,420	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	12,570	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	8,944	18,686	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,931	0	760	97,932	604	54.00
57.00	05700	CT SCAN	0	0	69	19,180	126	57.00
58.00	05800	MRI	0	0	0	7,980	447	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	8,530	201,743	1	59.00
60.00	06000	LABORATORY	0	0	0	305,990	58	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,081	0	0	23,963	94	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,248	903	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	311	17,892	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	98	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,148	77,841	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	21,467	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	19,178	2,849,659	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	50,557	62,864	328	75.00
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	93,559	0	210,482	0	0	90.00
91.00	09100	EMERGENCY	39,802	0	55,599	53,069	0	91.00
91.01	09101	CARDIAC REHAB	0	0	5,076	608	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	19,339	10,628	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	30,044	9,254	180,427	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,232,645	0	631,480	1,569,461	3,130,044	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	0	4,766	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,232,645	0	636,246	1,569,461	3,130,044	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,365,831					16.00
17.00	01700	SOCIAL SERVICE	16,793	391,051				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	2,128,755			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		0		22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	0	0			527,194	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	431,020	333,182	2,128,755	0	527,194	30.00
31.00	03100	INTENSIVE CARE UNIT	44,781	26,304	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	470,206	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	27,988	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,988	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	5,598	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	50,379	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	145,539	0	0	0	0	75.00
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	145,539	19,290	0	0	0	91.00
91.01	09101	CARDIAC REHAB	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	8,768	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	3,507	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,365,831	391,051	2,128,755	0	527,194	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
					21.00	22.00		
194.01	07951	5 WEST	16.00	17.00	21.00	22.00	23.00	
194.02	07952	LIFELINE	0	0	0	0	0	194.01
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.02
194.04	07954	FREESTANDING CLINIC	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments	0	0	0	0	0	194.04
201.00		Negative Cost Centers	0	0	0	0	0	200.00
202.00		TOTAL (sum lines 118 through 201)	1,365,831	391,051	2,128,755	0	527,194	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00550	DATA PROCESSING				5.01
5.02	00540	NONPATIENT TELEPHONES				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02301	PARAMED ED PRGM- PHARMACY				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	18,386,246	-2,128,755	16,257,491	30.00
31.00	03100	INTENSIVE CARE UNIT	3,256,320	0	3,256,320	31.00
43.00	04300	NURSERY	539,970	0	539,970	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,667,122	0	7,667,122	50.00
51.00	05100	RECOVERY ROOM	1,100,323	0	1,100,323	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,117,816	0	1,117,816	52.00
53.00	05300	ANESTHESIOLOGY	1,560,712	0	1,560,712	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,070,855	0	3,070,855	54.00
57.00	05700	CT SCAN	1,331,058	0	1,331,058	57.00
58.00	05800	MRI	963,574	0	963,574	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,087,264	0	2,087,264	59.00
60.00	06000	LABORATORY	10,422,311	0	10,422,311	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,546,799	0	1,546,799	65.00
66.00	06600	PHYSICAL THERAPY	2,652,256	0	2,652,256	66.00
67.00	06700	OCCUPATIONAL THERAPY	285,317	0	285,317	67.00
68.00	06800	SPEECH PATHOLOGY	392,592	0	392,592	68.00
69.00	06900	ELECTROCARDIOLOGY	814,938	0	814,938	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,223,711	0	9,223,711	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,111,112	0	3,111,112	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,520,941	0	23,520,941	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,761,773	0	3,761,773	75.00
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	42,094,814	0	42,094,814	90.00
91.00	09100	EMERGENCY	6,686,198	0	6,686,198	91.00
91.01	09101	CARDIAC REHAB	507,054	0	507,054	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	3,272,221	0	3,272,221	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
116.00	11600	HOSPICE	3,664,984	0	3,664,984	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	153,038,281	-2,128,755	150,909,526	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	655,394	0	655,394	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
194.01	07951	5 WEST	0	0	0		194.01
194.02	07952	LIFELINE	0	0	0		194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0		194.03
194.04	07954	FREESTANDING CLINIC	9,816,569	0	9,816,569		194.04
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)	163,510,244	-2,128,755	161,381,489		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

Period:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,519	54,791	2,535	59,845	4.00
5.01	00550	DATA PROCESSING	540,078	38,948	225,199	804,225	5.01
5.02	00540	NONPATIENT TELEPHONES	0	4,166	325	4,491	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	100	5,554	0	5,654	5.03
5.04	00570	ADMITTING	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,350	24,493	985	29,828	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	340,974	177,257	59,966	578,197	5.06
6.00	00600	MAINTENANCE & REPAIRS	44,906	84,907	10,409	140,222	6.00
7.00	00700	OPERATION OF PLANT	10,120	2,137,212	1,936	2,149,268	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	35,440	74,743	8,573	118,756	8.00
9.00	00900	HOUSEKEEPING	2,432	43,599	1,028	47,059	9.00
10.00	01000	DIETARY	14,643	118,329	2,001	134,973	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	19,522	0	19,522	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,048	29,131	11,807	53,986	14.00
15.00	01500	PHARMACY	7,424	27,229	3,689	38,342	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	170,342	491	170,833	16.00
17.00	01700	SOCIAL SERVICE	0	10,303	0	10,303	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	75	2,222	0	2,297	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	2,980	1,500	0	4,480	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	74,293	482,257	17,998	574,548	30.00
31.00	03100	INTENSIVE CARE UNIT	21,586	76,340	8,401	106,327	31.00
43.00	04300	NURSERY	2,946	19,120	0	22,066	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	508,420	241,920	136,833	887,173	50.00
51.00	05100	RECOVERY ROOM	2,751	28,700	1,266	32,717	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,146	46,390	0	53,536	52.00
53.00	05300	ANESTHESIOLOGY	124,161	0	26,627	150,788	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	262,455	22,438	54,984	339,877	54.00
57.00	05700	CT SCAN	243,876	22,438	42,694	309,008	57.00
58.00	05800	MRI	2,039	67,315	25,535	94,889	58.00
59.00	05900	CARDIAC CATHETERIZATION	53,736	51,972	23,751	129,459	59.00
60.00	06000	LABORATORY	113,836	113,802	35,001	262,639	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	37,653	46,265	4,173	88,091	65.00
66.00	06600	PHYSICAL THERAPY	40,367	151,361	7,383	199,111	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,109	4,458	11,567	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,749	0	3,749	68.00
69.00	06900	ELECTROCARDIOLOGY	129,911	0	0	129,911	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	38,709	124,161	16,029	178,899	75.00
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	966,298	1,379,609	144,028	2,489,935	90.00
91.00	09100	EMERGENCY	70,447	188,115	15,245	273,807	91.00
91.01	09101	CARDIAC REHAB	2,060	58,553	917	61,530	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	127,090	612	127,702	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	58,101	116,926	2,237	177,264	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,779,880	6,399,878	897,116	11,076,874	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,784	28,700	341	30,825	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet B
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	451,297	61,067	1,159	513,523	1,021 194.04
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)	4,232,961	6,489,645	898,616	11,621,222	59,845 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

Period:
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To 12/31/2021Worksheet B
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Cost Center Description		DATA PROCESSING	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00550	DATA PROCESSING	804,226				5.01
5.02	00540	NONPATIENT TELEPHONES	1,991	6,612			5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,972	101	11,727		5.03
5.04	00570	ADMITTING	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	35,832	604	7	0	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	107,496	1,608	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	43,794	168	44	0	6.00
7.00	00700	OPERATION OF PLANT	5,972	101	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,981	67	67	0	8.00
9.00	00900	HOUSEKEEPING	3,981	67	125	0	9.00
10.00	01000	DIETARY	5,972	101	397	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,991	34	1	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,972	101	121	0	14.00
15.00	01500	PHARMACY	27,869	134	108	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	23,888	168	2	0	16.00
17.00	01700	SOCIAL SERVICE	3,981	67	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,981	67	1	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	3,981	34	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	137,355	403	371	0	30.00
31.00	03100	INTENSIVE CARE UNIT	25,879	134	122	0	31.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	49,766	235	3,504	0	50.00
51.00	05100	RECOVERY ROOM	5,972	67	14	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	9,953	0	105	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,991	302	553	0	54.00
57.00	05700	CT SCAN	1,991	34	108	0	57.00
58.00	05800	MRI	1,991	34	45	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,944	134	1,139	0	59.00
60.00	06000	LABORATORY	55,738	537	1,727	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	5,972	101	135	0	65.00
66.00	06600	PHYSICAL THERAPY	15,925	201	24	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,963	67	2	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,991	34	1	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,981	34	6	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	25,879	101	355	0	75.00
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	1,580	0	90.00
91.00	09100	EMERGENCY	63,701	235	300	0	91.00
91.01	09101	CARDIAC REHAB	0	0	3	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	41,804	134	60	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	17,916	67	52	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	774,366	6,276	11,079	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	3,981	67	202	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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Cost Center Description			DATA PROCESSING	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	25,879	269	446	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	804,226	6,612	11,727	0	66,960	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

Period:
From 01/01/2021
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Cost Center Description			OTHER ADMINISTRATIVE & GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	690,418					5.06
6.00	00600	MAINTENANCE & REPAIRS	25,486	210,353				6.00
7.00	00700	OPERATION OF PLANT	17,947	15,626	2,188,914			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,392	24,193	41,291	190,868		8.00
9.00	00900	HOUSEKEEPING	7,259	7,166	24,086	19,785	110,116	9.00
10.00	01000	DIETARY	6,905	13,309	65,369	5,577	1,862	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,576	108	10,785	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,395	16,865	16,093	0	532	14.00
15.00	01500	PHARMACY	13,081	0	15,042	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,844	431	94,103	0	205	16.00
17.00	01700	SOCIAL SERVICE	1,525	0	5,692	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	8,975	0	1,227	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	2,218	0	828	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,127	29,039	266,414	91,312	54,017	30.00
31.00	03100	INTENSIVE CARE UNIT	9,947	4,957	42,173	14,950	14,528	31.00
43.00	04300	NURSERY	1,828	0	10,562	11,194	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,010	18,858	133,644	7,869	10,231	50.00
51.00	05100	RECOVERY ROOM	2,626	10,561	15,855	17,812	205	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,435	0	25,627	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,356	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,015	269	12,396	4,578	1,432	54.00
57.00	05700	CT SCAN	5,255	593	12,396	0	1,228	57.00
58.00	05800	MRI	3,166	3,556	37,187	0	1,228	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,012	1,509	28,711	0	5,799	59.00
60.00	06000	LABORATORY	40,016	15,626	62,868	1,097	2,552	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	5,717	2,802	25,558	1,040	1,023	65.00
66.00	06600	PHYSICAL THERAPY	9,693	1,994	83,617	6,351	1,023	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,009	0	3,927	0	1,023	67.00
68.00	06800	SPEECH PATHOLOGY	1,632	54	2,071	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,005	162	0	0	1,023	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	38,859	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,137	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	86,800	3,233	0	0	205	73.00
75.00	07500	ASC (NON-DISTINCT PART)	12,683	8,837	68,590	0	5,115	75.00
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	167,573	11,962	762,141	0	6,138	90.00
91.00	09100	EMERGENCY	25,409	1,832	103,921	9,303	747	91.00
91.01	09101	CARDIAC REHAB	1,824	0	32,347	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	12,894	1,024	70,209	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	12,819	9,321	64,594	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	647,450	203,887	2,139,324	190,868	110,116	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,448	1,455	15,855	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			OTHER ADMINISTRATIVE & GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	40,520	5,011	33,735	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	690,418	210,353	2,188,914	190,868	110,116	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	235,041					10.00
11.00	01100	CAFETERIA	0	0				11.00
13.00	01300	NURSING ADMINISTRATION	0	0	35,234			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	98,295		14.00
15.00	01500	PHARMACY	0	0	0	0	95,704	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	20	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	52	1	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21	15	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	0	0	13	3	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	204,345	0	7,242	4,114	12	30.00
31.00	03100	INTENSIVE CARE UNIT	16,129	0	2,058	1,354	1	31.00
43.00	04300	NURSERY	0	0	287	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	2,528	38,876	38	50.00
51.00	05100	RECOVERY ROOM	0	0	509	152	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	696	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	495	1,170	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	414	0	42	6,134	18	54.00
57.00	05700	CT SCAN	0	0	4	1,201	4	57.00
58.00	05800	MRI	0	0	0	500	14	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	472	12,635	0	59.00
60.00	06000	LABORATORY	0	0	0	19,165	2	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	114	0	0	1,501	3	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	266	28	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	19	547	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	72	2,380	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,345	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,201	87,130	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	2,800	3,937	10	75.00
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	9,849	0	11,656	0	0	90.00
91.00	09100	EMERGENCY	4,190	0	3,079	3,324	0	91.00
91.01	09101	CARDIAC REHAB	0	0	281	38	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	1,071	666	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	1,664	580	5,517	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	235,041	0	34,970	98,295	95,704	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	0	264	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	235,041	0	35,234	98,295	95,704	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	294,760					16.00
17.00	01700	SOCIAL SERVICE	3,624	25,380				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	17,453			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		0		22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	0	0			11,770	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	93,019	21,624				30.00
31.00	03100	INTENSIVE CARE UNIT	9,664	1,707				31.00
43.00	04300	NURSERY	0	0				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	101,475	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	6,040	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,040	0				54.00
57.00	05700	CT SCAN	0	0				57.00
58.00	05800	MRI	0	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0				59.00
60.00	06000	LABORATORY	0	0				60.00
60.01	06001	BLOOD LABORATORY	0	0				60.01
65.00	06500	RESPIRATORY THERAPY	1,208	0				65.00
66.00	06600	PHYSICAL THERAPY	10,872	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0				67.00
68.00	06800	SPEECH PATHOLOGY	0	0				68.00
69.00	06900	ELECTROCARDIOLOGY	0	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0				73.00
75.00	07500	ASC (NON-DISTINCT PART)	31,409	0				75.00
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	0				90.00
91.00	09100	EMERGENCY	31,409	1,252				91.00
91.01	09101	CARDIAC REHAB	0	0				91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
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	569				101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0				111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	228				116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	294,760	25,380	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0				192.00
194.00	07950	MONROE CLINIC INN	0	0				194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00	21.00	22.00	23.00	
194.01	07951	5 WEST	0	0				194.01
194.02	07952	LIFELINE	0	0				194.02
194.03	07953	PHARMACY NURSING HOME	0	0				194.03
194.04	07954	FREESTANDING CLINIC	0	0				194.04
200.00		Cross Foot Adjustments			17,453	0	11,770	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	294,760	25,380	17,453	0	11,770	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

