

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: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/2/2022 3:08 pm
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**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically prepared cost report Date: 5/2/2022 Time: 3:08 pm  
 2.  Manually prepared cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5.  Cost Report Status 6. Date Received: 10. NPR Date:  
 (1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4  
 (2) Settled without Audit 8.  Initial Report for this Provider CCN 12.  If line 5, column 1 is 4: Enter  
 (3) Settled with Audit 9.  Final Report for this Provider CCN number of times reopened = 0-9.  
 (4) Reopened  
 (5) Amended

**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 FRANCISCAN HEALTH LAFAYETTE ( 15-0109 ) 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			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			2
3	Signatory Title	CHIEF FINANCIAL OFFICER		3
4	Date			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	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	683,682	58,067	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	38,131	155		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
200.00 Total	0	721,813	58,222	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-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0109		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/2/2022 3:08 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1701 SOUTH CREASY LANE			PO Box:							1.00	
2.00	City: LAFAYETTE			State: IN		Zip Code: 47905-		County: TIPPECANOE			2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
				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		FRANCIS CAN HEALTH LAFAYETTE	150109	29200	1	07/01/1966	N	P	O	3.00	
4.00	Subprovider - IPF										4.00	
5.00	Subprovider - IRF		FRANCIS CAN HEALTH LAFAYETTE REHAB	15T109	29200	5	01/01/1995	N	P	O	5.00	
6.00	Subprovider - (Other)										6.00	
7.00	Swing Beds - SNF										7.00	
8.00	Swing Beds - NF										8.00	
9.00	Hospital-Based SNF										9.00	
10.00	Hospital-Based NF										10.00	
11.00	Hospital-Based OLTC										11.00	
12.00	Hospital-Based HHA		FRANCIS CAN HOME CARE	157124	29200		07/06/1966	N	P	N	12.00	
13.00	Separately Certified ASC										13.00	
14.00	Hospital-Based Hospice		FRANCIS CAN HEALTH LAFAYETTE HOSPICE	151563	29200		01/01/1984				14.00	
15.00	Hospital-Based Health Clinic - RHC										15.00	
16.00	Hospital-Based Health Clinic - FQHC										16.00	
17.00	Hospital-Based (CMHC) I										17.00	
18.00	Renal Dialysis										18.00	
19.00	Other										19.00	
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2021	12/31/2021		20.00		
21.00	Type of Control (see instructions)						1			21.00		
							1.00	2.00	3.00			
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		Y	22.03		
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N	22.04		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N	23.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0109			Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/2/2022 3:08 pm		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	608	190	74	48	10,961	238	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	8	19	0	0	559		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
<b>Prospective Payment System (PPS)-Capital</b>									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
<b>Teaching Hospitals</b>									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.00	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.03	
		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)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N	63.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0109		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/2/2022 3:08 pm	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	
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	

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			1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>					
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
<b>Inpatient Rehabilitation Facility PPS</b>					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			1.00		
<b>Long Term Care Hospital PPS</b>					
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
<b>TEFRA Providers</b>					
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	
<b>Title V and XIX Services</b>					
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. 1? 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
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0109		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/2/2022 3:08 pm	
		V		XIX			
		1.00		2.00			
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00		2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00		2.00	
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	
				1.00		2.00	
				3.00			
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.			2		118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	697,857		135,001		360,568	
				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: 15-0109		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/2/2022 3:08 pm	
		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		158014		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: FRANCISCAN ALLIANCE, INC.	Contractor's Name: WPS		Contractor's Number: 08101		141.00	
142.00	Street: 1515 DRAGOON TRAIL	PO Box: 1290				142.00	
143.00	City: MISHAWAKA	State: IN		Zip Code: 46546-1290		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
						1.00 2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		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	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus 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	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						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: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/2/2022 3:08 pm
		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. 1, 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: 15-0109		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 5/2/2022 3:08 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
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	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y				6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y				12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N				13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N				14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N				15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/08/2022	Y	03/08/2022		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/2/2022 3:08 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved 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
<b>Interest Expense</b>					
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.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		Y		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
<b>Provider-Based Physicians</b>					
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.		N		35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
				1.00	2.00
<b>Cost Report Preparer Contact Information</b>					
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.	STEVE	HOWELL		41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCIS CAN HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	765-428-5927	STEVEN.HOWELL@FRANCIS CANALLIANCE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/2/2022 3:08 pm
		3.00		
<b>Cost Report Preparer Contact Information</b>				
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.	MANAGER REIMBURSEMENT		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: 15-0109

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/2/2022 3:08 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	153	55,845	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)		153	55,845	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	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 NEONATAL INTENSIVE CARE UNIT	35.00	14	5,110	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		184	67,160	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	15	5,475		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		199				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: 15-0109

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/2/2022 3:08 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	12,071	372	33,604			1.00
2.00 HMO and other (see instructions)	8,006	7,422				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	458	559				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	12,071	372	33,604			7.00
8.00 INTENSIVE CARE UNIT	1,684	548	4,797			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 NEONATAL INTENSIVE CARE UNIT	0	1,930	3,762			12.00
13.00 NURSERY		1,609	2,942			13.00
14.00 Total (see instructions)	13,755	4,459	45,105	0.00	1,326.75	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	1,103	27	2,943	0.00	21.74	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	10,885	0	22,875	0.00	54.90	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	39.61	24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,443.00	27.00
28.00 Observation Bed Days		0	5,810			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	238	477			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: 15-0109

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/2/2022 3:08 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
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	2,961	2,545	10,419	1.00
2.00 HMO and other (see instructions)			1,406	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,961	2,545	10,419	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	96	37	219	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
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0109

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/2/2022 3:08 pm

	Wkst. A Line Number	Amount Reported	Reclassification 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	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	136,180,164	-1,476,451	134,703,713	3,002,640.00	44.86
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		28,381,877	334,463	28,716,340	416,133.00	69.01
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		3,818,278	0	3,818,278	37,413.75	102.06
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		4,865,625	0	4,865,625	3,252.25	1,496.08
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		22,727,649	0	22,727,649		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		6,156,873	0	6,156,873		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0109

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/2/2022 3:08 pm

	Wkst. A Line Number	Amount Reported	Reclassification 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
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	162,842	-100,409	62,433	24,485.84	2.55	26.00
27.00	Administrative & General	28,260,743	-943,527	27,317,216	279,215.49	97.84	27.00
28.00	Administrative & General under contract (see inst.)	0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,554,572	0	2,554,572	160,647.91	15.90	30.00
31.00	Laundry & Linen Service	255,176	0	255,176	12,080.19	21.12	31.00
32.00	Housekeeping	2,295,580	0	2,295,580	199,599.41	11.50	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,342,202	-974,278	1,367,924	78,390.21	17.45	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	974,278	974,278	70,994.00	13.72	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,606,424	-449,266	3,157,158	100,565.73	31.39	38.00
39.00	Central Services and Supply	387,725	0	387,725	28,289.74	13.71	39.00
40.00	Pharmacy	2,841,062	-94,889	2,746,173	93,348.47	29.42	40.00
41.00	Medical Records & Medical Records Library	87,244	-41,168	46,076	3,493.78	13.19	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0109

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/2/2022 3:08 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati 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	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	136,180,164	-1,476,451	134,703,713	3,002,640.00	44.86	1.00
2.00	Excluded area salaries (see instructions)	28,381,877	334,463	28,716,340	416,133.00	69.01	2.00
3.00	Subtotal salaries (line 1 minus line 2)	107,798,287	-1,810,914	105,987,373	2,586,507.00	40.98	3.00
4.00	Subtotal other wages & related costs (see inst.)	8,683,903	0	8,683,903	40,666.00	213.54	4.00
5.00	Subtotal wage-related costs (see inst.)	22,727,649	0	22,727,649	0.00	21.44	5.00
6.00	Total (sum of lines 3 thru 5)	139,209,839	-1,810,914	137,398,925	2,627,173.00	52.30	6.00
7.00	Total overhead cost (see instructions)	42,793,570	-1,629,259	41,164,311	1,051,110.77	39.16	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/2/2022 3:08 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		8,124,272	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
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		439,864	7.00
<b>HEALTH AND INSURANCE COST</b>				
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)		9,572,601	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		1,022,364	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		70,128	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)		489,782	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,309,844	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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		7,705,837	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		139,895	20.00
<b>OTHER</b>				
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		9,935	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		28,884,522	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part V Date/Time Prepared: 5/2/2022 3:08 pm
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0109 Component CCN: 15-7124	Period: From 01/01/2021 To 12/31/2021	Worksheet S-4 Date/Time Prepared: 5/2/2022 3:08 pm
			Home Health Agency I	PPS

					1.00	
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0.00	County					0.00
		Title V	Title XVIII	Title XIX	Other	Total
		1.00	2.00	3.00	4.00	5.00

HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	0.00	0.00	0.00	0.00	2.00
		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			1.00	0.00	1.00	3.00
4.00	Director(s) and Assistant Director(s)				1.00	0.00	1.00	4.00
5.00	Other Administrative Personnel				12.05	0.00	12.05	5.00
6.00	Direct Nursing Service				23.41	0.00	23.41	6.00
7.00	Nursing Supervisor				2.00	0.00	2.00	7.00
8.00	Physical Therapy Service				22.75	0.00	22.75	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service				3.23	0.00	3.23	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00
12.00	Speech Pathology Service				0.70	0.00	0.70	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00
14.00	Medical Social Service				4.72	0.00	4.72	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00
16.00	Home Health Aide				1.02	0.00	1.02	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	0.00	17.00
18.00	Other (specify)				0.00	0.00	0.00	18.00

						CBSA Data	
						1.00	

HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					6	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	23844					20.00
20.01		26900					20.01
20.02		29200					20.02
20.03		33140					20.03
20.04		45460					20.04
20.05		99915					20.05

		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	470	4,386	148	9	5,013	21.00
22.00	Skilled Nursing Visit Charges	187,530	1,750,014	59,052	3,591	2,000,187	22.00
23.00	Physical Therapy Visits	426	3,247	80	10	3,763	23.00
24.00	Physical Therapy Visit Charges	176,364	1,344,258	33,120	4,140	1,557,882	24.00
25.00	Occupational Therapy Visits	282	1,135	25	5	1,447	25.00
26.00	Occupational Therapy Visit Charges	116,748	469,890	10,350	2,070	599,058	26.00
27.00	Speech Pathology Visits	63	245	6	0	314	27.00
28.00	Speech Pathology Visit Charges	26,082	101,430	2,484	0	129,996	28.00
29.00	Medical Social Service Visits	24	107	1	0	132	29.00
30.00	Medical Social Service Visit Charges	11,520	51,360	480	0	63,360	30.00
31.00	Home Health Aide Visits	19	196	1	0	216	31.00
32.00	Home Health Aide Visit Charges	3,667	37,828	193	0	41,688	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	1,284	9,316	261	24	10,885	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	521,911	3,754,780	105,679	9,801	4,392,171	35.00
36.00	Total Number of Episodes (standard/non outlier)	0		0	0	0	36.00
37.00	Total Number of Outlier Episodes		0		0	0	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA		Provider CCN: 15-0109 Hospice CCN: 15-1563	Period: From 01/01/2021 To 12/31/2021	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/2/2022 3:08 pm
		Hospice I		

	Unduplicated Days	Hospice I				Total (sum of cols. 1, 2 & 5)		
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			All Other
		1.00	2.00	3.00	4.00			5.00
<b>PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015</b>								
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	
<b>Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015</b>								
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	
<b>PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b>						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	33,927	0	0	33,927	11.00
12.00	Hospice Inpatient Respite Care	101	0	0	101	12.00
13.00	Hospice General Inpatient Care	7	0	0	7	13.00
14.00	Total Hospice Days	34,035	0	0	34,035	14.00
<b>PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b>						
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: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/2/2022 3:08 pm
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				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.186298	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			58,108,754	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			280,094,305	6.00
7.00	Medicaid cost (line 1 times line 6)			52,181,009	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>					
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
<b>Other state or local government indigent care program (see instructions for each line)</b>					
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
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
<b>Uncompensated Care (see instructions for each line)</b>					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	25,812,645	2,985,342	28,797,987	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,808,844	2,985,342	7,794,186	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)	4,808,844	2,985,342	7,794,186	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)			21,172,283	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			392,832	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			604,357	27.01
28.00	Non-Medicare bad debt expense (see instructions)			20,567,926	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			4,043,288	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			11,837,474	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			11,837,474	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0109