Period:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00550	DATA PROCESSING				5.01
5.02	00540	NONPATIENT TELEPHONES				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02301	PARAMED ED PRGM- PHARMACY				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,532,600	0	1,532,600	30.00
31.00	03100	INTENSIVE CARE UNIT	251,242	0	251,242	31.00
43.00	04300	NURSERY	46,203	0	46,203	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,283,287	0	1,283,287	50.00
51.00	05100	RECOVERY ROOM	87,080	0	87,080	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	84,939	0	84,939	52.00
53.00	05300	ANESTHESIOLOGY	179,614	0	179,614	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	389,043	0	389,043	54.00
57.00	05700	CT SCAN	336,850	0	336,850	57.00
58.00	05800	MRI	144,949	0	144,949	58.00
59.00	05900	CARDIAC CATHETERIZATION	200,147	0	200,147	59.00
60.00	06000	LABORATORY	470,414	0	470,414	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	134,602	0	134,602	65.00
66.00	06600	PHYSICAL THERAPY	331,761	0	331,761	66.00
67.00	06700	OCCUPATIONAL THERAPY	26,637	0	26,637	67.00
68.00	06800	SPEECH PATHOLOGY	9,668	0	9,668	68.00
69.00	06900	ELECTROCARDIOLOGY	141,950	0	141,950	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	41,305	0	41,305	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,839	0	13,839	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	183,492	0	183,492	73.00
75.00	07500	ASC (NON-DISTINCT PART)	341,162	0	341,162	75.00
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	3,512,651	0	3,512,651	90.00
91.00	09100	EMERGENCY	528,162	0	528,162	91.00
91.01	09101	CARDIAC REHAB	96,283	0	96,283	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	257,215	0	257,215	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
116.00	11600	HOSPICE	291,318	0	291,318	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,916,413	0	10,916,413	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	54,918	0	54,918	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 52-0028

Period:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
194.01	07951	5 WEST	0	0	0		194.01
194.02	07952	LIFELINE	0	0	0		194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0		194.03
194.04	07954	FREESTANDING CLINIC	620,668	0	620,668		194.04
200.00		Cross Foot Adjustments	29,223	0	29,223		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	11,621,222	0	11,621,222		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTE NSI)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	467,382					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,698,197				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,946	13,252	86,164,143			4.00
5.01	00550	DATA PROCESSING	2,805	1,177,396	1,025	404		5.01
5.02	00540	NONPATIENT TELEPHONES	300	1,700	186,984	1	1,970	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	400	0	0	3	30	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,764	5,150	991,288	18	180	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	12,766	313,517	4,485,604	54	480	5.06
6.00	00600	MAINTENANCE & REPAIRS	6,115	54,419	918,920	22	50	6.00
7.00	00700	OPERATION OF PLANT	153,921	10,120	0	3	30	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,383	44,820	173,936	2	20	8.00
9.00	00900	HOUSEKEEPING	3,140	5,376	846,004	2	20	9.00
10.00	01000	DIETARY	8,522	10,463	828,289	3	30	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,406	0	312,183	1	10	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,098	61,732	331,118	3	30	14.00
15.00	01500	PHARMACY	1,961	19,288	1,622,730	14	40	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,268	2,567	382,415	12	50	16.00
17.00	01700	SOCIAL SERVICE	742	0	193,897	2	20	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	160	0	1,250,176	2	20	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	108	0	306,979	2	10	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,732	94,096	6,560,055	69	120	30.00
31.00	03100	INTENSIVE CARE UNIT	5,498	43,921	1,163,840	13	40	31.00
43.00	04300	NURSERY	1,377	0	260,137	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,423	715,398	1,855,485	25	70	50.00
51.00	05100	RECOVERY ROOM	2,067	6,618	324,742	3	20	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,341	0	630,970	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	139,213	2,787,358	5	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,616	287,471	1,394,039	1	90	54.00
57.00	05700	CT SCAN	1,616	223,218	392,989	1	10	57.00
58.00	05800	MRI	4,848	133,505	309,302	1	10	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,743	124,179	521,284	6	40	59.00
60.00	06000	LABORATORY	8,196	182,992	1,921,178	28	160	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,332	21,820	691,414	3	30	65.00
66.00	06600	PHYSICAL THERAPY	10,901	38,599	1,307,745	8	60	66.00
67.00	06700	OCCUPATIONAL THERAPY	512	23,309	295,698	4	20	67.00
68.00	06800	SPEECH PATHOLOGY	270	0	72,933	1	10	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	260,523	2	10	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	8,942	83,802	1,538,736	13	30	75.00
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	99,359	753,015	41,862,175	0	0	90.00
91.00	09100	EMERGENCY	13,548	79,707	4,564,512	32	70	91.00
91.01	09101	CARDIAC REHAB	4,217	4,793	238,057	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	9,153	3,200	1,275,500	21	40	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	8,421	11,695	1,512,322	9	20	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	460,917	4,690,351	84,572,542	389	1,870	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,067	1,784	122,303	2	20	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTE NSI)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	4,398	6,062	1,469,298	13	80	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,489,645	898,616	17,041,729	8,866,109	624,286	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.885098	0.191268	0.197782	21,945.814356	316.896447	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			59,845	804,226	6,612	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000695	1,990.658416	3.356345	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: 52-0028

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

Worksheet B-1

Date/Time Prepared:
5/31/2022 10:54 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	13,747,958					5.03
5.04	00570	ADMITTING	0	0				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	8,499	0	576,668,290			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	0	-30,703,572	132,806,672	5.06
6.00	00600	MAINTENANCE & REPAIRS	51,139	0	0	0	4,902,077	6.00
7.00	00700	OPERATION OF PLANT	43	0	0	0	3,452,041	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	78,753	0	0	0	460,160	8.00
9.00	00900	HOUSEKEEPING	146,529	0	0	0	1,396,181	9.00
10.00	01000	DIETARY	465,118	0	0	0	1,328,208	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	899	0	0	0	495,460	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	142,037	0	0	0	845,371	14.00
15.00	01500	PHARMACY	126,893	0	0	0	2,516,067	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,108	0	0	0	931,800	16.00
17.00	01700	SOCIAL SERVICE	128	0	0	0	293,285	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,544	0	0	0	1,726,385	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	274	0	0	0	426,525	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	434,583	0	26,718,508	0	7,910,596	30.00
31.00	03100	INTENSIVE CARE UNIT	142,992	0	4,334,053	0	1,913,270	31.00
43.00	04300	NURSERY	0	0	732,715	0	351,680	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,107,403	0	41,291,692	0	4,425,848	50.00
51.00	05100	RECOVERY ROOM	16,014	0	3,137,046	0	505,063	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,777,220	0	853,027	52.00
53.00	05300	ANESTHESIOLOGY	123,634	0	23,883,337	0	1,222,471	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	647,962	0	17,351,408	0	2,311,108	54.00
57.00	05700	CT SCAN	126,907	0	40,993,732	0	1,010,793	57.00
58.00	05800	MRI	52,802	0	18,312,049	0	608,923	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,334,824	0	8,372,915	0	1,348,807	59.00
60.00	06000	LABORATORY	2,024,571	0	61,313,772	0	7,696,787	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	158,548	0	7,383,384	0	1,099,584	65.00
66.00	06600	PHYSICAL THERAPY	28,110	0	15,061,389	0	1,864,444	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,056	0	2,647,473	0	194,140	67.00
68.00	06800	SPEECH PATHOLOGY	651	0	681,198	0	313,926	68.00
69.00	06900	ELECTROCARDIOLOGY	7,596	0	10,303,126	0	578,018	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	9,488,940	0	7,474,268	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	6,051,417	0	2,526,915	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	42,438,667	0	16,695,567	73.00
75.00	07500	ASC (NON-DISTINCT PART)	415,940	0	12,743,534	0	2,439,443	75.00
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	1,852,764	0	195,640,119	0	32,240,103	90.00
91.00	09100	EMERGENCY	351,127	0	21,389,531	0	4,887,270	91.00
91.01	09101	CARDIAC REHAB	4,022	0	820,878	0	350,830	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	70,319	0	1,689,772	0	2,480,049	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	61,228	0	2,110,415	0	2,465,626	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,988,017	0	576,668,290	-30,703,572	124,542,116	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	237,282	0	0	0	470,781	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:
5/31/2022 10:54 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	522,659	0	0	0	7,793,775	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	81,775	0	1,698,136		30,703,572	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.005948	0.000000	0.002945		0.231190	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	11,727	0	66,960		690,418	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000853	0.000000	0.000116		0.005199	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: 52-0028

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

Worksheet B-1

Date/Time Prepared:
5/31/2022 10:54 am

Cost Center Description			MAINTENANCE & REPAIRS (MAINT HOUR S)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	3,904					6.00
7.00	00700	OPERATION OF PLANT	290	285,365				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	449	5,383	482,817			8.00
9.00	00900	HOUSEKEEPING	133	3,140	50,048	53,816		9.00
10.00	01000	DIETARY	247	8,522	14,107	910	22,718	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2	1,406	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	313	2,098	0	260	0	14.00
15.00	01500	PHARMACY	0	1,961	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8	12,268	0	100	0	16.00
17.00	01700	SOCIAL SERVICE	0	742	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	160	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	0	108	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	539	34,732	230,981	26,400	19,751	30.00
31.00	03100	INTENSIVE CARE UNIT	92	5,498	37,818	7,100	1,559	31.00
43.00	04300	NURSERY	0	1,377	28,316	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	350	17,423	19,905	5,000	0	50.00
51.00	05100	RECOVERY ROOM	196	2,067	45,057	100	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,341	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5	1,616	11,581	700	40	54.00
57.00	05700	CT SCAN	11	1,616	0	600	0	57.00
58.00	05800	MRI	66	4,848	0	600	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	28	3,743	0	2,834	0	59.00
60.00	06000	LABORATORY	290	8,196	2,774	1,247	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	52	3,332	2,632	500	11	65.00
66.00	06600	PHYSICAL THERAPY	37	10,901	16,066	500	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	512	0	500	0	67.00
68.00	06800	SPEECH PATHOLOGY	1	270	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3	0	0	500	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	60	0	0	100	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	164	8,942	0	2,500	0	75.00
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	222	99,359	0	3,000	952	90.00
91.00	09100	EMERGENCY	34	13,548	23,532	365	405	91.00
91.01	09101	CARDIAC REHAB	0	4,217	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	19	9,153	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	173	8,421	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,784	278,900	482,817	53,816	22,718	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	27	2,067	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:
5/31/2022 10:54 am

Cost Center Description		MAINTENANCE & REPAIRS (MAINT HOUR S)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
194.02	07952	LIFELINE	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	93	4,398	0	0	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,035,388	4,698,443	1,349,304	2,116,141	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,545.949795	16.464679	2.794649	39.321782	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	210,353	2,188,914	190,868	110,116	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	53.881404	7.670576	0.395322	2.046157	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: 52-0028

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

Worksheet B-1

Date/Time Prepared:
5/31/2022 10:54 am

Cost Center Description			CAFETERIA (NO OF FTE S)	NURSING ADMINISTRATION (NURSING FT ES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	0					11.00
13.00	01300	NURSING ADMINISTRATION	0	18,424				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	10,384,273			14.00
15.00	01500	PHARMACY	0	0	0	2,269,202		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,108	0	1,220	16.00
17.00	01700	SOCIAL SERVICE	0	27	128	0	15	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	11	1,544	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	0	7	274	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	3,787	434,583	291	385	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,076	142,992	22	40	31.00
43.00	04300	NURSERY	0	150	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,322	4,107,403	894	420	50.00
51.00	05100	RECOVERY ROOM	0	266	16,014	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	364	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	259	123,634	0	25	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	22	647,962	438	25	54.00
57.00	05700	CT SCAN	0	2	126,907	91	0	57.00
58.00	05800	MRI	0	0	52,802	324	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	247	1,334,824	1	0	59.00
60.00	06000	LABORATORY	0	0	2,024,571	42	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	158,548	68	5	65.00
66.00	06600	PHYSICAL THERAPY	0	0	28,110	655	45	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,056	12,971	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	651	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	7,596	56,433	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	142,037	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	126,893	2,065,929	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,464	415,940	238	130	75.00
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	6,095	0	0	0	90.00
91.00	09100	EMERGENCY	0	1,610	351,127	0	130	91.00
91.01	09101	CARDIAC REHAB	0	147	4,022	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	560	70,319	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	870	61,228	130,805	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	18,286	10,384,273	2,269,202	1,220	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:
5/31/2022 10:54 am

Cost Center Description			CAFETERIA (NO OF FTE S)	NURSING ADMINISTRATION (NURSING FT ES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	138	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	636,246	1,569,461	3,130,044	1,365,831	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	34.533543	0.151138	1.379359	1,119.533607	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	35,234	98,295	95,704	294,760	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	1.912397	0.009466	0.042175	241.606557	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: 52-0028

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM- PHARMACY (ASSIGNED TIME)		
			SOCIAL SERVICE (TIME SPENT)	SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ACCUM. COST)			
				17.00	21.00			
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00540	NONPATIENT TELEPHONES						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	1,115					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	4,512				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		0			22.00
23.00	02301	PARAMED ED PRGM- PHARMACY	0			1,000		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	950	4,512	0	1,000		30.00
31.00	03100	INTENSIVE CARE UNIT	75	0	0	0		31.00
43.00	04300	NURSERY	0	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MRI	0	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0		60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
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	55	0	0	0		91.00
91.01	09101	CARDIAC REHAB	0	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
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	25	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	10			0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,115	4,512	0	1,000		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0		190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 52-0028

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

Worksheet B-1

Date/Time Prepared:
5/31/2022 10:54 am

Cost Center Description			INTERNS & RESIDENTS					
			SOCIAL SERVICE (TIME SPENT)	SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ACCUM. COST)	PARAMED ED PRGM- PHARMACY (ASSIGNED TIME)		
			17.00	21.00	22.00	23.00		
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0		192.00
194.00	07950	MONROE CLINIC INN	0	0	0	0		194.00
194.01	07951	5 WEST	0	0	0	0		194.01
194.02	07952	LIFELINE	0	0	0	0		194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0		194.03
194.04	07954	FREESTANDING CLINIC	0	0	0	0		194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	391,051	2,128,755	0	527,194		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	350.718386	471.798537	0.000000	527.194000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	25,380	17,453	0	11,770		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	22.762332	3.868129	0.000000	11.770000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/31/2022 10:54 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,257,491		16,257,491	17,822	16,275,313	30.00
31.00	03100	INTENSIVE CARE UNIT	3,256,320		3,256,320	0	3,256,320	31.00
43.00	04300	NURSERY	539,970		539,970	0	539,970	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,667,122		7,667,122	0	7,667,122	50.00
51.00	05100	RECOVERY ROOM	1,100,323		1,100,323	0	1,100,323	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,117,816		1,117,816	0	1,117,816	52.00
53.00	05300	ANESTHESIOLOGY	1,560,712		1,560,712	22,075	1,582,787	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,070,855		3,070,855	0	3,070,855	54.00
57.00	05700	CT SCAN	1,331,058		1,331,058	0	1,331,058	57.00
58.00	05800	MRI	963,574		963,574	0	963,574	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,087,264		2,087,264	0	2,087,264	59.00
60.00	06000	LABORATORY	10,422,311		10,422,311	0	10,422,311	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,546,799	0	1,546,799	0	1,546,799	65.00
66.00	06600	PHYSICAL THERAPY	2,652,256	0	2,652,256	0	2,652,256	66.00
67.00	06700	OCCUPATIONAL THERAPY	285,317	0	285,317	0	285,317	67.00
68.00	06800	SPEECH PATHOLOGY	392,592	0	392,592	0	392,592	68.00
69.00	06900	ELECTROCARDIOLOGY	814,938		814,938	0	814,938	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,223,711		9,223,711	0	9,223,711	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,111,112		3,111,112	0	3,111,112	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,520,941		23,520,941	0	23,520,941	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,761,773		3,761,773	0	3,761,773	75.00
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	42,094,814		42,094,814	20,595	42,115,409	90.00
91.00	09100	EMERGENCY	6,686,198		6,686,198	86,977	6,773,175	91.00
91.01	09101	CARDIAC REHAB	507,054		507,054	0	507,054	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,712,861		2,712,861		2,712,861	92.00
OTHER REIMBURSABLE COST CENTERS								
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	3,272,221		3,272,221		3,272,221	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,664,984		3,664,984		3,664,984	116.00
200.00		Subtotal (see instructions)	153,622,387	0	153,622,387	147,469	153,769,856	200.00
201.00		Less Observation Beds	2,712,861		2,712,861		2,712,861	201.00
202.00		Total (see instructions)	150,909,526	0	150,909,526	147,469	151,056,995	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
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			Title XVIII			Hospital	PPS		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,475,872		18,475,872			30.00	
31.00	03100	INTENSIVE CARE UNIT	4,334,053		4,334,053			31.00	
43.00	04300	NURSERY	732,715		732,715			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,096,780	33,194,912	41,291,692	0.185682	0.000000	50.00	
51.00	05100	RECOVERY ROOM	712,098	2,424,948	3,137,046	0.350751	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,760,145	17,075	1,777,220	0.628969	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	4,507,796	19,375,541	23,883,337	0.065347	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,609,186	15,742,222	17,351,408	0.176980	0.000000	54.00	
57.00	05700	CT SCAN	6,925,224	34,068,508	40,993,732	0.032470	0.000000	57.00	
58.00	05800	MRI	1,271,083	17,040,966	18,312,049	0.052620	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	3,155,729	5,217,186	8,372,915	0.249288	0.000000	59.00	
60.00	06000	LABORATORY	8,331,506	52,982,266	61,313,772	0.169983	0.000000	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01	
65.00	06500	RESPIRATORY THERAPY	5,653,167	1,730,217	7,383,384	0.209497	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	1,151,263	13,910,126	15,061,389	0.176096	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	824,088	1,823,385	2,647,473	0.107770	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	129,003	552,195	681,198	0.576326	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,913,087	8,390,039	10,303,126	0.079096	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,591,592	5,897,348	9,488,940	0.972049	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,081,486	4,969,931	6,051,417	0.514113	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	21,373,411	21,065,256	42,438,667	0.554234	0.000000	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	338,259	12,405,275	12,743,534	0.295191	0.000000	75.00	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00	
90.00	09000	CLINIC	1,123,471	194,516,648	195,640,119	0.215165	0.000000	90.00	
91.00	09100	EMERGENCY	3,441,680	17,947,851	21,389,531	0.312592	0.000000	91.00	
91.01	09101	CARDIAC REHAB	266	820,612	820,878	0.617697	0.000000	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	918,356	7,324,280	8,242,636	0.329125	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
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	1,689,772	1,689,772			101.00	
	SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00	
111.00	11100	ISLET ACQUISITION	0	0	0			111.00	
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	313,664	1,796,751	2,110,415			116.00	
200.00		Subtotal (see instructions)	101,764,980	474,903,310	576,668,290			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	101,764,980	474,903,310	576,668,290			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.185682			50.00
51.00	05100	RECOVERY ROOM	0.350751			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.628969			52.00
53.00	05300	ANESTHESIOLOGY	0.066272			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176980			54.00
57.00	05700	CT SCAN	0.032470			57.00
58.00	05800	MRI	0.052620			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.249288			59.00
60.00	06000	LABORATORY	0.169983			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
65.00	06500	RESPIRATORY THERAPY	0.209497			65.00
66.00	06600	PHYSICAL THERAPY	0.176096			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.107770			67.00
68.00	06800	SPEECH PATHOLOGY	0.576326			68.00
69.00	06900	ELECTROCARDIOLOGY	0.079096			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.972049			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.514113			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.554234			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.295191			75.00
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	0.215270			90.00
91.00	09100	EMERGENCY	0.316658			91.00
91.01	09101	CARDIAC REHAB	0.617697			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.329125			92.00
OTHER REIMBURSABLE COST CENTERS						
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						
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
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/31/2022 10:54 am

				Title XIX	Hospital	Cost		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,257,491		16,257,491	17,822	16,275,313	30.00
31.00	03100	INTENSIVE CARE UNIT	3,256,320		3,256,320	0	3,256,320	31.00
43.00	04300	NURSERY	539,970		539,970	0	539,970	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,667,122		7,667,122	0	7,667,122	50.00
51.00	05100	RECOVERY ROOM	1,100,323		1,100,323	0	1,100,323	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,117,816		1,117,816	0	1,117,816	52.00
53.00	05300	ANESTHESIOLOGY	1,560,712		1,560,712	22,075	1,582,787	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,070,855		3,070,855	0	3,070,855	54.00
57.00	05700	CT SCAN	1,331,058		1,331,058	0	1,331,058	57.00
58.00	05800	MRI	963,574		963,574	0	963,574	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,087,264		2,087,264	0	2,087,264	59.00
60.00	06000	LABORATORY	10,422,311		10,422,311	0	10,422,311	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,546,799	0	1,546,799	0	1,546,799	65.00
66.00	06600	PHYSICAL THERAPY	2,652,256	0	2,652,256	0	2,652,256	66.00
67.00	06700	OCCUPATIONAL THERAPY	285,317	0	285,317	0	285,317	67.00
68.00	06800	SPEECH PATHOLOGY	392,592	0	392,592	0	392,592	68.00
69.00	06900	ELECTROCARDIOLOGY	814,938		814,938	0	814,938	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,223,711		9,223,711	0	9,223,711	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,111,112		3,111,112	0	3,111,112	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,520,941		23,520,941	0	23,520,941	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,761,773		3,761,773	0	3,761,773	75.00
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	42,094,814		42,094,814	20,595	42,115,409	90.00
91.00	09100	EMERGENCY	6,686,198		6,686,198	86,977	6,773,175	91.00
91.01	09101	CARDIAC REHAB	507,054		507,054	0	507,054	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,712,861		2,712,861		2,712,861	92.00
OTHER REIMBURSABLE COST CENTERS								
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	3,272,221		3,272,221		3,272,221	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,664,984		3,664,984		3,664,984	116.00
200.00		Subtotal (see instructions)	153,622,387	0	153,622,387	147,469	153,769,856	200.00
201.00		Less Observation Beds	2,712,861		2,712,861		2,712,861	201.00
202.00		Total (see instructions)	150,909,526	0	150,909,526	147,469	151,056,995	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
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			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	18,475,872		18,475,872		30.00
31.00	03100	INTENSIVE CARE UNIT	4,334,053		4,334,053		31.00
43.00	04300	NURSERY	732,715		732,715		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,096,780	33,194,912	41,291,692	0.185682	50.00
51.00	05100	RECOVERY ROOM	712,098	2,424,948	3,137,046	0.350751	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,760,145	17,075	1,777,220	0.628969	52.00
53.00	05300	ANESTHESIOLOGY	4,507,796	19,375,541	23,883,337	0.065347	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,609,186	15,742,222	17,351,408	0.176980	54.00
57.00	05700	CT SCAN	6,925,224	34,068,508	40,993,732	0.032470	57.00
58.00	05800	MRI	1,271,083	17,040,966	18,312,049	0.052620	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,155,729	5,217,186	8,372,915	0.249288	59.00
60.00	06000	LABORATORY	8,331,506	52,982,266	61,313,772	0.169983	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	5,653,167	1,730,217	7,383,384	0.209497	65.00
66.00	06600	PHYSICAL THERAPY	1,151,263	13,910,126	15,061,389	0.176096	66.00
67.00	06700	OCCUPATIONAL THERAPY	824,088	1,823,385	2,647,473	0.107770	67.00
68.00	06800	SPEECH PATHOLOGY	129,003	552,195	681,198	0.576326	68.00
69.00	06900	ELECTROCARDIOLOGY	1,913,087	8,390,039	10,303,126	0.079096	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,591,592	5,897,348	9,488,940	0.972049	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,081,486	4,969,931	6,051,417	0.514113	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,373,411	21,065,256	42,438,667	0.554234	73.00
75.00	07500	ASC (NON-DISTINCT PART)	338,259	12,405,275	12,743,534	0.295191	75.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	1,123,471	194,516,648	195,640,119	0.215165	90.00
91.00	09100	EMERGENCY	3,441,680	17,947,851	21,389,531	0.312592	91.00
91.01	09101	CARDIAC REHAB	266	820,612	820,878	0.617697	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	918,356	7,324,280	8,242,636	0.329125	92.00
	OTHER REIMBURSABLE COST CENTERS						
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	1,689,772	1,689,772		101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	313,664	1,796,751	2,110,415		116.00
200.00		Subtotal (see instructions)	101,764,980	474,903,310	576,668,290		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	101,764,980	474,903,310	576,668,290		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/31/2022 10:54 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
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
91.01	09101	CARDIAC REHAB	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
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						
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
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/31/2022 10:54 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,532,600	0	1,532,600	8,741	175.33	30.00
31.00	INTENSIVE CARE UNIT	251,242		251,242	1,356	185.28	31.00
43.00	NURSERY	46,203		46,203	752	61.44	43.00
200.00	Total (lines 30 through 199)	1,830,045		1,830,045	10,849		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,796	490,223				30.00
31.00	INTENSIVE CARE UNIT	352	65,219				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	3,148	555,442				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part II
Date/Time Prepared:
5/31/2022 10:54 am