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

Worksheet A  
Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		3,828,823	3,828,823	5,930,353	9,759,176	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	20,052,522	20,052,522	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		37,762,420	37,925,262	-147,660	37,777,602	4.00
5.01	01160	COMMUNICATIONS	826,930	656,274	1,483,204	-675	1,482,529	5.01
5.02	01140	MGMT INFO SYSTEMS	871,330	4,352,342	5,223,672	-348,091	4,875,581	5.02
5.03	00550	PURCHASING	290	260,152	260,442	-57,307	203,135	5.03
5.04	00570	ADMINISTRATIVE	321	3,699	4,020	-930	3,090	5.04
5.05	00580	PATIENT ACCOUNTING	1,630	1,541,743	1,543,373	0	1,543,373	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	26,560,242	48,147,720	74,707,962	-4,381,555	70,326,407	5.06
7.00	00700	OPERATION OF PLANT	2,554,572	13,088,856	15,643,428	-7,020,403	8,623,025	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	255,176	720,044	975,220	-15,923	959,297	8.00
9.00	00900	HOUSEKEEPING	2,295,580	1,083,646	3,379,226	-44,513	3,334,713	9.00
10.00	01000	DIETARY	2,342,202	1,865,570	4,207,772	-1,853,144	2,354,628	10.00
11.00	01100	CAFETERIA	0	0	0	1,645,276	1,645,276	11.00
13.00	01300	NURSING ADMINISTRATION	3,606,424	935,497	4,541,921	-283,362	4,258,559	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	387,725	750,307	1,138,032	-402,958	735,074	14.00
15.00	01500	PHARMACY	2,841,062	11,091,397	13,932,459	-452,416	13,480,043	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	87,244	193,458	280,702	-159,679	121,023	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING PROGRAM	2,042,701	1,004,551	3,047,252	-359,947	2,687,305	20.00
23.00	02301	PHARMACY RESIDENCY	172,750	13,276	186,026	172,067	358,093	23.00
23.01	02300	EMS EDUCATION	5,210	12,906	18,116	145,010	163,126	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	21,677,466	4,774,392	26,451,858	-7,024,523	19,427,335	30.00
31.00	03100	INTENSIVE CARE UNIT	4,082,153	1,215,896	5,298,049	-779,300	4,518,749	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,395,577	991,248	3,386,825	-215,740	3,171,085	35.00
41.00	04100	SUBPROVIDER - IIRF	1,753,274	77,439	1,830,713	-142,165	1,688,548	41.00
43.00	04300	NURSERY	0	0	0	750,993	750,993	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,769,034	20,693,538	24,462,572	-19,125,454	5,337,118	50.00
51.00	05100	RECOVERY ROOM	590,529	25,217	615,746	-23,934	591,812	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,384,526	3,384,526	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,557,603	5,681,391	10,238,994	-4,121,042	6,117,952	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	398,229	305,084	703,313	-83,335	619,978	55.00
56.00	05600	RADIOISOTOPE	82,594	31,133	113,727	-15,862	97,865	56.00
56.01	03950	CARDIAC CATH LAB	1,477,704	4,169,785	5,647,489	-4,211,517	1,435,972	56.01
57.00	05700	CT SCAN	684,689	469,032	1,153,721	-203,187	950,534	57.00
58.00	05800	MRI	310,373	250,698	561,071	-200,675	360,396	58.00
60.00	06000	LABORATORY	0	11,630,823	11,630,823	-168,005	11,462,818	60.00
65.00	06500	RESPIRATORY THERAPY	2,331,597	1,203,436	3,535,033	-979,092	2,555,941	65.00
66.00	06600	PHYSICAL THERAPY	4,840,603	1,869,535	6,710,138	-1,411,695	5,298,443	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,529,513	56,182	1,585,695	-34,932	1,550,763	67.00
68.00	06800	SPEECH PATHOLOGY	567,531	30,603	598,134	-22,089	576,045	68.00
69.00	06900	ELECTROCARDIOLOGY	1,890,705	2,596,955	4,487,660	-165,131	4,322,529	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	678,473	140,577	819,050	-117,458	701,592	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,913,182	13,913,182	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,088,028	10,088,028	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,612,838	12,612,838	73.00
73.01	07301	DIABETES CENTER	435,715	6,483	442,198	-921	441,277	73.01
74.00	07400	RENAL DIALYSIS	165,398	1,224,881	1,390,279	-20,497	1,369,782	74.00
76.00	03480	ONCOLOGY	2,940,050	7,472,692	10,412,742	-6,706,529	3,706,213	76.00
76.01	03952	ANTI COAGULATION	305,024	35,838	340,862	-7,399	333,463	76.01
76.02	03951	INFUSION SERVICES	617,646	1,157,711	1,775,357	-189,060	1,586,297	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	469,914	847,399	1,317,313	-27,797	1,289,516	90.00
91.00	09100	EMERGENCY	6,057,893	3,942,509	10,000,402	-1,683,247	8,317,155	91.00
91.01	04950	WOUND CARE	760,654	-32,430	728,224	-5,496	722,728	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,388,050	551,124	1,939,174	-314,922	1,624,252	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	1,737,815	1,462,518	3,200,333	-447,528	2,752,805	95.00
101.00	10100	HOME HEALTH AGENCY	4,011,177	426,671	4,437,848	-12,625	4,425,223	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE		8,563,128	8,563,128	-4,671,167	3,891,961	113.00
116.00	11600	HOSPICE	2,732,738	2,137,963	4,870,701	-15,659	4,855,042	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	120,253,952	211,322,132	331,576,084	18,249	331,594,333	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	54,397	106,376	160,773	-5,376	155,397	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,871,815	3,616,677	19,488,492	-12,873	19,475,619	192.00
194.00	07950	MOB	0	0	0	0	0	194.00



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0109		Period: From 01/01/2021 To 12/31/2021		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	136,180,164	215,045,185	351,225,349	0	351,225,349	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0109

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

Worksheet A  
Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	225,490	9,984,666	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,787,702	22,840,224	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-5,274,473	32,503,129	4.00
5.01	01160	COMMUNICATIONS	721,277	2,203,806	5.01
5.02	01140	MGMT INFO SYSTEMS	2,342,187	7,217,768	5.02
5.03	00550	PURCHASING	-940,474	-737,339	5.03
5.04	00570	ADMINISTRATIVE	1,955	5,045	5.04
5.05	00580	PATIENT ACCOUNTING	736,435	2,279,808	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-25,600,677	44,725,730	5.06
7.00	00700	OPERATION OF PLANT	-40,245	8,582,780	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	959,297	8.00
9.00	00900	HOUSEKEEPING	-208,517	3,126,196	9.00
10.00	01000	DIETARY	-2	2,354,626	10.00
11.00	01100	CAFETERIA	-1,235,957	409,319	11.00
13.00	01300	NURSING ADMINISTRATION	-619,459	3,639,100	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	735,074	14.00
15.00	01500	PHARMACY	618,581	14,098,624	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,031,592	2,152,615	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
20.00	02000	NURSING PROGRAM	-2,562,149	125,156	20.00
23.00	02301	PHARMACY RESIDENCY	0	358,093	23.00
23.01	02300	EMS EDUCATION	-15,441	147,685	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-680,857	18,746,478	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,518,749	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-772,475	2,398,610	35.00
41.00	04100	SUBPROVIDER - IRF	-134,983	1,553,565	41.00
43.00	04300	NURSERY	0	750,993	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-531,291	4,805,827	50.00
51.00	05100	RECOVERY ROOM	0	591,812	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,384,526	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-253,736	5,864,216	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	619,978	55.00
56.00	05600	RADIOISOTOPE	-13,737	84,128	56.00
56.01	03950	CARDIAC CATH LAB	0	1,435,972	56.01
57.00	05700	CT SCAN	0	950,534	57.00
58.00	05800	MRI	0	360,396	58.00
60.00	06000	LABORATORY	-39,286	11,423,532	60.00
65.00	06500	RESPIRATORY THERAPY	-35,046	2,520,895	65.00
66.00	06600	PHYSICAL THERAPY	-240,948	5,057,495	66.00
67.00	06700	OCCUPATIONAL THERAPY	-65,777	1,484,986	67.00
68.00	06800	SPEECH PATHOLOGY	-444	575,601	68.00
69.00	06900	ELECTROCARDIOLOGY	-2,171,078	2,151,451	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-23,717	677,875	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,913,182	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,088,028	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-51,591	12,561,247	73.00
73.01	07301	DIABETES CENTER	-1,375	439,902	73.01
74.00	07400	RENAL DIALYSIS	0	1,369,782	74.00
76.00	03480	ONCOLOGY	-3,596	3,702,617	76.00
76.01	03952	ANTI COAGULATION	-5,818	327,645	76.01
76.02	03951	INFUSION SERVICES	0	1,586,297	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-2,775	1,286,741	90.00
91.00	09100	EMERGENCY	-2,416,909	5,900,246	91.00
91.01	04950	WOUND CARE	-16,029	706,699	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,624,252	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,624,252	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	-33,750	2,719,055	95.00
101.00	10100	HOME HEALTH AGENCY	-1,403	4,423,820	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	-3,891,961	0	113.00
116.00	11600	HOSPICE	0	4,855,042	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-38,420,757	293,173,576	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	155,397	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	19,475,619	192.00
194.00	07950	MOB	0	0	194.00
194.01	07951	LIFELINE	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0109

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

Worksheet A  
Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-38,420,757	312,804,592	200.00

RECLASSIFICATIONS

Provider CCN: 15-0109

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

Worksheet A-6

Date/Time Prepared:  
5/2/2022 3:08 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - RENTALS</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,338,943	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
7.00		0.00	0	0	7.00
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	2,338,943	
<b>B - EQUIPMENT RENTAL</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	867,796	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	973	2.00
3.00	CT SCAN	57.00	0	8,400	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
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
	0		0	877,169	
<b>C - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	13,913,182	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,088,028	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,612,838	3.00
4.00	NURSING ADMINISTRATION	13.00	0	4,108	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
	0		0	36,618,156	
<b>E - LDRP</b>					
1.00	NURSERY	43.00	651,072	99,921	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	2,934,207	450,319	2.00
	0		3,585,279	550,240	
<b>F - CAFETERIA</b>					
1.00	CAFETERIA	11.00	974,278	670,998	1.00
	0		974,278	670,998	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>G - CAPITAL EXP (INT &amp; DEP)</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	18,104,969	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
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
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
0			0	18,104,969	
<b>H - INTEREST</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,591,410	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,079,757	2.00
0			0	4,671,167	
<b>I - NURSING SCHOOL</b>					
1.00	NURSING PROGRAM	20.00	174,447	122,510	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
0			174,447	122,510	
<b>J - PARAMED PROGRAM</b>					
1.00	PHARMACY RESIDENCY	23.00	75,317	96,750	1.00
2.00	EMS EDUCATION	23.01	153,700	0	2.00
3.00		0.00	0	0	3.00
0			229,017	96,750	
<b>K - FSEH SHARED SERVICES</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	100,409	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	907,204	2.00
3.00	NURSING ADMINISTRATION	13.00	0	449,266	3.00
4.00	PHARMACY	15.00	0	19,572	4.00
0			0	1,476,451	
500.00	Grand Total: Increases		4,963,021	65,527,353	500.00

RECLASSIFICATIONS

Provider CCN: 15-0109

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

Worksheet A-6  
Date/Time Prepared:  
5/2/2022 3:08 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - RENTALS</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	50,359	10	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	136,196	0	2.00
3.00	DIETARY	10.00	0	54,074	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	289,195	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	757,401	0	5.00
7.00	PHYSICAL THERAPY	66.00	0	660,600	0	7.00
8.00	EMERGENCY	91.00	0	153,583	0	8.00
9.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	217,963	0	9.00
10.00	AMBULANCE SERVICES	95.00	0	19,572	0	10.00
	<b>O</b>		0	2,338,943		
<b>B - EQUIPMENT RENTAL</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	611,369	10	1.00
2.00	OPERATION OF PLANT	7.00	0	2,008	0	2.00
3.00	HOUSEKEEPING	9.00	0	9,515	0	3.00
4.00	NURSING ADMINISTRATION	13.00	0	2,117	0	4.00
6.00	ADULTS & PEDIATRICS	30.00	0	15,164	0	6.00
7.00	OPERATING ROOM	50.00	0	34,200	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	27,363	0	8.00
9.00	RADIOISOTOPE	56.00	0	10,500	0	9.00
11.00	RESPIRATORY THERAPY	65.00	0	49,225	0	11.00
12.00	PHYSICAL THERAPY	66.00	0	47,979	0	12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,967	0	13.00
15.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	26,876	0	15.00
16.00	PURCHASING	5.03	0	1,019	0	16.00
17.00	MGMT INFO SYSTEMS	5.02	0	22,310	0	17.00
18.00	LAUNDRY & LINEN SERVICE	8.00	0	14,377	0	18.00
19.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	180	0	19.00
	<b>O</b>		0	877,169		
<b>C - MEDICAL SUPPLIES</b>						
1.00		0.00	0	0	0	1.00
2.00	RADIOISOTOPE	56.00	0	6	0	2.00
3.00		0.00	0	0	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	350,734	0	4.00
5.00	PHARMACY	15.00	0	273,629	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	1,970,740	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	465,087	0	7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	137,233	0	8.00
9.00	SUBPROVIDER - IRF	41.00	0	51,520	0	9.00
10.00	OPERATING ROOM	50.00	0	17,705,252	0	10.00
11.00	RECOVERY ROOM	51.00	0	23,874	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,127,863	0	12.00
13.00	RADIOLOGY - THERAPEUTIC	55.00	0	11,153	0	13.00
14.00	CARDIAC CATH LAB	56.01	0	3,717,435	0	14.00
15.00	CT SCAN	57.00	0	173,822	0	15.00
16.00	MRI	58.00	0	40,414	0	16.00
17.00	LABORATORY	60.00	0	111,270	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	739,900	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	311,956	0	19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	24,318	0	20.00
21.00	SPEECH PATHOLOGY	68.00	0	3,581	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	50,196	0	22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	76,317	0	23.00
24.00	DIABETES CENTER	73.01	0	623	0	24.00
25.00	RENAL DIALYSIS	74.00	0	20,114	0	25.00
26.00	CLINIC	90.00	0	27,528	0	26.00
27.00	EMERGENCY	91.00	0	1,233,262	0	27.00
28.00	WOUND CARE	91.01	0	2,490	0	28.00
29.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	89,243	0	29.00
30.00	AMBULANCE SERVICES	95.00	0	131,891	0	30.00
31.00	ONCOLOGY	76.00	0	6,557,616	0	31.00
32.00	ANTI COAGULATION	76.01	0	29	0	32.00
33.00	INFUSION SERVICES	76.02	0	189,060	0	33.00
	<b>O</b>		0	36,618,156		
<b>E - LDRP</b>						
1.00	ADULTS & PEDIATRICS	30.00	3,585,279	550,240	0	1.00
2.00		0.00	0	0	0	2.00
	<b>O</b>		3,585,279	550,240		