Cost Center Description			Title XVIII		Hospital	PPS		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,283,287	41,291,692	0.031079	2,482,912	77,166	50.00
51.00	05100	RECOVERY ROOM	87,080	3,137,046	0.027759	207,625	5,763	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	84,939	1,777,220	0.047793	9,305	445	52.00
53.00	05300	ANESTHESIOLOGY	179,614	23,883,337	0.007520	606,213	4,559	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	389,043	17,351,408	0.022421	627,132	14,061	54.00
57.00	05700	CT SCAN	336,850	40,993,732	0.008217	2,814,325	23,125	57.00
58.00	05800	MRI	144,949	18,312,049	0.007915	510,339	4,039	58.00
59.00	05900	CARDIAC CATHETERIZATION	200,147	8,372,915	0.023904	829,252	19,822	59.00
60.00	06000	LABORATORY	470,414	61,313,772	0.007672	3,151,271	24,177	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	134,602	7,383,384	0.018230	1,631,525	29,743	65.00
66.00	06600	PHYSICAL THERAPY	331,761	15,061,389	0.022027	546,071	12,028	66.00
67.00	06700	OCCUPATIONAL THERAPY	26,637	2,647,473	0.010061	375,625	3,779	67.00
68.00	06800	SPEECH PATHOLOGY	9,668	681,198	0.014193	52,971	752	68.00
69.00	06900	ELECTROCARDIOLOGY	141,950	10,303,126	0.013777	707,136	9,742	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	41,305	9,488,940	0.004353	1,323,955	5,763	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,839	6,051,417	0.002287	511,290	1,169	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	183,492	42,438,667	0.004324	6,472,282	27,986	73.00
75.00	07500	ASC (NON-DISTINCT PART)	341,162	12,743,534	0.026771	144,589	3,871	75.00
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	3,512,651	195,640,119	0.017955	751,277	13,489	90.00
91.00	09100	EMERGENCY	528,162	21,389,531	0.024693	1,643,569	40,585	91.00
91.01	09101	CARDIAC REHAB	96,283	820,878	0.117293	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	255,462	8,242,636	0.030993	295,735	9,166	92.00
200.00		Total (lines 50 through 199)	8,793,297	549,325,463		25,694,399	331,230	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-0028		Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/31/2022 10:54 am	
				Title XVIII		Hospital	PPS	
Cost Center Description				Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost
				1A	1.00	2A	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	527,194	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	527,194	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	527,194	8,741	60.31	2,796	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,356	0.00	352	31.00
43.00	04300	NURSERY	0	0	752	0.00	0	43.00
200.00		Total (lines 30 through 199)	0	527,194	10,849		3,148	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	168,627					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	168,627					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/31/2022 10:54 am

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
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
91.01	09101	CARDIAC REHAB	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	87,875	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	87,875	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 52-0028		Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/31/2022 10:54 am	
				Title XVIII		Hospital	PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
				4.00	5.00	6.00	7.00	8.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	41,291,692	0.000000
51.00	05100	RECOVERY ROOM	0	0	0	0	3,137,046	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	1,777,220	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	0	23,883,337	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	17,351,408	0.000000
57.00	05700	CT SCAN	0	0	0	0	40,993,732	0.000000
58.00	05800	MRI	0	0	0	0	18,312,049	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	8,372,915	0.000000
60.00	06000	LABORATORY	0	0	0	0	61,313,772	0.000000
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	7,383,384	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	0	15,061,389	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,647,473	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	681,198	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	10,303,126	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	9,488,940	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,051,417	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	42,438,667	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	12,743,534	0.000000
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0.000000
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0.000000
90.00	09000	CLINIC	0	0	0	0	195,640,119	0.000000
91.00	09100	EMERGENCY	0	0	0	0	21,389,531	0.000000
91.01	09101	CARDIAC REHAB	0	0	0	0	820,878	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	87,875	87,875	87,875	8,242,636	0.010661
200.00		Total (lines 50 through 199)	0	87,875	87,875	87,875	549,325,463	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/31/2022 10:54 am

				Title XVIII		Hospital	PPS		
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	2,482,912	0	12,145,442	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	207,625	0	496,377	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	9,305	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	606,213	0	2,630,918	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	627,132	0	5,693,194	0	54.00	
57.00	05700	CT SCAN	0.000000	2,814,325	0	10,613,347	0	57.00	
58.00	05800	MRI	0.000000	510,339	0	4,233,947	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	829,252	0	1,734,186	0	59.00	
60.00	06000	LABORATORY	0.000000	3,151,271	0	7,305,690	0	60.00	
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
65.00	06500	RESPIRATORY THERAPY	0.000000	1,631,525	0	223,794	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	546,071	0	103,084	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	375,625	0	33,966	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	52,971	0	10,961	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	707,136	0	3,088,916	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,323,955	0	1,666,480	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	511,290	0	1,954,763	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	6,472,282	0	9,597,485	0	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	144,589	0	2,570,775	0	75.00	
	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	751,277	0	35,482,513	0	90.00	
91.00	09100	EMERGENCY	0.000000	1,643,569	0	3,817,757	0	91.00	
91.01	09101	CARDIAC REHAB	0.000000	0	0	349,577	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.010661	295,735	3,153	1,829,348	19,503	92.00	
200.00		Total (lines 50 through 199)		25,694,399	3,153	105,582,520	19,503	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 52-0028		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 5/31/2022 10:54 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.185682	12,145,442	0	0	2,255,190	50.00
51.00	05100	RECOVERY ROOM		0.350751	496,377	0	0	174,105	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.628969	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.065347	2,630,918	0	0	171,923	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.176980	5,693,194	0	0	1,007,581	54.00
57.00	05700	CT SCAN		0.032470	10,613,347	0	0	344,615	57.00
58.00	05800	MRI		0.052620	4,233,947	0	0	222,790	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.249288	1,734,186	20,723	0	432,312	59.00
60.00	06000	LABORATORY		0.169983	7,305,690	6,043	0	1,241,843	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY		0.209497	223,794	0	0	46,884	65.00
66.00	06600	PHYSICAL THERAPY		0.176096	103,084	0	0	18,153	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.107770	33,966	0	0	3,661	67.00
68.00	06800	SPEECH PATHOLOGY		0.576326	10,961	0	0	6,317	68.00
69.00	06900	ELECTROCARDIOLOGY		0.079096	3,088,916	0	0	244,321	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.972049	1,666,480	0	0	1,619,900	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.514113	1,954,763	0	0	1,004,969	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.554234	9,597,485	333	62,019	5,319,253	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0.295191	2,570,775	13	0	758,870	75.00
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		0.215165	35,482,513	6,143	226,815	7,634,595	90.00
91.00	09100	EMERGENCY		0.312592	3,817,757	0	0	1,193,400	91.00
91.01	09101	CARDIAC REHAB		0.617697	349,577	0	0	215,933	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.329125	1,829,348	0	0	602,084	92.00
200.00		Subtotal (see instructions)			105,582,520	33,255	288,834	24,518,699	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			105,582,520	33,255	288,834	24,518,699	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 52-0028		Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/31/2022 10:54 am
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		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
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	5,166	0		59.00
60.00	06000	LABORATORY	1,027	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	185	34,373		73.00
75.00	07500	ASC (NON-DISTINCT PART)	4	0		75.00
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	1,322	48,803		90.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	CARDIAC REHAB	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	7,704	83,176		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	7,704	83,176		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-0028	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/31/2022 10:54 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,748	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,741	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)		7,284	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		7	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		2,796	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)		7	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)		16,275,313	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)		16,275,313	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)		16,275,313	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)		1,861.95	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,206,012	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,206,012	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-0028

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

Worksheet D-1

Date/Time Prepared:
5/31/2022 10:54 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	3,256,320	1,356	2,401.42	352	845,300	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	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)						
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						
	PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						
52.00	Total Program excludable cost (sum of lines 50 and 51)						
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges						
55.00	Target amount per discharge						
56.00	Target amount (line 54 x line 55)						
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						
58.00	Bonus payment (see instructions)						
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						
62.00	Relief payment (see instructions)						
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						
72.00	Program routine service cost (line 9 x line 71)						
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						
76.00	Per diem capital-related costs (line 75 ÷ line 2)						
77.00	Program capital-related costs (line 9 x line 76)						
78.00	Inpatient routine service cost (line 74 minus line 77)						
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						
81.00	Inpatient routine service cost per diem limitation						
82.00	Inpatient routine service cost limitation (line 9 x line 81)						
83.00	Reasonable inpatient routine service costs (see instructions)						
84.00	Program inpatient ancillary services (see instructions)						
85.00	Utilization review - physician compensation (see instructions)						
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)						
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						
89.00	Observation bed cost (line 87 x line 88) (see instructions)						

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-0028

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

Worksheet D-1

Date/Time Prepared:
5/31/2022 10:54 am

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,532,600	16,275,313	0.094167	2,712,861	255,462
91.00	Nursing Program cost	0	16,275,313	0.000000	2,712,861	0
92.00	Allied health cost	527,194	16,275,313	0.032392	2,712,861	87,875
93.00	All other Medical Education	0	16,275,313	0.000000	2,712,861	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 52-0028	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/31/2022 10:54 am
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,748	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,741	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)		7,284	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		7	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)		130	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)		752	15.00
16.00	Nursery days (title V or XIX only)		372	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)		16,257,491	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)		16,257,491	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)		16,257,491	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)		1,859.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		241,788	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)		241,788	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-0028

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

Worksheet D-1

Date/Time Prepared:

5/31/2022 10:54 am

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)		539,970	752	718.05	372	267,115	42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		3,256,320	1,356	2,401.42	5	12,007	43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	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)						466,486	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						987,396	49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						1,457	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,859.91	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						2,709,889	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 52-0028

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

Worksheet D-1

Date/Time Prepared:
5/31/2022 10:54 am

Cost Center Description		Title XIX		Hospital	Cost	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,532,600	16,257,491	0.094270	2,709,889	255,461 90.00
91.00	Nursing Program cost	0	16,257,491	0.000000	2,709,889	0 91.00
92.00	Allied health cost	0	16,257,491	0.000000	2,709,889	0 92.00
93.00	All other Medical Education	0	16,257,491	0.000000	2,709,889	0 93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 52-0028	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/31/2022 10:54 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		4,019,196	30.00
31.00	03100	INTENSIVE CARE UNIT		1,049,208	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.185682	2,482,912	50.00
51.00	05100	RECOVERY ROOM	0.350751	207,625	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.628969	9,305	52.00
53.00	05300	ANESTHESIOLOGY	0.066272	606,213	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176980	627,132	54.00
57.00	05700	CT SCAN	0.032470	2,814,325	57.00
58.00	05800	MRI	0.052620	510,339	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.249288	829,252	59.00
60.00	06000	LABORATORY	0.169983	3,151,271	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.209497	1,631,525	65.00
66.00	06600	PHYSICAL THERAPY	0.176096	546,071	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.107770	375,625	67.00
68.00	06800	SPEECH PATHOLOGY	0.576326	52,971	68.00
69.00	06900	ELECTROCARDIOLOGY	0.079096	707,136	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.972049	1,323,955	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.514113	511,290	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.554234	6,472,282	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.295191	144,589	75.00
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	0.215270	751,277	90.00
91.00	09100	EMERGENCY	0.316658	1,643,569	91.00
91.01	09101	CARDIAC REHAB	0.617697	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.329125	295,735	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		25,694,399	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)		25,694,399	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 52-0028 Component CCN: 52-U028	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/31/2022 10:54 am	
Cost Center Description		Title XVIII	Swing Beds - SNF	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.185682	0	50.00
51.00	05100	RECOVERY ROOM	0.350751	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.628969	0	52.00
53.00	05300	ANESTHESIOLOGY	0.066272	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176980	483	54.00
57.00	05700	CT SCAN	0.032470	0	57.00
58.00	05800	MRI	0.052620	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.249288	0	59.00
60.00	06000	LABORATORY	0.169983	1,782	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.209497	3	65.00
66.00	06600	PHYSICAL THERAPY	0.176096	1,801	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.107770	1,443	67.00
68.00	06800	SPEECH PATHOLOGY	0.576326	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.079096	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.972049	145	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.514113	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.554234	12,601	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.295191	0	75.00
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	0.215270	4	90.00
91.00	09100	EMERGENCY	0.316658	0	91.00
91.01	09101	CARDIAC REHAB	0.617697	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.329125	45	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		18,307	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)		18,307	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 52-0028	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/31/2022 10:54 am
			Title XIX	Hospital	Cost
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		466,968	30.00
31.00	03100	INTENSIVE CARE UNIT		11,261	31.00
43.00	04300	NURSERY		62,276	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.185682	131,784	50.00
51.00	05100	RECOVERY ROOM	0.350751	15,026	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.628969	105,369	52.00
53.00	05300	ANESTHESIOLOGY	0.065347	100,423	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176980	16,388	54.00
57.00	05700	CT SCAN	0.032470	147,633	57.00
58.00	05800	MRI	0.052620	8,867	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.249288	0	59.00
60.00	06000	LABORATORY	0.169983	125,538	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.209497	49,960	65.00
66.00	06600	PHYSICAL THERAPY	0.176096	20,028	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.107770	14,471	67.00
68.00	06800	SPEECH PATHOLOGY	0.576326	707	68.00
69.00	06900	ELECTROCARDIOLOGY	0.079096	10,380	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.972049	31,049	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.514113	781	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.554234	354,867	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.295191	0	75.00
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	0.215165	336,671	90.00
91.00	09100	EMERGENCY	0.312592	40,426	91.00
91.01	09101	CARDIAC REHAB	0.617697	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.329125	16,072	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,526,440	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		1,526,440	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 52-0028	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3
			Component CCN: 52-U028		Date/Time Prepared: 5/31/2022 10:54 am
			Title XIX	Swing Beds - SNF	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.000000	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
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	0.000000	0	90.00
91.00	09100	EMERGENCY	0.000000	0	91.00
91.01	09101	CARDIAC REHAB	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		0	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)		0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A
Date/Time Prepared:
5/31/2022 10:54 am