RECLASSIFICATIONS

Provider CCN: 15-0109

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

Worksheet A-6  
Date/Time Prepared:  
5/2/2022 3:08 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>F - CAFETERIA</b>						
1.00	DIETARY	10.00	974,278	670,998	0	1.00
	O		974,278	670,998		
<b>G - CAPITAL EXP (INT &amp; DEP)</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	70,425	9	1.00
2.00	COMMUNICATIONS	5.01	0	675	0	2.00
3.00	MGMT INFO SYSTEMS	5.02	0	325,781	0	3.00
4.00	PURCHASING	5.03	0	56,288	0	4.00
5.00	ADMINISTRATIVE AND GENERAL	5.04	0	930	0	5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,593,480	0	6.00
7.00	OPERATION OF PLANT	7.00	0	7,018,395	0	7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	1,546	0	8.00
9.00	HOUSEKEEPING	9.00	0	34,998	0	9.00
10.00	DIETARY	10.00	0	153,794	0	10.00
11.00	NURSING ADMINISTRATION	13.00	0	285,353	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	53,197	0	12.00
13.00	PHARMACY	15.00	0	6,720	0	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	188	0	14.00
15.00	NURSING PROGRAM	20.00	0	656,904	0	15.00
16.00	EMS EDUCATION	23.01	0	8,690	0	16.00
17.00	ADULTS & PEDIATRICS	30.00	0	516,949	0	17.00
18.00	INTENSIVE CARE UNIT	31.00	0	314,213	0	18.00
19.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	78,327	0	19.00
20.00	SUBPROVIDER - IRF	41.00	0	90,645	0	20.00
21.00	OPERATING ROOM	50.00	0	1,386,002	0	21.00
22.00	RECOVERY ROOM	51.00	0	60	0	22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,208,415	0	23.00
24.00	RADIOLOGY - THERAPEUTIC	55.00	0	72,182	0	24.00
25.00	RADIOISOTOPE	56.00	0	5,356	0	25.00
26.00	CARDIAC CATH LAB	56.01	0	494,082	0	26.00
27.00	CT SCAN	57.00	0	37,765	0	27.00
28.00	MRI	58.00	0	160,261	0	28.00
29.00	LABORATORY	60.00	0	56,735	0	29.00
30.00	RESPIRATORY THERAPY	65.00	0	189,967	0	30.00
31.00	PHYSICAL THERAPY	66.00	0	391,160	0	31.00
32.00	OCCUPATIONAL THERAPY	67.00	0	10,614	0	32.00
33.00	SPEECH PATHOLOGY	68.00	0	18,508	0	33.00
34.00	ELECTROCARDIOLOGY	69.00	0	114,935	0	34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	38,174	0	35.00
36.00	DIABETES CENTER	73.01	0	298	0	36.00
37.00	RENAL DIALYSIS	74.00	0	383	0	37.00
38.00	ONCOLOGY	76.00	0	148,913	0	38.00
39.00	ANTI COAGULATION	76.01	0	7,370	0	39.00
40.00	CLINIC	90.00	0	269	0	40.00
41.00	EMERGENCY	91.00	0	211,703	0	41.00
42.00	WOUND CARE	91.01	0	3,006	0	42.00
43.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	7,716	0	43.00
44.00	AMBULANCE SERVICES	95.00	0	227,064	0	44.00
45.00	HOME HEALTH AGENCY	101.00	0	12,625	0	45.00
46.00	HOSPICE	116.00	0	15,659	0	46.00
47.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	5,376	0	47.00
48.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	12,873	0	48.00
	O		0	18,104,969		
<b>H - INTEREST</b>						
1.00	INTEREST EXPENSE	113.00	0	4,671,167	11	1.00
2.00		0.00	0	0	11	2.00
	O		0	4,671,167		
<b>I - NURSING SCHOOL</b>						
1.00	ADULTS & PEDIATRICS	30.00	96,956	0	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	36,323	4,187	0	2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	41,168	118,323	0	3.00
	O		174,447	122,510		
<b>J - PARAMED PROGRAM</b>						
1.00	PHARMACY	15.00	75,317	96,750	0	1.00
2.00	EMERGENCY	91.00	84,699	0	0	2.00
3.00	AMBULANCE SERVICES	95.00	69,001	0	0	3.00
	O		229,017	96,750		

RECLASSIFICATIONS

Provider CCN: 15-0109

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

Worksheet A-6

Date/Time Prepared:  
5/2/2022 3:08 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
K - FSEH SHARED SERVICES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	100,409	0	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	907,204	0	0	2.00
3.00	NURSING ADMINISTRATION	13.00	449,266	0	0	3.00
4.00	PHARMACY	15.00	19,572	0	0	4.00
	0		1,476,451	0	0	
500.00	Grand Total: Decreases		6,439,472	64,050,902		500.00



RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0109

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/2/2022 3:08 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	12,770,293	0	0	0	29,000	1.00
2.00	Land Improvements	4,407,894	461,103	0	461,103	0	2.00
3.00	Buildings and Fixtures	289,378,578	1,548,750	0	1,548,750	0	3.00
4.00	Building Improvements	4,917,938	274,549	0	274,549	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	86,355,430	8,356,387	0	8,356,387	388,879	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	397,830,133	10,640,789	0	10,640,789	417,879	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	397,830,133	10,640,789	0	10,640,789	417,879	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	12,741,293	0				1.00
2.00	Land Improvements	4,868,997	0				2.00
3.00	Buildings and Fixtures	290,927,328	0				3.00
4.00	Building Improvements	5,192,487	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	94,322,938	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	408,053,043	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	408,053,043	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0109

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	3,828,823	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)	3,828,823	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	3,828,823				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	3,828,823				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0109

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	313,730,105	0	313,730,105	0.768846	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	94,322,938	0	94,322,938	0.231154	0	2.00
3.00	Total (sum of lines 1-2)	408,053,043	0	408,053,043	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	4,054,313	2,338,943	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	20,892,671	867,796	2.00
3.00	Total (sum of lines 1-2)	0	0	0	24,946,984	3,206,739	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	3,591,410	0	0	0	9,984,666	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,079,757	0	0	0	22,840,224	2.00
3.00	Total (sum of lines 1-2)	4,671,167	0	0	0	32,824,890	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0109

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

Worksheet A-8

Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-8,760,253				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	-4,261,149				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,235,931	CAFETERIA		11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-2,746	MEDICAL RECORDS & LIBRARY		16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)	B	-2,558,527	NURSING PROGRAM		20.00	0	19.00
19.01 Nursing and allied health education (tuition, fees, books, etc.)	B	-15,441	EMS EDUCATION		23.01	0	19.01
20.00 Vending machines	B		ODIETARY		10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	OADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0109

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

Worksheet A-8

Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 RECRUITMENT	A			0 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01 RECRUITMENT	A			0 OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.01
34.00 HAF	A	-18,794,484		0 OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.00
35.00 ADVERTISING	A	-147		0 OTHER ADMINISTRATIVE AND GENERAL	5.06	0	35.00
35.01 ADVERTISING	A	-3,622		0 NURSING PROGRAM	20.00	0	35.01
35.02 ADVERTISING	A	-85		0 ADULTS & PEDIATRICS	30.00	0	35.02
35.03 ADVERTISING	A	-85		0 RESPIRATORY THERAPY	65.00	0	35.03
35.04 ADVERTISING	A	-8,240		0 PHYSICAL THERAPY	66.00	0	35.04
35.05 ADVERTISING	A	-7,599		0 OCCUPATIONAL THERAPY	67.00	0	35.05
35.06 ADVERTISING	A	-444		0 SPEECH PATHOLOGY	68.00	0	35.06
35.07 ADVERTISING	A	-673		0 ELECTROCARDIOLOGY	69.00	0	35.07
35.08 ADVERTISING	A	-3,596		0 ONCOLOGY	76.00	0	35.08
35.09 ADVERTISING	A	-1,029		0 WOUND CARE	91.01	0	35.09
35.10 ADVERTISING	A	-85		0 HOME HEALTH AGENCY	101.00	0	35.10
36.00 ATHLETIC TRAINING	B			0 PHYSICAL THERAPY	66.00	0	36.00
37.00 BLDG RENT	B			0 OTHER ADMINISTRATIVE AND GENERAL	5.06	0	37.00
38.00 DISCOUNTS / REBATES	B	-1,067,126		0 PURCHASING	5.03	0	38.00
38.01 DISCOUNTS / REBATES	B	-14,102		0 PATIENT ACCOUNTING	5.05	0	38.01
38.02 DISCOUNTS / REBATES	B	-152,459		0 OTHER ADMINISTRATIVE AND GENERAL	5.06	0	38.02
38.03 DISCOUNTS / REBATES	B	-2		0 DIETARY	10.00	0	38.03
38.04 DISCOUNTS / REBATES	B	-51,591		0 DRUGS CHARGED TO PATIENTS	73.00	0	38.04
38.05 DISCOUNTS / REBATES	B			0 OPERATING ROOM	50.00	0	38.05
38.06 DISCOUNTS / REBATES	B			0 RADIOLOGY-DIAGNOSTIC	54.00	0	38.06
38.07 DISCOUNTS / REBATES	B			0 LABORATORY	60.00	0	38.07
38.08 DISCOUNTS / REBATES	B			0 RESPIRATORY THERAPY	65.00	0	38.08
39.00 EDUCATION	B			0 PHARMACY RESIDENCY	23.00	0	39.00
40.00 FOOD SERVICE DAY CARE	B			0 DIETARY	10.00	0	40.00
41.00 MARKETING	A			0 OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41.00
41.02 MARKETING	A			0 ADULTS & PEDIATRICS	30.00	0	41.02
41.05 MARKETING	A			0 PHYSICAL THERAPY	66.00	0	41.05
41.06 MARKETING	A			0 OCCUPATIONAL THERAPY	67.00	0	41.06
41.07 MARKETING	A			0 SPEECH PATHOLOGY	68.00	0	41.07
41.08 MARKETING	A			0 ELECTROCARDIOLOGY	69.00	0	41.08
41.09 MARKETING	A			0 DIABETES CENTER	73.01	0	41.09
41.10 MARKETING	A			0 WOUND CARE	91.01	0	41.10
41.11 MARKETING	A			0 HOME HEALTH AGENCY	101.00	0	41.11
42.00 MISCELLANEOUS REVENUE	B	-198,066		0 MGMT INFO SYSTEMS	5.02	0	42.00
42.01 MISCELLANEOUS REVENUE	B	-499,765		0 OTHER ADMINISTRATIVE AND GENERAL	5.06	9	42.01
42.02 MISCELLANEOUS REVENUE	B	-40,245		0 OPERATION OF PLANT	7.00	0	42.02
42.03 MISCELLANEOUS REVENUE	B	-208,517		0 HOUSEKEEPING	9.00	0	42.03
42.04 MISCELLANEOUS REVENUE	B	-26		0 CAFETERIA	11.00	0	42.04
42.05 MISCELLANEOUS REVENUE	B	-29		0 NURSING ADMINISTRATION	13.00	0	42.05
42.06 MISCELLANEOUS REVENUE	B	-15,020		0 PHARMACY	15.00	0	42.06
42.07 MISCELLANEOUS REVENUE	B	-17,522		0 ADULTS & PEDIATRICS	30.00	0	42.07
42.08 MISCELLANEOUS REVENUE	B	-3,302		0 OPERATING ROOM	50.00	0	42.08
42.09 MISCELLANEOUS REVENUE	B	-233,700		0 RADIOLOGY-DIAGNOSTIC	54.00	0	42.09
42.10 MISCELLANEOUS REVENUE	B	-107		0 RADIOISOTOPE	56.00	0	42.10
42.11 MISCELLANEOUS REVENUE	B	-205,508		0 PHYSICAL THERAPY	66.00	0	42.11
42.12 MISCELLANEOUS REVENUE	B	-58,178		0 OCCUPATIONAL THERAPY	67.00	0	42.12
42.13 MISCELLANEOUS REVENUE	B	-38		0 ELECTROENCEPHALOGRAPHY	70.00	0	42.13
42.14 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	42.14
42.15 MISCELLANEOUS REVENUE	B	-1,318		0 HOME HEALTH AGENCY	101.00	0	42.15
42.16 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	42.16
43.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	43.00
44.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	44.00

Provider CCN: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet A-8 Date/Time Prepared: 5/2/2022 3:08 pm
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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	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-38,420,757				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: 15-0109

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

Worksheet A-8-1

Date/Time Prepared: 5/2/2022 3:08 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICES	225,490	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICES	2,787,702	0
3.00	113.00	INTEREST EXPENSE	INTEREST FA ALLOWCATION	4,773,773	8,665,734
3.01	15.00	PHARMACY		653,173	0
3.02	16.00	MEDICAL RECORDS & LIBRARY	HO ALLOCATION	2,034,338	0
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO ALLOCATION	0	5,045,383
4.01	5.01	COMMUNICATIONS	HO ALLOCATION	721,277	0
4.02	5.02	MGMT INFO SYSTEMS	HO ALLOCATION	2,540,253	0
4.03	5.03	PURCHASING	HO ALLOCATION	126,652	0
4.04	5.04	ADMINISTRATIVE	HO ALLOCATION	1,955	0
4.05	5.05	PATIENT ACCOUNTING	HO ALLOCATION	750,537	0
4.06	5.06	OTHER ADMINISTRATIVE AND GEN	HO ALLOCATION	36,330,215	39,017,539
4.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	FSEH SHARED SERVICES	0	229,090
4.08	5.06	OTHER ADMINISTRATIVE AND GEN	FSEH SHARED SERVICES	0	1,609,766
4.09	13.00	NURSING ADMINISTRATION	FSEH SHARED SERVICES	0	619,430
4.10	15.00	PHARMACY	FSEH SHARED SERVICES	0	19,572
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			50,945,365	55,206,514

\* 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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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	FRANCSAN ALLI	100.00	FRANCSAN ALLI	100.00	6.00
7.00	G	FSEH	100.00	FSEH	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 15-0109

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

Worksheet A-8-1

Date/Time Prepared:  
5/2/2022 3:08 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	225,490	9		1.00
2.00	2,787,702	9		2.00
3.00	-3,891,961	11		3.00
3.01	653,173	0		3.01
3.02	2,034,338	0		3.02
4.00	-5,045,383	0		4.00
4.01	721,277	0		4.01
4.02	2,540,253	0		4.02
4.03	126,652	0		4.03
4.04	1,955	0		4.04
4.05	750,537	0		4.05
4.06	-2,687,324	0		4.06
4.07	-229,090	0		4.07
4.08	-1,609,766	0		4.08
4.09	-619,430	0		4.09
4.10	-19,572	0		4.10
5.00	-4,261,149			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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>		