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			5,378,222	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			2,089,126	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)			211,790	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			32,307	2.04
3.00	Managed Care Simulated Payments			4,107,446	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			53.99	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)			1.13	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)			9.00	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)			10.13	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			9.07	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)			9.07	12.00
13.00	Total allowable FTE count for the prior year.			4.65	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.			4.65	14.00
15.00	Sum of lines 12 through 14 divided by 3.			6.12	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			6.12	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.113354	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.084963	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.084963	21.00
22.00	IME payment adjustment (see instructions)			338,487	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			186,186	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)			-1.06	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)			338,487	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			186,186	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			3.53	30.00
31.00	Percentage of Medicaid patient days (see instructions)			14.06	31.00
32.00	Sum of lines 30 and 31			17.59	32.00
33.00	Allowable disproportionate share percentage (see instructions)			4.18	33.00
34.00	Disproportionate share adjustment (see instructions)			78,034	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A
Date/Time Prepared:
5/31/2022 10:54 am

		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		8,290,014,521	7,192,008,710	35.00
35.01	Factor 3 (see instructions)		0.000106243	0.000048871	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		880,759	351,481	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		658,759	88,593	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		747,352		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		8,875,318		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)			9,061,504	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			626,637	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).			175,183	52.00
53.00	Nursing and Allied Health Managed Care payment			61,352	53.00
54.00	Special add-on payments for new technologies			100,718	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			168,627	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			3,153	58.00
59.00	Total (sum of amounts on lines 49 through 58)			10,197,174	59.00
60.00	Primary payer payments			4,246	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			10,192,928	61.00
62.00	Deductibles billed to program beneficiaries			938,992	62.00
63.00	Coinsurance billed to program beneficiaries			0	63.00
64.00	Allowable bad debts (see instructions)			209,777	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			136,355	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			195,737	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			9,390,291	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			115,999	70.93
70.94	HRR adjustment amount (see instructions)			-10,381	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0028	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/31/2022 10:54 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	2021	1,090,795	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)	2022	209,803	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)		10,796,507	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		10,448,882	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)		347,625	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		523,032	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/31/2022 10:54 am

				Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
		0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	5,378,222	0	5,378,222		5,378,222	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,089,126	0		2,089,126	2,089,126	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	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	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	0	2.01	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	211,790	0	211,790		211,790	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	32,307	0		32,307	32,307	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	4,107,446	0	2,964,266	1,143,180	4,107,446	4.00	
Indirect Medical Education Adjustment									
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.084963	0.084963	0.084963	0.084963		5.00	
6.00	IME payment adjustment (see instructions)	22.00	338,487	0	243,789	94,698	338,487	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	186,186	0	134,367	51,819	186,186	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	0.000000		7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	338,487	0	243,789	94,698	338,487	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	186,186	0	134,367	51,819	186,186	9.01	
Disproportionate Share Adjustment									
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0418	0.0418	0.0418	0.0418		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	78,034	0	56,203	21,831	78,034	11.00	
11.01	Uncompensated care payments	36.00	747,352	0	658,759	88,593	747,352	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	0	12.00	
13.00	Subtotal (see instructions)	47.00	8,875,318	0	6,548,763	2,326,555	8,875,318	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	9,061,504	0	6,683,130	2,378,374	9,061,504	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	626,637	0	457,795	168,842	626,637	16.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/31/2022 10:54 am

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	100,718	0	47,559	53,159	100,718	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	7,188,484	2,600,375	9,788,859	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	569,426	0	413,704	155,722	569,426	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	17,123	0	14,966	2,157	17,123	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	0.0704	0.0704	0.0704	0.0704		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	40,088	0	29,125	10,963	40,088	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	626,637	0	457,795	168,842	626,637	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				0.151742	0.080682		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			1,090,795		1,090,795	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				209,803	209,803	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: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/31/2022 10:54 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	5,378,222	5,378,222		5,378,222	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,089,126		2,089,126	2,089,126	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	211,790	211,790		211,790	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	32,307		32,307	32,307	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	4,107,446	2,964,266	1,143,180	4,107,446	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.084963	0.084963	0.084963		5.00
6.00	IME payment adjustment (see instructions)	22.00	338,487	243,789	94,698	338,487	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	186,186	134,367	51,819	186,186	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	338,487	243,789	94,698	338,487	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	186,186	134,367	51,819	186,186	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0418	0.0418	0.0418		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	78,034	56,203	21,831	78,034	11.00
11.01	Uncompensated care payments	36.00	747,352	658,757	88,593	747,350	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	8,875,318	6,548,763	2,326,555	8,875,318	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	9,061,504	6,683,130	2,378,374	9,061,504	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	626,637	457,795	168,842	626,637	16.00
17.00	Special add-on payments for new technologies	54.00	100,718	47,559	53,159	100,718	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			7,188,484	2,600,375	9,788,859	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/31/2022 10:54 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	569,426	413,704	155,722	569,426	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	17,123	14,966	2,157	17,123	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	0.0704	0.0704	0.0704		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	40,088	29,125	10,963	40,088	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	626,637	457,795	168,842	626,637	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	1,090,795	1,090,795		1,090,795	28.00
29.00	Low volume adjustment on or after October 1	70.97	209,803		209,803	209,803	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	115,999	115,999	0	115,999	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	-10,381	-7,596	-2,785	-10,381	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: 52-0028	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/31/2022 10:54 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		90,880	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		24,499,196	2.00
3.00	OPPS payments		23,511,829	3.00
4.00	Outlier payment (see instructions)		190,337	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		19,503	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		90,880	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		322,089	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)		322,089	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)		322,089	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		231,209	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)		90,880	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)		23,721,669	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		5,135	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		4,370,904	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)		19,436,510	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		305,061	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)		19,741,571	30.00
31.00	Primary payer payments		4,378	31.00
32.00	Subtotal (line 30 minus line 31)		19,737,193	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)		627,829	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		408,089	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		617,103	36.00
37.00	Subtotal (see instructions)		20,145,282	37.00
38.00	MSP-LCC reconciliation amount from PS&R		227	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)		20,145,055	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		19,860,176	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)		284,879	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part I
Date/Time Prepared:
5/31/2022 10:54 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		10,400,701		19,595,923	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	11/10/2021	48,181	11/10/2021	264,253	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		48,181		264,253	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		10,448,882		19,860,176	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		347,625		284,879	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		10,796,507		20,145,055	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 52-0028

Period:

Worksheet E-1

Component CCN: 52-U028

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/31/2022 10:54 am

		Title XVIII		Swing Beds - SNF		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		7,109		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		7,109		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		7,109		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 52-0028	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/31/2022 10:54 am	
		Title XVIII	Hospital	PPS	
				1.00	
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS					
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION					
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14				1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)				2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2				3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)				4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200				5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20				6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168				7.00
8.00	Calculation of the HIT incentive payment (see instructions)				8.00
9.00	Sequestration adjustment amount (see instructions)				9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)				10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH					
30.00	Initial/interim HIT payment adjustment (see instructions)				30.00
31.00	Other Adjustment (specify)				31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)				32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 52-0028	Period: From 01/01/2021 To 12/31/2021	Worksheet E-2	
		Component CCN: 52-U028		Date/Time Prepared: 5/31/2022 10:54 am	
		Title XVIII	Swing Beds - SNF	PPS	
			Part A	Part B	
			1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient routine services - swing bed-SNF (see instructions)		7,109	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)				2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH and swing-bed pass-through, see instructions)		0	0	3.00
3.01	Nursing and allied health payment-PARHM (see instructions)				3.01
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)			0.00	4.00
5.00	Program days		7	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)			0	6.00
7.00	Utilization review - physician compensation - SNF optional method only		0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)		7,109	0	8.00
9.00	Primary payer payments (see instructions)		0	0	9.00
10.00	Subtotal (line 8 minus line 9)		7,109	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	0	11.00
12.00	Subtotal (line 10 minus line 11)		7,109	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		0	0	13.00
14.00	80% of Part B costs (line 12 x 80%)			0	14.00
15.00	Subtotal (see instructions)		7,109	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)				16.50
16.55	Rural community hospital demonstration project (\$410A Demonstration) payment adjustment (see instructions)		0		16.55
16.99	Demonstration payment adjustment amount before sequestration		0	0	16.99
17.00	Allowable bad debts (see instructions)		0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)		0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	0	18.00
19.00	Total (see instructions)		7,109	0	19.00
19.01	Sequestration adjustment (see instructions)		0	0	19.01
19.02	Demonstration payment adjustment amount after sequestration)		0	0	19.02
19.03	Sequestration adjustment-PARHM pass-throughs				19.03
19.25	Sequestration for non-claims based amounts (see instructions)		0	0	19.25
20.00	Interim payments		7,109	0	20.00
20.01	Interim payments-PARHM				20.01
21.00	Tentative settlement (for contractor use only)		0	0	21.00
21.01	Tentative settlement-PARHM (for contractor use only)				21.01
22.00	Balance due provider/program (line 19 minus lines 19.01, 19.02, 19.25, 20, and 21)		0	0	22.00
22.01	Balance due provider/program-PARHM (see instructions)				22.01
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	23.00
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 swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))				201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))				202.00
203.00	Total (sum of lines 201 and 202)				203.00
204.00	Medicare swing-bed SNF discharges (see instructions)				204.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
205.00	Medicare swing-bed SNF target amount				205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)				206.00
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)				208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
Comparision of PPS versus Cost Reimbursement					
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)				215.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 52-0028	Period: From 01/01/2021 To 12/31/2021	Worksheet E-2
		Component CCN: 52-U028		Date/Time Prepared: 5/31/2022 10:54 am
		Title XIX	Swing Beds - SNF	PPS
			Part A	Part B
			1.00	2.00
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)		0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)		0	2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH and swing-bed pass-through, see instructions)		0	3.00
3.01	Nursing and allied health payment-PARHM (see instructions)			3.01
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days		0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only		0	7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)		0	8.00
9.00	Primary payer payments (see instructions)		0	9.00
10.00	Subtotal (line 8 minus line 9)		0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	11.00
12.00	Subtotal (line 10 minus line 11)		0	12.00
13.00	Coinurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (see instructions)		0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			16.50
16.55	Rural community hospital demonstration project (§410A Demonstration) payment adjustment (see instructions)			16.55
16.99	Demonstration payment adjustment amount before sequestration		0	16.99
17.00	Allowable bad debts (see instructions)		0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)		0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	18.00
19.00	Total (see instructions)		0	19.00
19.01	Sequestration adjustment (see instructions)		0	19.01
19.02	Demonstration payment adjustment amount after sequestration)		0	19.02
19.03	Sequestration adjustment-PARHM pass-throughs			19.03
19.25	Sequestration for non-claims based amounts (see instructions)		0	19.25
20.00	Interim payments		0	20.00
20.01	Interim payments-PARHM			20.01
21.00	Tentative settlement (for contractor use only)		0	21.00
21.01	Tentative settlement-PARHM (for contractor use only)			21.01
22.00	Balance due provider/program (line 19 minus lines 19.01, 19.02, 19.25, 20, and 21)		0	22.00
22.01	Balance due provider/program-PARHM (see instructions)			22.01
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	23.00
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 swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202.00
203.00	Total (sum of lines 201 and 202)			203.00
204.00	Medicare swing-bed SNF discharges (see instructions)			204.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
205.00	Medicare swing-bed SNF target amount			205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206.00
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
Comparison of PPS versus Cost Reimbursement				
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 52-0028	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 5/31/2022 10:54 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		987,396		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		987,396	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		987,396	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		540,505		8.00
9.00	Ancillary service charges		1,526,440	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		2,066,945	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		2,066,945	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		1,079,549	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		987,396	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		987,396	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		987,396	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		987,396	0	36.00
37.00	SETTLEMENT ADJUSTMENT		-987,396	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0		41.00
42.00	Balance due provider/program (line 40 minus line 41)		0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0		43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 52-0028	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/31/2022 10:54 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			1.10	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			9.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			10.10	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			9.07	6.00
7.00	Enter the lesser of line 5 or line 6			9.07	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	9.07	0.00	9.07	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	9.07	0.00	9.07	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	9.07	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	9.50	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	8.17	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	8.91	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	8.91	0.00		17.00
18.00	Per resident amount	95,362.57	95,362.57		18.00
19.00	Approved amount for resident costs	849,680	0	849,680	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			849,680	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	3,148	1,951		26.00
27.00	Total Inpatient Days (see instructions)	8,881	8,881		27.00
28.00	Ratio of inpatient days to total inpatient days	0.354465	0.219682		28.00
29.00	Program direct GME amount	301,182	186,659	487,841	29.00
29.01	Percent reduction for MA DGME		4.07		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		7,597	7,597	30.00
31.00	Net Program direct GME amount			480,244	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 52-0028	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/31/2022 10:54 am	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0		32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0		33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000		34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0		35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0		36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)		14,133,979		37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0		38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0		39.00
40.00	Primary payer payments (see instructions)		4,246		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		14,129,733		41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)		24,609,579		42.00
43.00	Primary payer payments (see instructions)		4,378		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		24,605,201		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		38,734,934		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.364780		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.635220		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)		480,244		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		175,183		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		305,061		50.00