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

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

6.00	HOME OFFICE		6.00
7.00	SISTER FACILITY		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: 15-0109

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

Worksheet A-8-2

Date/Time Prepared:  
5/2/2022 3:08 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	663,250	663,250	0	0	0	1.00
2.00	35.00	NEONATAL INTENSIVE CARE UNIT	784,474	766,737	17,737	211,500	118	2.00
3.00	41.00	SUBPROVIDER - IRF	134,983	134,983	0	0	0	3.00
4.00	50.00	OPERATING ROOM	574,865	496,477	78,388	211,500	461	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	29,493	17,468	12,025	211,500	93	5.00
6.00	56.00	RADIOISOTOPE	19,255	13,630	5,625	211,500	270	6.00
7.00	60.00	LABORATORY	43,963	3,500	40,463	211,500	46	7.00
8.00	65.00	RESPIRATORY THERAPY	34,961	34,961	0	0	0	8.00
9.00	66.00	PHYSICAL THERAPY	27,200	27,200	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	2,170,405	2,170,405	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	23,679	23,679	0	0	0	11.00
12.00	73.01	DIABETES CENTER	1,375	1,375	0	0	0	12.00
13.00	76.01	ANTI COAGULATION	5,818	5,818	0	0	0	13.00
14.00	90.00	CLINIC	2,775	2,775	0	0	0	14.00
15.00	91.00	EMERGENCY	2,416,909	2,416,909	0	0	0	15.00
16.00	91.01	WOUND CARE	15,000	15,000	0	0	0	16.00
17.00	95.00	AMBULANCE SERVICES	33,750	33,750	0	0	0	17.00
18.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	2,024,305	1,783,250	241,055	211,500	1,648	18.00
200.00			9,006,460	8,611,167	395,293		2,636	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	35.00	NEONATAL INTENSIVE CARE UNIT	11,999	600	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	46,876	2,344	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	9,457	473	0	0	0	5.00
6.00	56.00	RADIOISOTOPE	27,454	1,373	0	0	0	6.00
7.00	60.00	LABORATORY	4,677	234	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	8.00
9.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	11.00
12.00	73.01	DIABETES CENTER	0	0	0	0	0	12.00
13.00	76.01	ANTI COAGULATION	0	0	0	0	0	13.00
14.00	90.00	CLINIC	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	0	0	0	0	0	15.00
16.00	91.01	WOUND CARE	0	0	0	0	0	16.00
17.00	95.00	AMBULANCE SERVICES	0	0	0	0	0	17.00
18.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	167,573	8,379	0	0	0	18.00
200.00			268,036	13,403	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	663,250	1.00
2.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	11,999	5,738	772,475	2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	134,983	3.00
4.00	50.00	OPERATING ROOM	0	46,876	31,512	527,989	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	9,457	2,568	20,036	5.00
6.00	56.00	RADIOISOTOPE	0	27,454	0	13,630	6.00
7.00	60.00	LABORATORY	0	4,677	35,786	39,286	7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	34,961	8.00
9.00	66.00	PHYSICAL THERAPY	0	0	0	27,200	9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	2,170,405	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	23,679	11.00
12.00	73.01	DIABETES CENTER	0	0	0	1,375	12.00
13.00	76.01	ANTI COAGULATION	0	0	0	5,818	13.00
14.00	90.00	CLINIC	0	0	0	2,775	14.00
15.00	91.00	EMERGENCY	0	0	0	2,416,909	15.00
16.00	91.01	WOUND CARE	0	0	0	15,000	16.00
17.00	95.00	AMBULANCE SERVICES	0	0	0	33,750	17.00
18.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	167,573	73,482	1,856,732	18.00
200.00			0	268,036	149,086	8,760,253	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	9,984,666	9,984,666			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	22,840,224		22,840,224		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	32,503,129	129,256	350,236	32,982,621	4.00
5.01 01160	COMMUNICATIONS	2,203,806	12,707	34,430	202,571	2,453,514 5.01
5.02 01140	MGMT INFO SYSTEMS	7,217,768	191,450	518,757	213,447	80,044 5.02
5.03 00550	PURCHASING	-737,339	138,470	375,202	71	48,722 5.03
5.04 00570	ADMINISTRATIVE	5,045	0	0	79	0 5.04
5.05 00580	PATIENT ACCOUNTING	2,279,808	74,274	201,254	399	48,722 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	44,725,730	763,908	2,069,905	6,275,203	254,052 5.06
7.00 00700	OPERATION OF PLANT	8,582,780	1,487,557	4,030,722	625,786	191,409 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	959,297	58,738	159,158	62,510	3,480 8.00
9.00 00900	HOUSEKEEPING	3,126,196	121,370	328,866	562,341	31,321 9.00
10.00 01000	DIETARY	2,354,626	215,411	583,682	335,096	104,405 10.00
11.00 01100	CAFETERIA	409,319	194,642	527,407	238,666	0 11.00
13.00 01300	NURSING ADMINISTRATION	3,639,100	43,065	116,689	773,400	31,321 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	735,074	71,282	193,147	94,980	13,921 14.00
15.00 01500	PHARMACY	14,098,624	115,511	312,991	672,722	80,044 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,152,615	29,031	78,663	11,287	59,163 16.00
17.00 01700	SOCIAL SERVICE	0	7,549	20,454	0	31,321 17.00
20.00 02000	NURSING PROGRAM	125,156	417,301	1,130,729	543,128	0 20.00
23.00 02301	PHARMACY RESIDENCY	358,093	0	0	60,768	0 23.00
23.01 02300	EMS EDUCATION	147,685	51,740	140,196	38,928	0 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	18,746,478	1,483,112	4,018,678	4,408,238	400,219 30.00
31.00 03100	INTENSIVE CARE UNIT	4,518,749	143,590	389,076	999,993	76,564 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	2,398,610	100,488	272,285	586,837	59,163 35.00
41.00 04100	SUBPROVIDER - IIRF	1,553,565	180,571	489,279	429,494	83,524 41.00
43.00 04300	NURSERY	750,993	0	0	159,491	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	4,805,827	411,830	1,115,905	923,289	83,524 50.00
51.00 05100	RECOVERY ROOM	591,812	34,026	92,198	144,660	27,841 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,384,526	0	0	718,784	90,484 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,864,216	227,404	616,178	1,116,462	208,810 54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	619,978	8,813	23,881	97,553	0 55.00
56.00 05600	RADIOISOTOPE	84,128	4,281	11,601	20,233	0 56.00
56.01 03950	CARDIAC CATH LAB	1,435,972	105,734	286,498	361,989	0 56.01
57.00 05700	CT SCAN	950,534	19,266	52,205	167,726	0 57.00
58.00 05800	MRI	360,396	17,051	46,201	76,031	0 58.00
60.00 06000	LABORATORY	11,423,532	81,309	220,318	0	153,127 60.00
65.00 06500	RESPIRATORY THERAPY	2,520,895	28,893	78,290	571,164	118,325 65.00
66.00 06600	PHYSICAL THERAPY	5,057,495	11,955	32,395	1,185,788	20,881 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,484,986	0	0	374,680	0 67.00
68.00 06800	SPEECH PATHOLOGY	575,601	1,227	3,324	139,026	0 68.00
69.00 06900	ELECTROCARDIOLOGY	2,151,451	130,759	354,307	463,160	20,881 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	677,875	67,088	181,784	166,203	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,913,182	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	10,088,028	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	12,561,247	0	0	0	0 73.00
73.01 07301	DIABETES CENTER	439,902	0	0	106,736	20,881 73.01
74.00 07400	RENAL DIALYSIS	1,369,782	23,047	62,449	40,517	0 74.00
76.00 03480	ONCOLOGY	3,702,617	25,038	67,842	720,215	0 76.00
76.01 03952	ANTI COAGULATION	327,645	0	0	74,721	0 76.01
76.02 03951	INFUSION SERVICES	1,586,297	0	0	151,303	0 76.02
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	1,286,741	0	0	115,113	111,365 90.00
91.00 09100	EMERGENCY	5,900,246	532,674	1,443,347	1,463,235	0 91.00
91.01 04950	WOUND CARE	706,699	212,231	575,066	186,335	0 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	1,624,252	100,025	271,030	340,026	0 92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	2,719,055	116,074	314,517	408,804	0 95.00
101.00 10100	HOME HEALTH AGENCY	4,423,820	98,535	266,994	982,606	0 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					0 113.00
116.00 11600	HOSPICE	4,855,042	0	0	669,431	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	293,173,576	8,288,283	22,458,136	29,081,225	2,453,514 118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS		
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				4.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	155,397	39,159	106,105	13,325	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	19,475,619	101,853	275,983	3,888,071	0	192.00
194.00 07950	MOB	0	0	0	0	0	194.00
194.01 07951	LIFELINE	0	0	0	0	0	194.01
194.02 07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03 07954	OTHER NONREIMBURSABLE COST CENTERS	0	1,555,371	0	0	0	194.03
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)	312,804,592	9,984,666	22,840,224	32,982,621	2,453,514	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0109		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part I Date/Time Prepared: 5/2/2022 3:08 pm	
Cost Center Description			MGMT INFO SYSTEMS	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>								
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	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS	8,221,466					5.02
5.03	00550	PURCHASING	31	-174,843				5.03
5.04	00570	ADMINISTRATIVE	42	0	5,166			5.04
5.05	00580	PATIENT ACCOUNTING	309	0	0	2,604,766		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	509,941	0	0	0	54,598,739	5.06
7.00	00700	OPERATION OF PLANT	286,107	0	0	0	15,204,361	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	28,288	0	0	0	1,271,471	8.00
9.00	00900	HOUSEKEEPING	340,627	0	0	0	4,510,721	9.00
10.00	01000	DIETARY	324,815	0	0	0	3,918,035	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,370,034	11.00
13.00	01300	NURSING ADMINISTRATION	229,313	0	0	0	4,832,888	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	53,409	0	0	0	1,161,813	14.00
15.00	01500	PHARMACY	183,121	0	0	0	15,463,013	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,530	0	0	0	2,339,289	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	59,324	17.00
20.00	02000	NURSING PROGRAM	141,260	0	0	0	2,357,574	20.00
23.00	02301	PHARMACY RESIDENCY	15,357	0	0	0	434,218	23.00
23.01	02300	EMS EDUCATION	668	0	0	0	379,217	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,861,386	0	372	216,660	31,135,143	30.00
31.00	03100	INTENSIVE CARE UNIT	331,166	0	72	42,205	6,501,415	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	161,598	0	61	35,433	3,614,475	35.00
41.00	04100	SUBPROVIDER - I/R	125,521	0	20	11,414	2,873,388	41.00
43.00	04300	NURSERY	0	0	13	7,855	918,352	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	348,826	0	501	292,215	7,981,917	50.00
51.00	05100	RECOVERY ROOM	35,847	0	42	24,572	950,998	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	61	35,400	4,229,255	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	345,934	0	301	175,211	8,554,516	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	34,462	0	43	25,083	809,813	55.00
56.00	05600	RADIOISOTOPE	6,008	0	0	62	126,313	56.00
56.01	03950	CARDIAC CATH LAB	101,351	0	185	107,694	2,399,423	56.01
57.00	05700	CT SCAN	52,730	0	205	119,790	1,362,456	57.00
58.00	05800	MRI	17,259	0	33	19,091	536,062	58.00
60.00	06000	LABORATORY	0	0	427	249,131	12,127,844	60.00
65.00	06500	RESPIRATORY THERAPY	176,080	0	70	40,885	3,534,602	65.00
66.00	06600	PHYSICAL THERAPY	386,056	0	92	53,484	6,748,146	66.00
67.00	06700	OCCUPATIONAL THERAPY	115,269	0	43	25,170	2,000,148	67.00
68.00	06800	SPEECH PATHOLOGY	45,566	0	15	8,816	773,575	68.00
69.00	06900	ELECTROCARDIOLOGY	148,948	0	125	72,676	3,342,307	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	50,323	0	16	9,582	1,152,871	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,320	363,353	14,277,855	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	290	169,061	10,257,379	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	250	145,504	12,707,001	73.00
73.01	07301	DIABETES CENTER	35,985	0	0	13	603,517	73.01
74.00	07400	RENAL DIALYSIS	11,021	0	10	5,943	1,512,769	74.00
76.00	03480	ONCOLOGY	234,258	0	63	36,603	4,786,636	76.00
76.01	03952	ANTI COAGULATION	19,301	0	3	1,833	423,503	76.01
76.02	03951	INFUSION SERVICES	41,488	0	15	8,570	1,787,673	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	59,944	0	2	1,216	1,574,381	90.00
91.00	09100	EMERGENCY	455,136	0	360	209,824	10,004,822	91.00
91.01	04950	WOUND CARE	46,206	0	2	1,126	1,727,665	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	117,261	0	26	15,090	2,467,710	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	286,654	0	35	20,223	3,865,362	95.00
101.00	10100	HOME HEALTH AGENCY	215,170	0	28	16,187	6,003,340	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	214,480	0	65	37,791	5,776,809	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,203,052	0	5,166	2,604,766	287,350,138	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,851	0	0	0	319,837	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,563	0	0	0	23,754,089	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description			MGMT INFO SYSTEMS	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	1,555,371	194.03
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	-174,843	0	0	-174,843	201.00
202.00		TOTAL (sum lines 118 through 201)	8,221,466	-174,843	5,166	2,604,766	312,804,592	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	01140						5.02
5.03	00550						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560	54,598,739					5.06
7.00	00700	3,212,849	18,417,210				7.00
8.00	00800	268,676	150,520	1,690,667			8.00
9.00	00900	953,165	311,016	39,099	5,814,001		9.00
10.00	01000	827,924	552,002	47,484	229,732	5,575,177	10.00
11.00	01100	289,503	498,781	0	207,582	0	11.00
13.00	01300	1,021,242	110,355	0	45,928	0	13.00
14.00	01400	245,504	182,664	42,850	76,021	0	14.00
15.00	01500	3,267,505	296,003	0	123,190	0	15.00
16.00	01600	494,317	74,394	0	30,961	0	16.00
17.00	01700	12,536	19,344	0	8,051	0	17.00
20.00	02000	498,181	1,069,358	0	445,044	0	20.00
23.00	02301	91,755	0	0	0	0	23.00
23.01	02300	80,133	132,587	0	55,180	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	6,579,256	3,800,560	596,834	1,581,716	4,618,494	30.00
31.00	03100	1,373,821	367,959	90,920	153,137	592,923	31.00
35.00	02060	763,778	257,507	37,896	107,169	0	35.00
41.00	04100	607,178	462,723	32,095	192,576	363,760	41.00
43.00	04300	194,058	0	62,282	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,686,667	1,055,339	296,511	439,210	0	50.00
51.00	05100	200,956	87,194	54,524	36,288	0	51.00
52.00	05200	893,688	0	66,591	0	0	52.00
54.00	05400	1,807,663	582,735	104,042	242,522	0	54.00
55.00	05500	171,122	22,584	0	9,399	0	55.00
56.00	05600	26,691	10,971	0	4,566	0	56.00
56.01	03950	507,024	270,948	6,876	112,763	0	56.01
57.00	05700	287,902	49,371	0	20,547	0	57.00
58.00	05800	113,276	43,693	0	18,184	0	58.00
60.00	06000	2,562,747	208,360	10,779	86,715	0	60.00
65.00	06500	746,900	74,041	12,621	30,814	0	65.00
66.00	06600	1,425,957	30,636	23,491	12,750	0	66.00
67.00	06700	422,653	0	0	0	0	67.00
68.00	06800	163,465	3,144	0	1,308	0	68.00
69.00	06900	706,266	335,077	9,574	139,452	0	69.00
70.00	07000	243,614	171,917	0	71,548	0	70.00
71.00	07100	3,017,068	0	0	0	0	71.00
72.00	07200	2,167,497	0	0	0	0	72.00
73.00	07300	2,685,129	0	0	0	0	73.00
73.01	07301	127,530	0	0	0	0	73.01
74.00	07400	319,665	59,059	0	24,579	0	74.00
76.00	03480	1,011,469	64,160	0	26,702	0	76.00
76.01	03952	89,491	0	0	0	0	76.01
76.02	03951	377,755	0	0	0	0	76.02
76.98	07698	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	332,684	0	0	0	0	90.00
91.00	09100	2,114,129	1,365,008	156,198	568,088	0	91.00
91.01	04950	365,075	543,854	0	226,341	0	91.01
92.00	09200						92.00
92.01	09201	521,454	256,320	0	106,675	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	816,794	297,447	0	123,791	0	95.00
101.00	10100	1,268,572	252,502	0	105,086	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
116.00	11600	1,220,703	0	0	0	0	116.00
118.00		49,182,987	14,070,133	1,690,667	5,663,615	5,575,177	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	67,585	100,347	0	41,762	0	190.00
192.00	19200	5,019,500	261,004	0	108,624	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
194.02	07952 PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	328,667	3,985,726	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	54,598,739	18,417,210	1,690,667	5,814,001	5,575,177	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	01140						5.02
5.03	00550						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	2,365,900					11.00
13.00	01300	80,598	6,091,011				13.00
14.00	01400	18,772	0	1,727,624			14.00
15.00	01500	64,363	0	13,103	19,227,177		15.00
16.00	01600	2,998	0	0	0	2,941,959	16.00
17.00	01700	0	0	0	0	0	17.00
20.00	02000	49,650	0	0	0	0	20.00
23.00	02301	5,398	0	0	0	0	23.00
23.01	02300	235	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	654,235	2,197,834	94,369	0	244,780	30.00
31.00	03100	116,397	391,023	22,271	0	47,682	31.00
35.00	02060	56,798	190,807	6,571	0	40,032	35.00
41.00	04100	44,118	148,209	2,467	0	12,895	41.00
43.00	04300	0	0	0	0	8,874	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	122,604	411,875	847,831	0	330,141	50.00
51.00	05100	12,599	42,327	1,143	0	27,761	51.00
52.00	05200	0	0	0	0	39,994	52.00
54.00	05400	121,588	0	101,893	0	197,952	54.00
55.00	05500	12,112	0	534	0	28,338	55.00
56.00	05600	2,112	7,094	0	0	70	56.00
56.01	03950	35,623	119,670	178,009	0	121,672	56.01
57.00	05700	18,533	0	8,323	0	135,338	57.00
58.00	05800	6,066	0	1,935	0	21,569	58.00
60.00	06000	0	0	5,328	0	281,466	60.00
65.00	06500	61,888	207,907	35,430	0	46,192	65.00
66.00	06600	135,690	455,835	14,938	0	60,426	66.00
67.00	06700	40,514	136,104	1,164	0	28,436	67.00
68.00	06800	16,016	53,802	171	0	9,960	68.00
69.00	06900	52,352	175,870	2,404	0	82,108	69.00
70.00	07000	17,688	59,419	3,654	0	10,826	70.00
71.00	07100	0	0	0	0	409,637	71.00
72.00	07200	0	0	0	0	191,003	72.00
73.00	07300	0	0	0	19,227,177	164,389	73.00
73.01	07301	12,648	42,489	30	0	15	73.01
74.00	07400	3,873	13,013	314,011	0	6,714	74.00
76.00	03480	82,336	0	963	0	41,354	76.00
76.01	03952	6,784	0	1	0	2,071	76.01
76.02	03951	14,582	0	0	0	9,682	76.02
76.98	07698	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	21,069	0	1,318	0	1,374	90.00
91.00	09100	159,970	537,401	59,055	0	237,056	91.00
91.01	04950	16,240	54,557	119	0	1,272	91.01
92.00	09200						92.00
92.01	09201	41,214	0	4,273	0	17,049	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	100,752	338,466	6,316	0	22,847	95.00
101.00	10100	75,627	254,062	0	0	18,288	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
116.00	11600	75,385	253,247	0	0	42,696	116.00
118.00		2,359,427	6,091,011	1,727,624	19,227,177	2,941,959	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	2,057	0	0	0	0	190.00
192.00	19200	4,416	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
194.02	07952 PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,365,900	6,091,011	1,727,624	19,227,177	2,941,959	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0109		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part I Date/Time Prepared: 5/2/2022 3:08 pm	
Cost Center Description			SOCIAL SERVICE	NURSING PROGRAM	PHARMACY RESIDENCY	EMS EDUCATION	Subtotal	
			17.00	20.00	23.00	23.01	24.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	99,255					17.00
20.00	02000	NURSING PROGRAM	0	4,419,807				20.00
23.00	02301	PHARMACY RESIDENCY	0		531,371			23.00
23.01	02300	EMS EDUCATION	0			647,352		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	69,419	4,419,807	0	0	55,992,447	30.00
31.00	03100	INTENSIVE CARE UNIT	9,909	0	0	0	9,667,457	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,771	0	0	0	5,082,804	35.00
41.00	04100	SUBPROVIDER - I RF	6,079	0	0	0	4,745,488	41.00
43.00	04300	NURSERY	6,077	0	0	0	1,189,643	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	13,172,095	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	1,413,790	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	5,229,528	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	11,712,911	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	1,053,902	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	177,817	56.00
56.01	03950	CARDIAC CATH LAB	0	0	0	0	3,752,008	56.01
57.00	05700	CT SCAN	0	0	0	0	1,882,470	57.00
58.00	05800	MRI	0	0	0	0	740,785	58.00
60.00	06000	LABORATORY	0	0	0	0	15,283,239	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	4,750,395	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	8,907,869	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,629,019	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,021,441	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	4,845,410	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,731,537	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	17,704,560	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	12,615,879	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	531,371	0	35,315,067	73.00
73.01	07301	DIABETES CENTER	0	0	0	0	786,229	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	2,253,683	74.00
76.00	03480	ONCOLOGY	0	0	0	0	6,013,620	76.00
76.01	03952	ANTI COAGULATION	0	0	0	0	521,850	76.01
76.02	03951	INFUSION SERVICES	0	0	0	0	2,189,692	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	1,930,826	90.00
91.00	09100	EMERGENCY	0	0	0	647,352	15,849,079	91.00
91.01	04950	WOUND CARE	0	0	0	0	2,935,123	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	3,414,695	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	5,571,775	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	7,977,477	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0	0	0	0		113.00
116.00	11600	HOSPICE	0	0	0	0	7,368,840	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	99,255	4,419,807	531,371	647,352	277,430,450	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	531,588	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	29,147,633	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0109		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part I Date/Time Prepared: 5/2/2022 3:08 pm	
Cost Center Description			SOCI AL SERVICE	NURSI NG PROGRAM	PHARMACY RESI DENCY	EMS EDUCATI ON	Subtotal	
			17.00	20.00	23.00	23.01	24.00	
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	5,869,764	194.03
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	-174,843	201.00
202.00		TOTAL (sum lines 118 through 201)	99,255	4,419,807	531,371	647,352	312,804,592	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
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	01160	COMMUNICATIONS		5.01
5.02	01140	MGMT INFO SYSTEMS		5.02
5.03	00550	PURCHASING		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	PATIENT ACCOUNTING		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
20.00	02000	NURSING PROGRAM		20.00
23.00	02301	PHARMACY RESIDENCY		23.00
23.01	02300	EMS EDUCATION		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	55,992,447	30.00
31.00	03100	INTENSIVE CARE UNIT	9,667,457	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,082,804	35.00
41.00	04100	SUBPROVIDER - I RF	4,745,488	41.00
43.00	04300	NURSERY	1,189,643	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	13,172,095	50.00
51.00	05100	RECOVERY ROOM	1,413,790	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,229,528	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,712,911	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,053,902	55.00
56.00	05600	RADIOISOTOPE	177,817	56.00
56.01	03950	CARDIAC CATH LAB	3,752,008	56.01
57.00	05700	CT SCAN	1,882,470	57.00
58.00	05800	MRI	740,785	58.00
60.00	06000	LABORATORY	15,283,239	60.00
65.00	06500	RESPIRATORY THERAPY	4,750,395	65.00
66.00	06600	PHYSICAL THERAPY	8,907,869	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,629,019	67.00
68.00	06800	SPEECH PATHOLOGY	1,021,441	68.00
69.00	06900	ELECTROCARDIOLOGY	4,845,410	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,731,537	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,704,560	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,615,879	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,315,067	73.00
73.01	07301	DIABETES CENTER	786,229	73.01
74.00	07400	RENAL DIALYSIS	2,253,683	74.00
76.00	03480	ONCOLOGY	6,013,620	76.00
76.01	03952	ANTI COAGULATION	521,850	76.01
76.02	03951	INFUSION SERVICES	2,189,692	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	1,930,826	90.00
91.00	09100	EMERGENCY	15,849,079	91.00
91.01	04950	WOUND CARE	2,935,123	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,414,695	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500	AMBULANCE SERVICES	5,571,775	95.00
101.00	10100	HOME HEALTH AGENCY	7,977,477	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	7,368,840	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	277,430,450	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	531,588	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	29,147,633	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0109