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

Provider CCN: 52-0028

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

Worksheet G

Date/Time Prepared:

5/31/2022 10:54 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	108,010,012	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	83,570,966	0	0	0	4.00
5.00	Other receivable	2,847,414	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-58,620,944	0	0	0	6.00
7.00	Inventory	3,370,251	0	0	0	7.00
8.00	Prepaid expenses	580,746	0	0	0	8.00
9.00	Other current assets	996,628	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)	140,755,073	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,058,792	0	0	0	12.00
13.00	Land improvements	7,705,220	0	0	0	13.00
14.00	Accumulated depreciation	-1,526,756	0	0	0	14.00
15.00	Buildings	120,643,049	0	0	0	15.00
16.00	Accumulated depreciation	-19,478,967	0	0	0	16.00
17.00	Leasehold improvements	774,032	0	0	0	17.00
18.00	Accumulated depreciation	-376,939	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	58,395	0	0	0	21.00
22.00	Accumulated depreciation	-28,427	0	0	0	22.00
23.00	Major movable equipment	29,094,588	0	0	0	23.00
24.00	Accumulated depreciation	-15,207,144	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)	124,715,843	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	10,306,336	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	5,139,838	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	15,446,174	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	280,917,090	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	9,285,016	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,317,255	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	235,673	0	0	0	41.00
42.00	Accelerated payments	11,274,326	0	0	0	42.00
43.00	Due to other funds	64,178,172	0	0	0	43.00
44.00	Other current liabilities	96,259	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	94,386,701	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	-64,343,564	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-64,343,564	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	30,043,137	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	250,873,953				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	250,873,953	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	280,917,090	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 52-0028

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

Worksheet G-1

Date/Time Prepared:
5/31/2022 10:54 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		229,946,268		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		19,409,790				2.00
3.00	Total (sum of line 1 and line 2)		249,356,058		0		3.00
4.00	INTERCOMPANY	1,517,895		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)		1,517,895		0		10.00
11.00	Subtotal (line 3 plus line 10)		250,873,953		0		11.00
12.00	Deductions debit adjustments specify	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		250,873,953		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	INTERCOMPANY		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions debit adjustments specify		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 52-0028

Period:
From 01/01/2021
To 12/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
5/31/2022 10:54 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	19,208,587		19,208,587	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	19,208,587		19,208,587	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	4,334,053		4,334,053	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	4,334,053		4,334,053	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	23,542,640		23,542,640	17.00
18.00	Ancillary services	72,424,902	250,807,395	323,232,297	18.00
19.00	Outpatient services	5,111,583	220,981,581	226,093,164	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		1,689,772	1,689,772	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	313,664	1,796,751	2,110,415	26.00
27.00	EMPLOYEE BENEFITS	0	488,911	488,911	27.00
27.04	FREESTANDING CLINIC	0	891,218	891,218	27.04
27.99	EXCLUDED REVENUE	6,002,809	66,614,069	72,616,878	27.99
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	107,395,598	543,269,697	650,665,295	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		199,633,872		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		199,633,872		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 52-0028

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

Worksheet G-3

Date/Time Prepared:
5/31/2022 10:54 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	650,665,295	1.00
2.00	Less contractual allowances and discounts on patients' accounts	459,280,585	2.00
3.00	Net patient revenues (line 1 minus line 2)	191,384,710	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	199,633,872	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-8,249,162	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	516,534	6.00
7.00	Income from investments	13,246,770	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	1,181	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	362,257	14.00
15.00	Revenue from rental of living quarters	41,150	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	5,673,737	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	202,558	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	Other Operating Revenue	3,771,721	24.00
24.50	COVID-19 PHE Funding	3,843,044	24.50
25.00	Total other income (sum of lines 6-24)	27,658,952	25.00
26.00	Total (line 5 plus line 25)	19,409,790	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)	19,409,790	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 52-0028

Period:

Worksheet H

HHA CCN: 52-7157

From 01/01/2021

Date/Time Prepared:

To 12/31/2021

5/31/2022 10:54 am

					Home Health Agency I	PPS
	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)
	1.00	2.00	3.00	4.00	5.00	6.00
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures		0		0	0
2.00	Capital Related - Movable Equipment		0		13,397	13,397
3.00	Plant Operation & Maintenance	0	0	0	315	315
4.00	Transportation	0	0	0	0	0
5.00	Administrative and General	751,664	96,408	0	11,672	865,973
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	125,752	0	85,499	158,629	369,880
7.00	Physical Therapy	268,802	0	0	0	268,802
8.00	Occupational Therapy	82,427	0	0	0	82,427
9.00	Speech Pathology	85	0	0	0	85
10.00	Medical Social Services	8,039	0	0	0	8,039
11.00	Home Health Aide	38,640	0	0	0	38,640
12.00	Supplies (see instructions)	0	0	0	69,903	69,903
13.00	Drugs	0	0	0	0	0
14.00	DME	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0
18.00	Clinic	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0
23.00	All Others (specify)	0	0	0	195	195
23.50	Telemedicine	0	0	0	0	0
24.00	Total (sum of lines 1-23)	1,275,409	96,408	85,499	170,301	1,717,656
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)		
	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0
2.00	Capital Related - Movable Equipment	0	13,397	0	13,397	0
3.00	Plant Operation & Maintenance	0	315	0	315	0
4.00	Transportation	0	0	0	0	0
5.00	Administrative and General	-96,355	769,618	0	769,618	0
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	9	369,889	0	369,889	0
7.00	Physical Therapy	19	268,821	0	268,821	0
8.00	Occupational Therapy	6	82,433	0	82,433	0
9.00	Speech Pathology	0	85	0	85	0
10.00	Medical Social Services	1	8,040	0	8,040	0
11.00	Home Health Aide	3	38,643	0	38,643	0
12.00	Supplies (see instructions)	0	69,903	0	69,903	0
13.00	Drugs	0	0	0	0	0
14.00	DME	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0
18.00	Clinic	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0
23.00	All Others (specify)	0	195	-195	0	0
23.50	Telemedicine	0	0	0	0	0
24.00	Total (sum of lines 1-23)	-96,317	1,621,339	-195	1,621,144	0

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 52-0028

Period:

Worksheet H-1

HHA CCN: 52-7157

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/31/2022 10:54 amHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
			0	1.00				
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	13,397		13,397			0	2.00
3.00	Plant Operation & Maintenance	315	0	0	315		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	769,618	0	13,397	315	0	783,330	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	369,889	0	0	0	0	369,889	6.00
7.00	Physical Therapy	268,821	0	0	0	0	268,821	7.00
8.00	Occupational Therapy	82,433	0	0	0	0	82,433	8.00
9.00	Speech Pathology	85	0	0	0	0	85	9.00
10.00	Medical Social Services	8,040	0	0	0	0	8,040	10.00
11.00	Home Health Aide	38,643	0	0	0	0	38,643	11.00
12.00	Supplies (see instructions)	69,903	0	0	0	0	69,903	12.00
13.00	Drugs	0	0	0	0		0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,621,144	0	13,397	315	0	1,621,144	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	783,330						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	345,836	715,725					6.00
7.00	Physical Therapy	251,339	520,160					7.00
8.00	Occupational Therapy	77,072	159,505					8.00
9.00	Speech Pathology	79	164					9.00
10.00	Medical Social Services	7,517	15,557					10.00
11.00	Home Health Aide	36,130	74,773					11.00
12.00	Supplies (see instructions)	65,357	135,260					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		1,621,144					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 52-0028

Period:

Worksheet H-1

HHA CCN: 52-7157

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/31/2022 10:54 amHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	9,153			0		1.00
2.00	Capital Related - Movable Equipment		9,153		0		2.00
3.00	Plant Operation & Maintenance	0	0	9,153	0		3.00
4.00	Transportation (see instructions)	0	0	0	93,499		4.00
5.00	Administrative and General	9,153	9,153	9,153	0	-783,330	837,814 5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	66,723	0	369,889 6.00
7.00	Physical Therapy	0	0	0	12,730	0	268,821 7.00
8.00	Occupational Therapy	0	0	0	7,462	0	82,433 8.00
9.00	Speech Pathology	0	0	0	0	0	85 9.00
10.00	Medical Social Services	0	0	0	0	0	8,040 10.00
11.00	Home Health Aide	0	0	0	6,584	0	38,643 11.00
12.00	Supplies (see instructions)	0	0	0	0	0	69,903 12.00
13.00	Drugs	0	0	0	0	0	0 13.00
14.00	DME	0	0	0	0	0	0 14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0 15.00
16.00	Respiratory Therapy	0	0	0	0	0	0 16.00
17.00	Private Duty Nursing	0	0	0	0	0	0 17.00
18.00	Clinic	0	0	0	0	0	0 18.00
19.00	Health Promotion Activities	0	0	0	0	0	0 19.00
20.00	Day Care Program	0	0	0	0	0	0 20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0 21.00
22.00	Homemaker Service	0	0	0	0	0	0 22.00
23.00	All Others (specify)	0	0	0	0	0	0 23.00
23.50	Telemedicine	0	0	0	0	0	0 23.50
24.00	Total (sum of lines 1-23)	9,153	9,153	9,153	93,499	-783,330	837,814 24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	13,397	315	0		783,330 25.00
26.00	Unit Cost Multiplier	0.000000	1.463673	0.034415	0.000000		0.934969 26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 52-0028

Period:

Worksheet H-2

HHA CCN: 52-7157

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/31/2022 10:54 amHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	5.01	5.02	
1.00	Administrative and General	0	127,090	612	252,271	460,862	12,676	1.00
2.00	Skilled Nursing Care	715,725	0	0	0	0	0	2.00
3.00	Physical Therapy	520,160	0	0	0	0	0	3.00
4.00	Occupational Therapy	159,505	0	0	0	0	0	4.00
5.00	Speech Pathology	164	0	0	0	0	0	5.00
6.00	Medical Social Services	15,557	0	0	0	0	0	6.00
7.00	Home Health Aide	74,773	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	135,260	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	1,621,144	127,090	612	252,271	460,862	12,676	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
		5.03	5.04	5.05	5A.05	5.06	6.00	
1.00	Administrative and General	418	0	4,976	858,905	198,570	29,373	1.00
2.00	Skilled Nursing Care	0	0	0	715,725	165,468	0	2.00
3.00	Physical Therapy	0	0	0	520,160	120,256	0	3.00
4.00	Occupational Therapy	0	0	0	159,505	36,876	0	4.00
5.00	Speech Pathology	0	0	0	164	38	0	5.00
6.00	Medical Social Services	0	0	0	15,557	3,597	0	6.00
7.00	Home Health Aide	0	0	0	74,773	17,287	0	7.00
8.00	Supplies (see instructions)	0	0	0	135,260	31,271	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	418	0	4,976	2,480,049	573,363	29,373	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 52-0028

Period:

Worksheet H-2

HHA CCN: 52-7157

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/31/2022 10:54 amHome Health
Agency I

PPS

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	150,701	0	0	0	0	19,339	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	150,701	0	0	0	0	19,339	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS Y & FRINGES APPRV	SERVICES-SALAR PRGM COSTS APPRV	
		14.00	15.00	16.00	17.00	21.00	22.00	
1.00	Administrative and General	10,628	0	0	8,768	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	10,628	0	0	8,768	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 52-0028

Period:

Worksheet H-2

HHA CCN: 52-7157

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/31/2022 10:54 am

				Home Health Agency I		PPS	
Cost Center Description		PARAMED ED PRGM- PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs
		23.00	24.00	25.00	26.00	27.00	28.00
1.00	Administrative and General	0	1,276,284	0	1,276,284		1.00
2.00	Skilled Nursing Care	0	881,193	0	881,193	563,471	1,444,664
3.00	Physical Therapy	0	640,416	0	640,416	409,508	1,049,924
4.00	Occupational Therapy	0	196,381	0	196,381	125,574	321,955
5.00	Speech Pathology	0	202	0	202	129	331
6.00	Medical Social Services	0	19,154	0	19,154	12,248	31,402
7.00	Home Health Aide	0	92,060	0	92,060	58,867	150,927
8.00	Supplies (see instructions)	0	166,531	0	166,531	106,487	273,018
9.00	Drugs	0	0	0	0	0	0
10.00	DME	0	0	0	0	0	0
11.00	Home Dialysis Aide Services	0	0	0	0	0	0
12.00	Respiratory Therapy	0	0	0	0	0	0
13.00	Private Duty Nursing	0	0	0	0	0	0
14.00	Clinic	0	0	0	0	0	0
15.00	Health Promotion Activities	0	0	0	0	0	0
16.00	Day Care Program	0	0	0	0	0	0
17.00	Home Delivered Meals Program	0	0	0	0	0	0
18.00	Homemaker Service	0	0	0	0	0	0
19.00	All Others (specify)	0	0	0	0	0	0
19.50	Telemedicine	0	0	0	0	0	0
20.00	Total (sum of lines 1-19) (2)	0	3,272,221	0	3,272,221	1,276,284	3,272,221
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.639441	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 52-0028

Period:

Worksheet H-2

HHA CCN: 52-7157

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/31/2022 10:54 amHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTE NSI)	PURCHASING RECEIVING AND STORES (SUPPLY COS T)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5.01	5.02	5.03	
1.00	Administrative and General	9,153	3,200	1,275,500	21	40	70,319	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	9,153	3,200	1,275,500	21	40	70,319	20.00
21.00	Total cost to be allocated	127,090	612	252,271	460,862	12,676	418	21.00
22.00	Unit cost multiplier	13.885065	0.191250	0.197782	21,945.809524	316.900000	0.005944	22.00
Cost Center Description		ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (MAINT HOUR S)	OPERATION OF PLANT (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	6.00	7.00	
1.00	Administrative and General	0	1,689,772	0	858,905	19	9,153	1.00
2.00	Skilled Nursing Care	0	0	0	715,725	0	0	2.00
3.00	Physical Therapy	0	0	0	520,160	0	0	3.00
4.00	Occupational Therapy	0	0	0	159,505	0	0	4.00
5.00	Speech Pathology	0	0	0	164	0	0	5.00
6.00	Medical Social Services	0	0	0	15,557	0	0	6.00
7.00	Home Health Aide	0	0	0	74,773	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	135,260	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	1,689,772		2,480,049	19	9,153	20.00
21.00	Total cost to be allocated	0	4,976		573,363	29,373	150,701	21.00
22.00	Unit cost multiplier	0.000000	0.002945		0.231190	1,545.947368	16.464656	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 52-0028

Period:

Worksheet H-2

HHA CCN: 52-7157

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/31/2022 10:54 amHome Health
Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (NO OF FTE S)	NURSING ADMINISTRATION (NURSING FT ES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	0	560	70,319	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	560	70,319	20.00
21.00	Total cost to be allocated	0	0	0	0	19,339	10,628	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	34.533929	0.151140	22.00
Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY (ASSIGNED TIME)	
		15.00	16.00	17.00	SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ACCUM. COST)		
		15.00	16.00	17.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	25	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	25	0	0	0	20.00
21.00	Total cost to be allocated	0	0	8,768	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	350.720000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 52-0028

Period:

Worksheet H-3

HHA CCN: 52-7157

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/31/2022 10:54 am

				Title XVIII		Home Health Agency I	PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,444,664		1,444,664	3,827	377.49	1.00
2.00	Physical Therapy	3.00	1,049,924	0	1,049,924	1,875	559.96	2.00
3.00	Occupational Therapy	4.00	321,955	0	321,955	1,117	288.23	3.00
4.00	Speech Pathology	5.00	331	0	331	78	4.24	4.00
5.00	Medical Social Services	6.00	31,402		31,402	104	301.94	5.00
6.00	Home Health Aide	7.00	150,927		150,927	818	184.51	6.00
7.00	Total (sum of lines 1-6)		2,999,203	0	2,999,203	7,819		7.00
				Program Visits				
				Part B				
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		27500	0	128			8.00
8.01	Skilled Nursing Care		31540	0	990			8.01
8.02	Skilled Nursing Care		40420	0	87			8.02
8.03	Skilled Nursing Care		99914	0	405			8.03
8.04	Skilled Nursing Care		99952	0	41			8.04
9.00	Physical Therapy		27500	0	44			9.00
9.01	Physical Therapy		31540	0	723			9.01
9.02	Physical Therapy		40420	0	40			9.02
9.03	Physical Therapy		99914	0	204			9.03
9.04	Physical Therapy		99952	0	45			9.04
10.00	Occupational Therapy		27500	0	20			10.00
10.01	Occupational Therapy		31540	0	329			10.01
10.02	Occupational Therapy		40420	0	9			10.02
10.03	Occupational Therapy		99914	0	73			10.03
10.04	Occupational Therapy		99952	0	8			10.04
11.00	Speech Pathology		27500	0	12			11.00
11.01	Speech Pathology		31540	0	2			11.01
11.02	Speech Pathology		40420	0	0			11.02
11.03	Speech Pathology		99914	0	0			11.03
11.04	Speech Pathology		99952	0	0			11.04
12.00	Medical Social Services		27500	0	2			12.00
12.01	Medical Social Services		31540	0	41			12.01
12.02	Medical Social Services		40420	0	7			12.02
12.03	Medical Social Services		99914	0	13			12.03
12.04	Medical Social Services		99952	0	1			12.04
13.00	Home Health Aide		27500	0	5			13.00
13.01	Home Health Aide		31540	0	548			13.01
13.02	Home Health Aide		40420	0	19			13.02
13.03	Home Health Aide		99914	0	189			13.03
13.04	Home Health Aide		99952	0	4			13.04
14.00	Total (sum of lines 8-13)			0	3,989			14.00
				Total HHA Costs (cols. 1 + 2)		Total Charges (from HHA Records)		
		0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	273,018	0	273,018	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 52-0028

Period:

Worksheet H-3

HHA CCN: 52-7157

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/31/2022 10:54 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	Program Visits			Cost of Services	Agency 1		
	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00		8.00	9.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	1,651	0	623,236		1.00
2.00	Physical Therapy	0	1,056	0	591,318		2.00
3.00	Occupational Therapy	0	439	0	126,533		3.00
4.00	Speech Pathology	0	14	0	59		4.00
5.00	Medical Social Services	0	64	0	19,324		5.00
6.00	Home Health Aide	0	765	0	141,150		6.00
7.00	Total (sum of lines 1-6)	0	3,989	0	1,501,620		7.00
Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
8.04	Skilled Nursing Care						8.04
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
9.04	Physical Therapy						9.04
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
10.04	Occupational Therapy						10.04
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
11.03	Speech Pathology						11.03
11.04	Speech Pathology						11.04
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
12.04	Medical Social Services						12.04
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
13.03	Home Health Aide						13.03
13.04	Home Health Aide						13.04
14.00	Total (sum of lines 8-13)						14.00
Cost Center Description		Program Covered Charges			Cost of Services		
		Part A	Part B		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
			6.00	7.00		8.00	9.00
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	112,690	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 52-0028

Period:

Worksheet H-3

HHA CCN: 52-7157

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/31/2022 10:54 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Total Program Cost (sum of cols. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	623,236		1.00
2.00	Physical Therapy	591,318		2.00
3.00	Occupational Therapy	126,533		3.00
4.00	Speech Pathology	59		4.00
5.00	Medical Social Services	19,324		5.00
6.00	Home Health Aide	141,150		6.00
7.00	Total (sum of lines 1-6)	1,501,620		7.00
Cost Center Description				
		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
8.04	Skilled Nursing Care			8.04
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
9.04	Physical Therapy			9.04
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
10.04	Occupational Therapy			10.04
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
11.04	Speech Pathology			11.04
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
12.04	Medical Social Services			12.04
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
13.04	Home Health Aide			13.04
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 52-0028

Period:

Worksheet H-3

HHA CCN: 52-7157

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/31/2022 10:54 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.176096	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.107770	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.576326	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.972049	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.554234	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 52-0028

Period:

Worksheet H-4

HHA CCN: 52-7157

From 01/01/2021
To 12/31/2021Part I-II
Date/Time Prepared:
5/31/2022 10:54 am

Title XVIII

Home Health
Agency I

PPS

		Agency 1			
		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	821,139	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	821,139	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	821,139	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	871,394	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	39,735	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	20,891	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	2,995	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	5,638	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	940,653	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	940,653	24.00
25.00	Coinsurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		0	940,653	26.00
27.00	Reimbursable bad debts (from your records)		0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	940,653	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	0	30.99
31.00	Subtotal (see instructions)		0	940,653	31.00
31.01	Sequestration adjustment (see instructions)		0	0	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0	31.75
32.00	Interim payments (see instructions)		0	940,653	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	35.00

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

Provider CCN: 52-0028

Period:

Worksheet H-5

HHA CCN: 52-7157

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/31/2022 10:54 amHome Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		940,653	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		940,653	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		940,653	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 52-0028

Period:

Worksheet 0

Hospice CCN: 52-1523

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/31/2022 10:54 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		1,204	1,204	-1,204	0
2.00	CAP REL COSTS-MVBLE EQUIP*		57,014	57,014	0	57,014
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	108,816	108,816	-108,816	0
4.00	ADMINISTRATIVE & GENERAL*	155,607	143,167	298,774	11	298,785
5.00	PLANT OPERATION & MAINTENANCE*	0	34,377	34,377	-10,642	23,735
6.00	LAUNDRY & LINEN SERVICE*	0	1,926	1,926	0	1,926
7.00	HOUSEKEEPING*	0	935	935	0	935
8.00	DIETARY*	0	7,342	7,342	0	7,342
9.00	NURSING ADMINISTRATION*	366,099	0	366,099	27	366,126
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0
11.00	MEDICAL RECORDS*	0	38,269	38,269	0	38,269
12.00	STAFF TRANSPORTATION*	0	44,442	44,442	0	44,442
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0
14.00	PHARMACY*	0	252	252	-252	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	141,679	0	141,679	7	141,686
16.00	OTHER GENERAL SERVICE*	130,645	7,773	138,418	10	138,428
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0
26.00	PHYSICIAN SERVICES**	0	0	0	0	0
27.00	NURSE PRACTITIONER**	0	0	0	0	0
28.00	REGISTERED NURSE**	274,720	0	274,720	20	274,740
29.00	LPN/LVN**	146,556	0	146,556	11	146,567
30.00	PHYSICAL THERAPY**	0	0	0	0	0
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES**	115,172	0	115,172	8	115,180
34.00	SPIRITUAL COUNSELING**	57,075	0	57,075	4	57,079
35.00	DIETARY COUNSELING**	0	0	0	0	0
36.00	COUNSELING - OTHER**	0	0	0	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	124,661	0	124,661	9	124,670
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0
40.00	IMAGING SERVICES**	0	0	0	0	0
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0
42.50	DRUGS CHARGED TO PATIENTS**	0	130,552	130,552	-130,552	0
43.00	OUTPATIENT SERVICES**	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0
62.00	FUNDRAISING*	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0
66.00	RESIDENTIAL CARE*	0	0	0	0	0
67.00	ADVERTISING*	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0
69.00	THRIFT STORE*	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0
100.00	TOTAL	1,512,214	576,069	2,088,283	-251,359	1,836,924

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 52-0028

Period:

Worksheet 0

Hospice CCN: 52-1523

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/31/2022 10:54 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I	
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT*	0	0		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	57,014		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0		3.00
4.00	ADMINISTRATIVE & GENERAL*	0	298,785		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	23,735		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	1,926		6.00
7.00	HOUSEKEEPING*	0	935		7.00
8.00	DIETARY*	0	7,342		8.00
9.00	NURSING ADMINISTRATION*	0	366,126		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0		10.00
11.00	MEDICAL RECORDS*	0	38,269		11.00
12.00	STAFF TRANSPORTATION*	0	44,442		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0		13.00
14.00	PHARMACY*	0	0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	141,686		15.00
16.00	OTHER GENERAL SERVICE*	0	138,428		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED**	0	0		25.00
26.00	PHYSICIAN SERVICES**	0	0		26.00
27.00	NURSE PRACTITIONER**	0	0		27.00
28.00	REGISTERED NURSE**	0	274,740		28.00
29.00	LPN/LVN**	0	146,567		29.00
30.00	PHYSICAL THERAPY**	0	0		30.00
31.00	OCCUPATIONAL THERAPY**	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	115,180		33.00
34.00	SPIRITUAL COUNSELING**	0	57,079		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	0		36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	124,670		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0		38.00
39.00	PATIENT TRANSPORTATION**	0	0		39.00
40.00	IMAGING SERVICES**	0	0		40.00
41.00	LABS & DIAGNOSTICS**	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0		42.50
43.00	OUTPATIENT SERVICES**	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0		46.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM *	0	0		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	0	1,836,924		100.00

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

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

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

Provider CCN: 52-0028

Period:

Worksheet 0-2

Hospice CCN: 52-1523

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/31/2022 10:54 am

				Hospice I		07/01/2022 10:04 am	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	274,253	0	274,253	20	274,273	28.00
29.00	LPN/LVN	146,307	0	146,307	11	146,318	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	114,976	0	114,976	8	114,984	33.00
34.00	SPIRITUAL COUNSELING	56,978	0	56,978	4	56,982	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	124,449	0	124,449	9	124,458	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	130,330	130,330	-130,330	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	716,963	130,330	847,293	-130,278	717,015	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	274,273	28.00
29.00	LPN/LVN	0	146,318	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	114,984	33.00
34.00	SPIRITUAL COUNSELING	0	56,982	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	124,458	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	717,015	100.00

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

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

Provider CCN: 52-0028

Period:

Worksheet 0-3

Hospice CCN: 52-1523

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/31/2022 10:54 am

					Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL		
		1.00	2.00	3.00	4.00	5.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00	
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00	
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00	
28.00	REGISTERED NURSE	165	0	165	0	165	28.00	
29.00	LPN/LVN	88	0	88	0	88	29.00	
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00	
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00	
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00	
33.00	MEDICAL SOCIAL SERVICES	69	0	69	0	69	33.00	
34.00	SPIRITUAL COUNSELING	34	0	34	0	34	34.00	
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00	
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00	
37.00	HOSPICE AIDE & HOME MAKER SERVICES	75	0	75	0	75	37.00	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00	
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00	
40.00	IMAGING SERVICES	0	0	0	0	0	40.00	
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00	
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00	
42.50	DRUGS CHARGED TO PATIENTS	0	78	78	-78	0	42.50	
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00	
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00	
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00	
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00	
100.00	TOTAL *	431	78	509	-78	431	100.00	

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	165	28.00
29.00	LPN/LVN	0	88	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	69	33.00
34.00	SPIRITUAL COUNSELING	0	34	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	75	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	431	100.00

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

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

Provider CCN: 52-0028

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

Worksheet 0-4

Hospice CCN: 52-1523

Date/Time Prepared:
5/31/2022 10:54 am

				Hospice I		07/01/2022 10:04 am	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	302	0	302	0	302	28.00
29.00	LPN/LVN	161	0	161	0	161	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	127	0	127	0	127	33.00
34.00	SPIRITUAL COUNSELING	63	0	63	0	63	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	137	0	137	0	137	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	144	144	-144	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	790	144	934	-144	790	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	302	28.00
29.00	LPN/LVN	0	161	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	127	33.00
34.00	SPIRITUAL COUNSELING	0	63	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	137	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	790	100.00

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

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

Provider CCN: 52-0028

Period:

Worksheet 0-5

Hospice CCN: 52-1523

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/31/2022 10:54 am

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	116,926	116,926	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	57,014	2,237	59,251	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	299,110	299,110	3.00
4.00	ADMINISTRATIVE & GENERAL	298,785	780,457	1,079,242	4.00
5.00	PLANT OPERATION & MAINTENANCE	23,735	406,098	429,833	5.00
6.00	LAUNDRY & LINEN SERVICE	1,926	0	1,926	6.00
7.00	HOUSEKEEPING	935	0	935	7.00
8.00	DIETARY	7,342	0	7,342	8.00
9.00	NURSING ADMINISTRATION	366,126	30,044	396,170	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	9,254	9,254	10.00
11.00	MEDICAL RECORDS	38,269	0	38,269	11.00
12.00	STAFF TRANSPORTATION	44,442	0	44,442	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	0	180,427	180,427	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	141,686	0	141,686	15.00
16.00	OTHER GENERAL SERVICE	138,428	0	138,428	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	3,507	3,507	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	717,015	0	717,015	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	431	0	431	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	790	0	790	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	1,836,924	1,828,060	3,664,984	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/31/2022 10:54 am

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	116,926	116,926					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	59,251		59,251				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	299,110	0	0		299,110		3.00
4.00	ADMINISTRATIVE & GENERAL	1,079,242	116,926	59,251	0		1,255,419	4.00
5.00	PLANT OPERATION & MAINTENANCE	429,833	0	0	0		429,833	5.00
6.00	LAUNDRY & LINEN SERVICE	1,926	0	0	0		1,926	6.00
7.00	HOUSEKEEPING	935	0	0	0		935	7.00
8.00	DIETARY	7,342	0	0	0		7,342	8.00
9.00	NURSING ADMINISTRATION	396,170	0	0	0		396,170	9.00
10.00	ROUTINE MEDICAL SUPPLIES	9,254	0	0	0		9,254	10.00
11.00	MEDICAL RECORDS	38,269	0	0	0		38,269	11.00
12.00	STAFF TRANSPORTATION	44,442	0	0	0		44,442	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0		0	13.00
14.00	PHARMACY	180,427	0	0	0		180,427	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	141,686	0	0	0		141,686	15.00
16.00	OTHER GENERAL SERVICE	138,428	0	0	0		138,428	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0			3,507	17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0				0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	717,015				299,110	1,016,125	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	431	0	0	0		431	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	790	0	0	0		790	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0	0	0		0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0		0	61.00
62.00	FUNDRAISING	0	0	0	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0		0	66.00
67.00	ADVERTISING	0	0	0	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0		0	68.00
69.00	THRIFT STORE	0	0	0	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0		0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		0	99.00
100.00	TOTAL	3,664,984	116,926	59,251	299,110		3,664,984	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/31/2022 10:54 am

Descriptions		ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I		
					HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL	1,255,419					4.00
5.00	PLANT OPERATION & MAINTENANCE	223,949	653,782				5.00
6.00	LAUNDRY & LINEN SERVICE	1,003	0	2,929			6.00
7.00	HOUSEKEEPING	487	0		1,422		7.00
8.00	DIETARY	3,825	0		0	11,167	8.00
9.00	NURSING ADMINISTRATION	206,411	0		0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	4,821	0		0		10.00
11.00	MEDICAL RECORDS	19,939	0		0		11.00
12.00	STAFF TRANSPORTATION	23,155	0		0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0		0		13.00
14.00	PHARMACY	94,005	0		0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	73,821	0		0		15.00
16.00	OTHER GENERAL SERVICE	72,123	0		0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	1,827	0		0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00	HOSPICE ROUTINE HOME CARE	529,416					51.00
52.00	HOSPICE INPATIENT RESPITE CARE	225	0	976	0	3,722	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	412	653,782	1,953	0	7,445	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0		0		60.00
61.00	VOLUNTEER PROGRAM	0	0		0		61.00
62.00	FUNDRAISING	0	0		0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0		0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00	THRIFT STORE	0	0		0		69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	1,422	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	1,255,419	653,782	2,929	1,422	11,167	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/31/2022 10:54 am

Descriptions		Hospice I					
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	602,581					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	14,075				10.00
11.00	MEDICAL RECORDS	0		58,208			11.00
12.00	STAFF TRANSPORTATION	0			67,597		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	0	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	57,272			0	0	15.00
16.00	OTHER GENERAL SERVICE	83,873			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	461,436	14,051	58,108	67,597	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	8	33	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	16	67	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	602,581	14,075	58,208	67,597	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/31/2022 10:54 am

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	274,432					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	272,779				15.00
16.00	OTHER GENERAL SERVICE	0		294,424			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				5,334		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	274,432	272,310	294,424		2,987,899	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	156	0	1,778	7,329	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	313	0	3,556	668,334	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	1,422	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	274,432	272,779	294,424	5,334	3,664,984	100.00

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

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/31/2022 10:54 am

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	8,421					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		11,695				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,512,215			3.00
4.00	ADMINISTRATIVE & GENERAL	8,421	11,695	0	-1,255,419	2,409,565	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	429,833	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	1,926	6.00
7.00	HOUSEKEEPING	0	0	0	0	935	7.00
8.00	DIETARY	0	0	0	0	7,342	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	396,170	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	9,254	10.00
11.00	MEDICAL RECORDS	0	0	0	0	38,269	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	44,442	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	180,427	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	141,686	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	138,428	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	3,507	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			1,512,215	0	1,016,125	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	431	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	790	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	116,926	59,251	299,110		1,255,419	100.00
101.00	UNIT COST MULTIPLIER	13.885049	5.066353	0.197796		0.521015	101.00

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

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/31/2022 10:54 am

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	8,421					5.00
6.00	LAUNDRY & LINEN SERVICE	0	18				6.00
7.00	HOUSEKEEPING	0		100			7.00
8.00	DIETARY	0		0	18		8.00
9.00	NURSING ADMINISTRATION	0		0		2,220	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		211	15.00
16.00	OTHER GENERAL SERVICE	0		0		309	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					1,700	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	6	0	6	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	8,421	12	0	12	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	100	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	653,782	2,929	1,422	11,167	602,581	100.00
101.00	UNIT COST MULTIPLIER	77.637098	162.722222	14.220000	620.388889	271.432883	101.00

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

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/31/2022 10:54 am

Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)		MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL							4.00
5.00	PLANT OPERATION & MAINTENANCE							5.00
6.00	LAUNDRY & LINEN SERVICE							6.00
7.00	HOUSEKEEPING							7.00
8.00	DIETARY							8.00
9.00	NURSING ADMINISTRATION							9.00
10.00	ROUTINE MEDICAL SUPPLIES	10,472						10.00
11.00	MEDICAL RECORDS		10,472					11.00
12.00	STAFF TRANSPORTATION				100			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	0		13.00
14.00	PHARMACY				0	0	313,664	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES				0	0	0	15.00
16.00	OTHER GENERAL SERVICE				0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES							17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	10,454	10,454	100	0	0	313,664	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	6	6	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	12	12	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM				0	0	0	60.00
61.00	VOLUNTEER PROGRAM				0	0	0	61.00
62.00	FUNDRAISING				0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS				0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM				0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES				0	0	0	65.00
66.00	RESIDENTIAL CARE				0	0	0	66.00
67.00	ADVERTISING				0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING				0	0	0	68.00
69.00	THRIFT STORE				0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)				0	0	0	71.00
99.00	NEGATIVE COST CENTER							99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	14,075	58,208	67,597	0	0	274,432	100.00
101.00	UNIT COST MULTIPLIER	1.344060	5.558442	675.970000	0.000000	0.874923		101.00

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

Provider CCN: 52-0028

Period:

Worksheet 0-6

Hospice CCN: 52-1523

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/31/2022 10:54 am

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	10,472				15.00
16.00	OTHER GENERAL SERVICE		100			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			18		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	10,454	100			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	6	0	6		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	12	0	12		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	272,779	294,424	5,334		100.00
101.00	UNIT COST MULTIPLIER	26.048415	2,944.240000	296.333333		101.00

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

Provider CCN: 52-0028

Period:

Worksheet 0-7

Hospice CCN: 52-1523

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

Date/Time Prepared:
5/31/2022 10:54 am

Hospice I

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.176096	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.107770	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.576326	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.554234	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.169983	0	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.972049	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00					10.00
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
6.01	BLOOD LABORATORY	0	0	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	OTHER ANCILLARY SERVICE COST CENTERS						10.00
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 52-0028

Period:

Worksheet 0-8

Hospice CCN: 52-1523

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/31/2022 10:54 am

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			2,987,899	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			10,454	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			285.81	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	8,971	477		9.00
10.00	Program cost (line 8 times line 9)	2,564,002	136,331		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			7,329	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			6	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			1,221.50	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	5	0		14.00
15.00	Program cost (line 13 times line 14)	6,108	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			668,334	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			12	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			55,694.50	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	10	1		19.00
20.00	Program cost (line 18 times line 19)	556,945	55,695		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			3,663,562	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			10,472	22.00
23.00	Average cost per diem (line 21 divided by line 22)			349.84	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 52-0028	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/31/2022 10:54 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		569,426	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		17,123	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)		25.38	3.00
4.00	Number of interns & residents (see instructions)		6.12	4.00
5.00	Indirect medical education percentage (see instructions)		7.04	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)		40,088	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)		626,637	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