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
194.00	07950	MOB	0	0	194.00
194.01	07951	LI FELINE	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	5,869,764	194.03
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	-174,843	201.00
202.00		TOTAL (sum lines 118 through 201)	0	312,804,592	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	129,256	350,236	479,492	479,492 4.00
5.01 01160	COMMUNICATIONS	0	12,707	34,430	47,137	2,945 5.01
5.02 01140	MGMT INFO SYSTEMS	0	191,450	518,757	710,207	3,103 5.02
5.03 00550	PURCHASING	0	138,470	375,202	513,672	1 5.03
5.04 00570	ADMINITTING	0	0	0	0	1 5.04
5.05 00580	PATIENT ACCOUNTING	0	74,274	201,254	275,528	6 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	763,908	2,069,905	2,833,813	91,252 5.06
7.00 00700	OPERATION OF PLANT	0	1,487,557	4,030,722	5,518,279	9,097 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	58,738	159,158	217,896	909 8.00
9.00 00900	HOUSEKEEPING	0	121,370	328,866	450,236	8,175 9.00
10.00 01000	DIETARY	0	215,411	583,682	799,093	4,871 10.00
11.00 01100	CAFETERIA	0	194,642	527,407	722,049	3,469 11.00
13.00 01300	NURSING ADMINISTRATION	0	43,065	116,689	159,754	11,243 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	71,282	193,147	264,429	1,381 14.00
15.00 01500	PHARMACY	0	115,511	312,991	428,502	9,779 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	29,031	78,663	107,694	164 16.00
17.00 01700	SOCIAL SERVICE	0	7,549	20,454	28,003	0 17.00
20.00 02000	NURSING PROGRAM	0	417,301	1,130,729	1,548,030	7,895 20.00
23.00 02301	PHARMACY RESIDENCY	0	0	0	0	883 23.00
23.01 02300	EMS EDUCATION	0	51,740	140,196	191,936	566 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,483,112	4,018,678	5,501,790	64,081 30.00
31.00 03100	INTENSIVE CARE UNIT	0	143,590	389,076	532,666	14,537 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	100,488	272,285	372,773	8,531 35.00
41.00 04100	SUBPROVIDER - IRF	0	180,571	489,279	669,850	6,243 41.00
43.00 04300	NURSERY	0	0	0	0	2,318 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	411,830	1,115,905	1,527,735	13,422 50.00
51.00 05100	RECOVERY ROOM	0	34,026	92,198	126,224	2,103 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	10,449 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	227,404	616,178	843,582	16,230 54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	0	8,813	23,881	32,694	1,418 55.00
56.00 05600	RADIOISOTOPE	0	4,281	11,601	15,882	294 56.00
56.01 03950	CARDIAC CATH LAB	0	105,734	286,498	392,232	5,262 56.01
57.00 05700	CT SCAN	0	19,266	52,205	71,471	2,438 57.00
58.00 05800	MRI	0	17,051	46,201	63,252	1,105 58.00
60.00 06000	LABORATORY	0	81,309	220,318	301,627	0 60.00
65.00 06500	RESPIRATORY THERAPY	0	28,893	78,290	107,183	8,303 65.00
66.00 06600	PHYSICAL THERAPY	0	11,955	32,395	44,350	17,237 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	5,447 67.00
68.00 06800	SPEECH PATHOLOGY	0	1,227	3,324	4,551	2,021 68.00
69.00 06900	ELECTROCARDIOLOGY	0	130,759	354,307	485,066	6,733 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	67,088	181,784	248,872	2,416 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
73.01 07301	DIABETES CENTER	0	0	0	0	1,552 73.01
74.00 07400	RENAL DIALYSIS	0	23,047	62,449	85,496	589 74.00
76.00 03480	ONCOLOGY	0	25,038	67,842	92,880	10,470 76.00
76.01 03952	ANTI COAGULATION	0	0	0	0	1,086 76.01
76.02 03951	INFUSION SERVICES	0	0	0	0	2,199 76.02
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	1,673 90.00
91.00 09100	EMERGENCY	0	532,674	1,443,347	1,976,021	21,271 91.00
91.01 04950	WOUND CARE	0	212,231	575,066	787,297	2,709 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	100,025	271,030	371,055	4,943 92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	116,074	314,517	430,591	5,943 95.00
101.00 10100	HOME HEALTH AGENCY	0	98,535	266,994	365,529	14,284 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
116.00 11600	HOSPICE	0	0	0	0	9,731 116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	0	8,288,283	22,458,136	30,746,419	422,778 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	39,159	106,105	145,264	194 190.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/2/2022 3:08 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	101,853	275,983	377,836	56,520	192.00
194.00 07950 MOB	0	0	0	0	0	194.00
194.01 07951 LIFELINE	0	0	0	0	0	194.01
194.02 07952 PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03 07954 OTHER NONREIMBURSABLE COST CENTERS	0	1,555,371	0	1,555,371	0	194.03
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118 through 201)	0	9,984,666	22,840,224	32,824,890	479,492	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/2/2022 3:08 pm	
Cost Center Description			COMMUNICATIONS	MGMT INFO SYSTEMS	PURCHASING	ADMINITTING	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
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	01160	COMMUNICATIONS	50,082					5.01
5.02	01140	MGMT INFO SYSTEMS	1,634	714,944				5.02
5.03	00550	PURCHASING	995		514,671			5.03
5.04	00570	ADMINITTING	0		4	0	5	5.04
5.05	00580	PATIENT ACCOUNTING	995			0		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5,186	44,345		0		5.06
7.00	00700	OPERATION OF PLANT	3,907	24,880		0		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	71	2,460		0		8.00
9.00	00900	HOUSEKEEPING	639	29,621		0		9.00
10.00	01000	DIETARY	2,131	28,246		0		10.00
11.00	01100	CAFETERIA	0	0		0		11.00
13.00	01300	NURSING ADMINISTRATION	639	19,941		0		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	284	4,644		0		14.00
15.00	01500	PHARMACY	1,634	15,924		0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,208	742		0		16.00
17.00	01700	SOCIAL SERVICE	639	0		0		17.00
20.00	02000	NURSING PROGRAM	0	12,284		0		20.00
23.00	02301	PHARMACY RESIDENCY	0	1,335		0		23.00
23.01	02300	EMS EDUCATION	0	58		0		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	8,170	161,869		0	23,041	30.00
31.00	03100	INTENSIVE CARE UNIT	1,563	28,798		0	4,488	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,208	14,053		0	3,768	35.00
41.00	04100	SUBPROVIDER - I/R	1,705	10,915		0	1,214	41.00
43.00	04300	NURSERY	0	0		0	835	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,705	30,334		0	31,076	50.00
51.00	05100	RECOVERY ROOM	568	3,117		0	2,613	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,847	0		0	3,765	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,262	30,083		0	18,633	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	2,997		0	2,667	55.00
56.00	05600	RADIOISOTOPE	0	522		0	7	56.00
56.01	03950	CARDIAC CATH LAB	0	8,814		0	11,453	56.01
57.00	05700	CT SCAN	0	4,585		0	12,739	57.00
58.00	05800	MRI	0	1,501		0	2,030	58.00
60.00	06000	LABORATORY	3,126	0		0	26,494	60.00
65.00	06500	RESPIRATORY THERAPY	2,415	15,312		0	4,348	65.00
66.00	06600	PHYSICAL THERAPY	426	33,572		0	5,688	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,024		0	2,677	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,962		0	938	68.00
69.00	06900	ELECTROCARDIOLOGY	426	12,953		0	7,729	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,376		0	1,019	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		5	38,190	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		0	17,979	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		0	15,474	73.00
73.01	07301	DIABETES CENTER	426	3,129		0	1	73.01
74.00	07400	RENAL DIALYSIS	0	958		0	632	74.00
76.00	03480	ONCOLOGY	0	20,371		0	3,893	76.00
76.01	03952	ANTI COAGULATION	0	1,678		0	195	76.01
76.02	03951	INFUSION SERVICES	0	3,608		0	911	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	2,273	5,213		0	129	90.00
91.00	09100	EMERGENCY	0	39,579		0	22,314	91.00
91.01	04950	WOUND CARE	0	4,018		0	120	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	10,197		0	1,605	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	24,928		0	2,151	95.00
101.00	10100	HOME HEALTH AGENCY	0	18,711		0	1,721	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	18,651		0	4,019	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	50,082	713,342		0	276,556	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	509		0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,093		0	0	192.00
194.00	07950	MOB	0	0		0	0	194.00
194.01	07951	LIFELINE	0	0		0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0		0	0	194.02



ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/2/2022 3:08 pm	
Cost Center Description			COMMUNICATIONS	MGMT INFO SYSTEMS	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	514,671	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	50,082	714,944	514,671	5	276,556	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/2/2022 3:08 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	2,974,596					5.06
7.00	00700	OPERATION OF PLANT	175,033	5,731,196				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	14,637	46,840	282,813			8.00
9.00	00900	HOUSEKEEPING	51,927	96,784	6,540	643,922		9.00
10.00	01000	DIETARY	45,104	171,776	7,943	25,444	1,084,608	10.00
11.00	01100	CAFETERIA	15,772	155,214	0	22,991	0	11.00
13.00	01300	NURSING ADMINISTRATION	55,636	34,341	0	5,087	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,375	56,843	7,168	8,420	0	14.00
15.00	01500	PHARMACY	178,010	92,112	0	13,644	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	26,930	23,150	0	3,429	0	16.00
17.00	01700	SOCIAL SERVICE	683	6,020	0	892	0	17.00
20.00	02000	NURSING PROGRAM	27,140	332,770	0	49,290	0	20.00
23.00	02301	PHARMACY RESIDENCY	4,999	0	0	0	0	23.00
23.01	02300	EMS EDUCATION	4,366	41,259	0	6,111	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	358,544	1,182,685	99,839	175,180	898,492	30.00
31.00	03100	INTENSIVE CARE UNIT	74,844	114,504	15,209	16,960	115,349	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	41,610	80,133	6,339	11,869	0	35.00
41.00	04100	SUBPROVIDER - IRF	33,078	143,993	5,369	21,328	70,767	41.00
43.00	04300	NURSERY	10,572	0	10,418	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	91,888	328,408	49,600	48,644	0	50.00
51.00	05100	RECOVERY ROOM	10,948	27,134	9,121	4,019	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	48,687	0	11,139	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	98,480	181,339	17,404	26,860	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	9,323	7,028	0	1,041	0	55.00
56.00	05600	RADIOISOTOPE	1,454	3,414	0	506	0	56.00
56.01	03950	CARDIAC CATH LAB	27,622	84,316	1,150	12,489	0	56.01
57.00	05700	CT SCAN	15,685	15,364	0	2,276	0	57.00
58.00	05800	MRI	6,171	13,597	0	2,014	0	58.00
60.00	06000	LABORATORY	139,616	64,839	1,803	9,604	0	60.00
65.00	06500	RESPIRATORY THERAPY	40,690	23,041	2,111	3,413	0	65.00
66.00	06600	PHYSICAL THERAPY	77,685	9,534	3,929	1,412	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	23,026	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,905	978	0	145	0	68.00
69.00	06900	ELECTROCARDIOLOGY	38,477	104,271	1,602	15,445	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,272	53,498	0	7,924	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	164,367	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	118,083	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	146,283	0	0	0	0	73.00
73.01	07301	DIABETES CENTER	6,948	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	17,415	18,379	0	2,722	0	74.00
76.00	03480	ONCOLOGY	55,104	19,966	0	2,957	0	76.00
76.01	03952	ANTI COAGULATION	4,875	0	0	0	0	76.01
76.02	03951	INFUSION SERVICES	20,580	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	18,124	0	0	0	0	90.00
91.00	09100	EMERGENCY	115,176	424,773	26,129	62,918	0	91.00
91.01	04950	WOUND CARE	19,889	169,240	0	25,068	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	28,408	79,763	0	11,815	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	44,498	92,561	0	13,710	0	95.00
101.00	10100	HOME HEALTH AGENCY	69,110	78,575	0	11,639	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	66,503	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,679,552	4,378,442	282,813	627,266	1,084,608	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,682	31,227	0	4,625	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	273,457	81,221	0	12,031	0	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0109			Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/2/2022 3:08 pm	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00		
194.02	07952 PATIENT TRANSPORT	0	0	0	0	0	0	194.02
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	17,905	1,240,306	0	0	0	0	194.03
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,974,596	5,731,196	282,813	643,922	1,084,608		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/2/2022 3:08 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	01160	COMMUNICATIONS						5.01
5.02	01140	MGMT INFO SYSTEMS						5.02
5.03	00550	PURCHASING						5.03
5.04	00570	ADMINISTRATION						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	919,495					11.00
13.00	01300	NURSING ADMINISTRATION	31,324	317,965				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,296	0	363,840			14.00
15.00	01500	PHARMACY	25,014	0	2,760	767,379		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,165	0	0	0	164,482	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING PROGRAM	19,296	0	0	0	0	20.00
23.00	02301	PHARMACY RESIDENCY	2,098	0	0	0	0	23.00
23.01	02300	EMS EDUCATION	91	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	254,266	114,730	19,875	0	13,626	30.00
31.00	03100	INTENSIVE CARE UNIT	45,237	20,412	4,690	0	2,654	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	22,074	9,961	1,384	0	2,228	35.00
41.00	04100	SUBPROVIDER - IIRF	17,146	7,737	520	0	718	41.00
43.00	04300	NURSERY	0	0	0	0	494	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	47,650	21,501	178,548	0	18,378	50.00
51.00	05100	RECOVERY ROOM	4,897	2,210	241	0	1,545	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	2,226	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,255	0	21,459	0	11,020	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	4,707	0	112	0	1,578	55.00
56.00	05600	RADIOISOTOPE	821	370	0	0	4	56.00
56.01	03950	CARDIAC CATH LAB	13,845	6,247	37,490	0	6,773	56.01
57.00	05700	CT SCAN	7,203	0	1,753	0	7,534	57.00
58.00	05800	MRI	2,358	0	408	0	1,201	58.00
60.00	06000	LABORATORY	0	0	1,122	0	15,669	60.00
65.00	06500	RESPIRATORY THERAPY	24,053	10,853	7,462	0	2,571	65.00
66.00	06600	PHYSICAL THERAPY	52,735	23,796	3,146	0	3,364	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,746	7,105	245	0	1,583	67.00
68.00	06800	SPEECH PATHOLOGY	6,224	2,809	36	0	554	68.00
69.00	06900	ELECTROCARDIOLOGY	20,346	9,181	506	0	4,571	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,874	3,102	770	0	603	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	23,514	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	10,633	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	767,379	9,151	73.00
73.01	07301	DIABETES CENTER	4,915	2,218	6	0	1	73.01
74.00	07400	RENAL DIALYSIS	1,505	679	66,134	0	374	74.00
76.00	03480	ONCOLOGY	32,000	0	203	0	2,302	76.00
76.01	03952	ANTI COAGULATION	2,636	0	0	0	115	76.01
76.02	03951	INFUSION SERVICES	5,667	0	0	0	539	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	8,188	0	278	0	76	90.00
91.00	09100	EMERGENCY	62,171	28,054	12,437	0	13,196	91.00
91.01	04950	WOUND CARE	6,312	2,848	25	0	71	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	16,018	0	900	0	949	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	39,157	17,669	1,330	0	1,272	95.00
101.00	10100	HOME HEALTH AGENCY	29,392	13,263	0	0	1,018	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	29,298	13,220	0	0	2,377	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	916,980	317,965	363,840	767,379	164,482	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	799	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,716	0	0	0	0	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0109			Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/2/2022 3:08 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
194.02	07952 PATIENT TRANSPORT	0	0	0	0	0	0	194.02
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	919,495	317,965	363,840	767,379	164,482		202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/2/2022 3:08 pm	
Cost Center Description			SOCIAL SERVICE	NURSING PROGRAM	PHARMACY RESIDENCY	EMS EDUCATION	Subtotal
			17.00	20.00	23.00	23.01	24.00
<b>GENERAL SERVICE COST CENTERS</b>							
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	01160	COMMUNICATIONS					5.01
5.02	01140	MGMT INFO SYSTEMS					5.02
5.03	00550	PURCHASING					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	36,237				17.00
20.00	02000	NURSING PROGRAM	0	1,996,705			20.00
23.00	02301	PHARMACY RESIDENCY	0		9,315		23.00
23.01	02300	EMS EDUCATION	0			244,387	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	25,343				8,901,531
31.00	03100	INTENSIVE CARE UNIT	3,618				995,529
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,837				578,768
41.00	04100	SUBPROVIDER - IIRF	2,220				992,803
43.00	04300	NURSERY	2,219				26,856
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0				2,388,889
51.00	05100	RECOVERY ROOM	0				194,740
52.00	05200	DELIVERY ROOM & LABOR ROOM	0				78,113
54.00	05400	RADIOLOGY-DIAGNOSTIC	0				1,316,607
55.00	05500	RADIOLOGY - THERAPEUTIC	0				63,565
56.00	05600	RADIOISOTOPE	0				23,274
56.01	03950	CARDIAC CATH LAB	0				607,693
57.00	05700	CT SCAN	0				141,048
58.00	05800	MRI	0				93,637
60.00	06000	LABORATORY	0				563,900
65.00	06500	RESPIRATORY THERAPY	0				251,755
66.00	06600	PHYSICAL THERAPY	0				276,874
67.00	06700	OCCUPATIONAL THERAPY	0				65,853
68.00	06800	SPEECH PATHOLOGY	0				31,123
69.00	06900	ELECTROCARDIOLOGY	0				707,306
70.00	07000	ELECTROENCEPHALOGRAPHY	0				342,726
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0				226,076
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0				146,695
73.00	07300	DRUGS CHARGED TO PATIENTS	0				938,287
73.01	07301	DIABETES CENTER	0				19,196
74.00	07400	RENAL DIALYSIS	0				194,883
76.00	03480	ONCOLOGY	0				240,146
76.01	03952	ANTI COAGULATION	0				10,585
76.02	03951	INFUSION SERVICES	0				33,504
76.98	07698	HYPERBARIC OXYGEN THERAPY	0				0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0				35,954
91.00	09100	EMERGENCY	0				2,804,039
91.01	04950	WOUND CARE	0				1,017,597
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0				525,653
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0				673,810
101.00	10100	HOME HEALTH AGENCY	0				603,242
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE	0				113.00
116.00	11600	HOSPICE	0				143,799
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,237	0	0	0	26,256,056
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				186,300
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0				803,874
194.00	07950	MOB	0				0
194.01	07951	LIFELINE	0				0
194.02	07952	PATIENT TRANSPORT	0				0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0109		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/2/2022 3:08 pm	
Cost Center Description			SOCI AL SERVICE	NURSI NG PROGRAM	PHARMACY RESI DENCY	EMS EDUCATI ON	Subtotal	
			17.00	20.00	23.00	23.01	24.00	
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0				2,813,582	194.03
200.00		Cross Foot Adjustments		1,996,705	9,315	244,387	2,250,407	200.00
201.00		Negative Cost Centers	0	0	0	0	514,671	201.00
202.00		TOTAL (sum lines 118 through 201)	36,237	1,996,705	9,315	244,387	32,824,890	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0109

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
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	01160	COMMUNICATIONS		5.01
5.02	01140	MGMT INFO SYSTEMS		5.02
5.03	00550	PURCHASING		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	PATIENT ACCOUNTING		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
20.00	02000	NURSING PROGRAM		20.00
23.00	02301	PHARMACY RESIDENCY		23.00
23.01	02300	EMS EDUCATION		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	8,901,531	30.00
31.00	03100	INTENSIVE CARE UNIT	995,529	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	578,768	35.00
41.00	04100	SUBPROVIDER - I RF	992,803	41.00
43.00	04300	NURSERY	26,856	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	2,388,889	50.00
51.00	05100	RECOVERY ROOM	194,740	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	78,113	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,316,607	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	63,565	55.00
56.00	05600	RADIOISOTOPE	23,274	56.00
56.01	03950	CARDIAC CATH LAB	607,693	56.01
57.00	05700	CT SCAN	141,048	57.00
58.00	05800	MRI	93,637	58.00
60.00	06000	LABORATORY	563,900	60.00
65.00	06500	RESPIRATORY THERAPY	251,755	65.00
66.00	06600	PHYSICAL THERAPY	276,874	66.00
67.00	06700	OCCUPATIONAL THERAPY	65,853	67.00
68.00	06800	SPEECH PATHOLOGY	31,123	68.00
69.00	06900	ELECTROCARDIOLOGY	707,306	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	342,726	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	226,076	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	146,695	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	938,287	73.00
73.01	07301	DIABETES CENTER	19,196	73.01
74.00	07400	RENAL DIALYSIS	194,883	74.00
76.00	03480	ONCOLOGY	240,146	76.00
76.01	03952	ANTI COAGULATION	10,585	76.01
76.02	03951	INFUSION SERVICES	33,504	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	35,954	90.00
91.00	09100	EMERGENCY	2,804,039	91.00
91.01	04950	WOUND CARE	1,017,597	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	525,653	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500	AMBULANCE SERVICES	673,810	95.00
101.00	10100	HOME HEALTH AGENCY	603,242	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	143,799	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	26,256,056	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	186,300	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	803,874	192.00



ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/2/2022 3:08 pm
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
194.00	07950	MOB	0	0	194.00
194.01	07951	LI FELINE	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	2,813,582	194.03
200.00		Cross Foot Adjustments	0	2,250,407	200.00
201.00		Negative Cost Centers	0	514,671	201.00
202.00		TOTAL (sum lines 118 through 201)	0	32,824,890	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1  
Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	797,575				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		673,332			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,325	10,325	134,641,280		4.00
5.01 01160	COMMUNICATIONS	1,015	1,015	826,930	705	5.01
5.02 01140	MGMT INFO SYSTEMS	15,293	15,293	871,330	23	2,931,063 5.02
5.03 00550	PURCHASING	11,061	11,061	290	14	11 5.03
5.04 00570	ADMINISTRATIVE	0	0	321	0	15 5.04
5.05 00580	PATIENT ACCOUNTING	5,933	5,933	1,630	14	110 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	61,021	61,021	25,616,715	73	181,801 5.06
7.00 00700	OPERATION OF PLANT	118,826	118,826	2,554,572	55	102,001 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	4,692	4,692	255,176	1	10,085 8.00
9.00 00900	HOUSEKEEPING	9,695	9,695	2,295,580	9	121,438 9.00
10.00 01000	DIETARY	17,207	17,207	1,367,924	30	115,801 10.00
11.00 01100	CAFETERIA	15,548	15,548	974,278	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	3,440	3,440	3,157,158	9	81,753 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	5,694	5,694	387,725	4	19,041 14.00
15.00 01500	PHARMACY	9,227	9,227	2,746,173	23	65,285 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,319	2,319	46,076	17	3,041 16.00
17.00 01700	SOCIAL SERVICE	603	603	0	9	0 17.00
20.00 02000	NURSING PROGRAM	33,334	33,334	2,217,148	0	50,361 20.00
23.00 02301	PHARMACY RESIDENCY	0	0	248,067	0	5,475 23.00
23.01 02300	EMS EDUCATION	4,133	4,133	158,910	0	238 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	118,471	118,471	17,995,231	115	663,610 30.00
31.00 03100	INTENSIVE CARE UNIT	11,470	11,470	4,082,153	22	118,065 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	8,027	8,027	2,395,577	17	57,612 35.00
41.00 04100	SUBPROVIDER - IIRF	14,424	14,424	1,753,274	24	44,750 41.00
43.00 04300	NURSERY	0	0	651,072	0	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	32,897	32,897	3,769,034	24	124,361 50.00
51.00 05100	RECOVERY ROOM	2,718	2,718	590,529	8	12,780 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	2,934,207	26	0 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	18,165	18,165	4,557,603	60	123,330 54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	704	704	398,229	0	12,286 55.00
56.00 05600	RADIOISOTOPE	342	342	82,594	0	2,142 56.00
56.01 03950	CARDIAC CATH LAB	8,446	8,446	1,477,704	0	36,133 56.01
57.00 05700	CT SCAN	1,539	1,539	684,689	0	18,799 57.00
58.00 05800	MRI	1,362	1,362	310,373	0	6,153 58.00
60.00 06000	LABORATORY	6,495	6,495	0	44	0 60.00
65.00 06500	RESPIRATORY THERAPY	2,308	2,308	2,331,597	34	62,775 65.00
66.00 06600	PHYSICAL THERAPY	955	955	4,840,603	6	137,634 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	1,529,513	0	41,095 67.00
68.00 06800	SPEECH PATHOLOGY	98	98	567,531	0	16,245 68.00
69.00 06900	ELECTROCARDIOLOGY	10,445	10,445	1,890,705	6	53,102 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	5,359	5,359	678,473	0	17,941 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
73.01 07301	DIABETES CENTER	0	0	435,715	6	12,829 73.01
74.00 07400	RENAL DIALYSIS	1,841	1,841	165,398	0	3,929 74.00
76.00 03480	ONCOLOGY	2,000	2,000	2,940,050	0	83,516 76.00
76.01 03952	ANTI COAGULATION	0	0	305,024	0	6,881 76.01
76.02 03951	INFUSION SERVICES	0	0	617,646	0	14,791 76.02
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	469,914	32	21,371 90.00
91.00 09100	EMERGENCY	42,550	42,550	5,973,194	0	162,262 91.00
91.01 04950	WOUND CARE	16,953	16,953	760,654	0	16,473 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	7,990	7,990	1,388,050	0	41,805 92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	9,272	9,272	1,668,814	0	102,196 95.00
101.00 10100	HOME HEALTH AGENCY	7,871	7,871	4,011,177	0	76,711 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	0	2,732,738	0	76,465 116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	662,068	662,068	118,715,068	705	2,924,498 118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)						
	1.00	2.00					4.00	5.01
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,128	3,128	54,397	0	2,086	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,136	8,136	15,871,815	0	4,479	192.00
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	124,243	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,984,666	22,840,224	32,982,621	2,453,514	8,221,466	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.518780	33.921192	0.244967	3,480.161702	2.804943	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			479,492	50,082	714,944	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.003561	71.038298	0.243920	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: 15-0109		Period: From 01/01/2021 To 12/31/2021		Worksheet B-1	
Cost Center Description		PURCHASING (COSTED REQUISITS)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>							
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	01160	COMMUNICATIONS					5.01
5.02	01140	MGMT INFO SYSTEMS					5.02
5.03	00550	PURCHASING	36,429,096				5.03
5.04	00570	ADMITTING	0	1,489,177,940			5.04
5.05	00580	PATIENT ACCOUNTING	0	0	1,489,177,940		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	-54,598,739	258,380,696
7.00	00700	OPERATION OF PLANT	0	0	0	0	15,204,361
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,271,471
9.00	00900	HOUSEKEEPING	0	0	0	0	4,510,721
10.00	01000	DIETARY	0	0	0	0	3,918,035
11.00	01100	CAFETERIA	0	0	0	0	1,370,034
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	4,832,888
14.00	01400	CENTRAL SERVICES & SUPPLY	350,734	0	0	0	1,161,813
15.00	01500	PHARMACY	273,629	0	0	0	15,463,013
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	2,339,289
17.00	01700	SOCIAL SERVICE	0	0	0	0	59,324
20.00	02000	NURSING PROGRAM	0	0	0	0	2,357,574
23.00	02301	PHARMACY RESIDENCY	0	0	0	0	434,218
23.01	02300	EMS EDUCATION	0	0	0	0	379,217
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,970,740	123,876,635	123,876,635	0	31,135,143
31.00	03100	INTENSIVE CARE UNIT	465,087	24,130,725	24,130,725	0	6,501,415
35.00	02060	NEONATAL INTENSIVE CARE UNIT	137,233	20,258,945	20,258,945	0	3,614,475
41.00	04100	SUBPROVIDER - IIRF	51,520	6,525,906	6,525,906	0	2,873,388
43.00	04300	NURSERY	0	4,491,042	4,491,042	0	918,352
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	17,705,252	167,075,504	167,075,504	0	7,981,917
51.00	05100	RECOVERY ROOM	23,874	14,049,173	14,049,173	0	950,998
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	20,239,933	20,239,933	0	4,229,255
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,127,863	100,177,958	100,177,958	0	8,554,516
55.00	05500	RADIOLOGY - THERAPEUTIC	11,153	14,341,317	14,341,317	0	809,813
56.00	05600	RADIOISOTOPE	6	35,213	35,213	0	126,313
56.01	03950	CARDIAC CATH LAB	3,717,435	61,574,667	61,574,667	0	2,399,423
57.00	05700	CT SCAN	173,822	68,490,739	68,490,739	0	1,362,456
58.00	05800	MRI	40,414	10,915,476	10,915,476	0	536,062
60.00	06000	LABORATORY	111,270	142,442,110	142,442,110	0	12,127,844
65.00	06500	RESPIRATORY THERAPY	739,900	23,376,327	23,376,327	0	3,534,602
66.00	06600	PHYSICAL THERAPY	311,956	30,579,869	30,579,869	0	6,748,146
67.00	06700	OCCUPATIONAL THERAPY	24,318	14,390,908	14,390,908	0	2,000,148
68.00	06800	SPEECH PATHOLOGY	3,581	5,040,528	5,040,528	0	773,575
69.00	06900	ELECTROCARDIOLOGY	50,196	41,552,879	41,552,879	0	3,342,307
70.00	07000	ELECTROENCEPHALOGRAPHY	76,317	5,478,642	5,478,642	0	1,152,871
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	207,638,554	207,638,554	0	14,277,855
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	96,661,442	96,661,442	0	10,257,379
73.00	07300	DRUGS CHARGED TO PATIENTS	0	83,192,858	83,192,858	0	12,707,001
73.01	07301	DIABETES CENTER	623	7,707	7,707	0	603,517
74.00	07400	RENAL DIALYSIS	6,557,616	3,397,701	3,397,701	0	1,512,769
76.00	03480	ONCOLOGY	20,114	20,927,979	20,927,979	0	4,786,636
76.01	03952	ANTI COAGULATION	29	1,048,137	1,048,137	0	423,503
76.02	03951	INFUSION SERVICES	0	4,899,796	4,899,796	0	1,787,673
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	27,528	695,258	695,258	0	1,574,381
91.00	09100	EMERGENCY	1,233,262	119,967,736	119,967,736	0	10,004,822
91.01	04950	WOUND CARE	2,490	643,728	643,728	0	1,727,665
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	89,243	8,627,926	8,627,926	0	2,467,710
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	131,891	11,562,410	11,562,410	0	3,865,362
101.00	10100	HOME HEALTH AGENCY	0	9,254,945	9,254,945	0	6,003,340
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	0	21,607,267	21,607,267	0	5,776,809
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,429,096	1,489,177,940	1,489,177,940	-54,598,739	232,751,399
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	319,837
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	23,754,089
194.00	07950	MOB	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description		PURCHASING (COSTED REQUISITES)	ADMINISTRATIVE (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
194.01	07951 LIFELINE	0	0	0	0	0	194.01
194.02	07952 PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	1,555,371	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	-174,843	5,166	2,604,766		54,598,739	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000003	0.001749		0.211311	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	514,671	5	276,556		2,974,596	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.014128	0.000000	0.000186		0.011512	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: 15-0109

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

Worksheet B-1

Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	01160	COMMUNICATIONS					5.01
5.02	01140	MGMT INFO SYSTEMS					5.02
5.03	00550	PURCHASING					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	574,101				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,692	1,263,835			8.00
9.00	00900	HOUSEKEEPING	9,695	29,228	435,471		9.00
10.00	01000	DIETARY	17,207	35,496	17,207	177,987	10.00
11.00	01100	CAFETERIA	15,548	0	15,548	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,440	0	3,440	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,694	32,032	5,694	0	14.00
15.00	01500	PHARMACY	9,227	0	9,227	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,319	0	2,319	0	16.00
17.00	01700	SOCIAL SERVICE	603	0	603	0	17.00
20.00	02000	NURSING PROGRAM	33,334	0	33,334	0	20.00
23.00	02301	PHARMACY RESIDENCY	0	0	0	0	23.00
23.01	02300	EMS EDUCATION	4,133	0	4,133	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	118,471	446,154	118,471	147,445	30.00
31.00	03100	INTENSIVE CARE UNIT	11,470	67,966	11,470	18,929	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	8,027	28,329	8,027	0	35.00
41.00	04100	SUBPROVIDER - IIRF	14,424	23,992	14,424	11,613	41.00
43.00	04300	NURSERY	0	46,558	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	32,897	221,653	32,897	0	50.00
51.00	05100	RECOVERY ROOM	2,718	40,759	2,718	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	49,779	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,165	77,775	18,165	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	704	0	704	0	55.00
56.00	05600	RADIOISOTOPE	342	0	342	0	56.00
56.01	03950	CARDIAC CATH LAB	8,446	5,140	8,446	0	56.01
57.00	05700	CT SCAN	1,539	0	1,539	0	57.00
58.00	05800	MRI	1,362	0	1,362	0	58.00
60.00	06000	LABORATORY	6,495	8,058	6,495	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,308	9,435	2,308	0	65.00
66.00	06600	PHYSICAL THERAPY	955	17,560	955	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	98	0	98	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10,445	7,157	10,445	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,359	0	5,359	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
73.01	07301	DIABETES CENTER	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,841	0	1,841	0	74.00
76.00	03480	ONCOLOGY	2,000	0	2,000	0	76.00
76.01	03952	ANTI COAGULATION	0	0	0	0	76.01
76.02	03951	INFUSION SERVICES	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	42,550	116,764	42,550	0	91.00
91.01	04950	WOUND CARE	16,953	0	16,953	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	7,990	0	7,990	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	9,272	0	9,272	0	95.00
101.00	10100	HOME HEALTH AGENCY	7,871	0	7,871	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	438,594	1,263,835	424,207	177,987	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,128	0	3,128	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,136	0	8,136	0	192.00
194.00	07950	MOB	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
194.01	07951 LIFELINE	0	0	0	0	0	194.01
194.02	07952 PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	124,243	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	18,417,210	1,690,667	5,814,001	5,575,177	2,365,900	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	32.080087	1.337728	13.351064	31.323507	0.985873	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	5,731,196	282,813	643,922	1,084,608	919,495	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	9.982905	0.223774	1.478679	6.093748	0.383155	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: 15-0109

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

Worksheet B-1  
Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description		NURSING ADMINISTRATION  (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY  (COSTED REQ UI SI)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE  (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	01140						5.02
5.03	00550						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	1,839,110					13.00
14.00	01400	0	36,078,362				14.00
15.00	01500	0	273,629	100			15.00
16.00	01600	0	0	0	1,489,177,940		16.00
17.00	01700	0	0	0	0	48,048	17.00
20.00	02000	0	0	0	0	0	20.00
23.00	02301	0	0	0	0	0	23.00
23.01	02300	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	663,610	1,970,740	0	123,876,635	33,604	30.00
31.00	03100	118,065	465,087	0	24,130,725	4,797	31.00
35.00	02060	57,612	137,233	0	20,258,945	3,762	35.00
41.00	04100	44,750	51,520	0	6,525,906	2,943	41.00
43.00	04300	0	0	0	4,491,042	2,942	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	124,361	17,705,252	0	167,075,504	0	50.00
51.00	05100	12,780	23,874	0	14,049,173	0	51.00
52.00	05200	0	0	0	20,239,933	0	52.00
54.00	05400	0	2,127,863	0	100,177,958	0	54.00
55.00	05500	0	11,153	0	14,341,317	0	55.00
56.00	05600	2,142	6	0	35,213	0	56.00
56.01	03950	36,133	3,717,435	0	61,574,667	0	56.01
57.00	05700	0	173,822	0	68,490,739	0	57.00
58.00	05800	0	40,414	0	10,915,476	0	58.00
60.00	06000	0	111,270	0	142,442,110	0	60.00
65.00	06500	62,775	739,900	0	23,376,327	0	65.00
66.00	06600	137,634	311,956	0	30,579,869	0	66.00
67.00	06700	41,095	24,318	0	14,390,908	0	67.00
68.00	06800	16,245	3,581	0	5,040,528	0	68.00
69.00	06900	53,102	50,196	0	41,552,879	0	69.00
70.00	07000	17,941	76,317	0	5,478,642	0	70.00
71.00	07100	0	0	0	207,638,554	0	71.00
72.00	07200	0	0	0	96,661,442	0	72.00
73.00	07300	0	0	100	83,192,858	0	73.00
73.01	07301	12,829	623	0	7,707	0	73.01
74.00	07400	3,929	6,557,616	0	3,397,701	0	74.00
76.00	03480	0	20,114	0	20,927,979	0	76.00
76.01	03952	0	29	0	1,048,137	0	76.01
76.02	03951	0	0	0	4,899,796	0	76.02
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	27,528	0	695,258	0	90.00
91.00	09100	162,262	1,233,262	0	119,967,736	0	91.00
91.01	04950	16,473	2,490	0	643,728	0	91.01
92.00	09200	0	89,243	0	8,627,926	0	92.00
92.01	09201	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	102,196	131,891	0	11,562,410	0	95.00
101.00	10100	76,711	0	0	9,254,945	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
116.00	11600	76,465	0	0	21,607,267	0	116.00
118.00		1,839,110	36,078,362	100	1,489,177,940	48,048	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description			NURSING ADMINISTRATION  (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQ UI SI)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE  (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
194.00	07950	MOB	0	0	0	0	0	194.00
194.01	07951	LIFELINE	0	0	0	0	0	194.01
194.02	07952	PATIENT TRANSPORT	0	0	0	0	0	194.02
194.03	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,091,011	1,727,624	19,227,177	2,941,959	99,255	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.311934	0.047885	192,271.770000	0.001976	2.065747	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	317,965	363,840	767,379	164,482	36,237	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.172891	0.010085	7,673.790000	0.000110	0.754183	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: 15-0109

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

Worksheet B-1  
Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description		NURSING PROGRAM (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	EMS EDUCATION (ASSIGNED TIME)	
		20.00	23.00	23.01	
<b>GENERAL SERVICE COST CENTERS</b>					
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	01160	COMMUNICATIONS			5.01
5.02	01140	MGMT INFO SYSTEMS			5.02
5.03	00550	PURCHASING			5.03
5.04	00570	ADMINISTRATIVE			5.04
5.05	00580	PATIENT ACCOUNTING			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL			5.06
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
20.00	02000	NURSING PROGRAM	100		20.00
23.00	02301	PHARMACY RESIDENCY		100	23.00
23.01	02300	EMS EDUCATION		100	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	100	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0	0	56.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	73.00
73.01	07301	DIABETES CENTER	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03480	ONCOLOGY	0	0	76.00
76.01	03952	ANTI COAGULATION	0	0	76.01
76.02	03951	INFUSION SERVICES	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
91.01	04950	WOUND CARE	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
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	MOB	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0109

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

Worksheet B-1

Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description		NURSING PROGRAM (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	EMS EDUCATION (ASSIGNED TIME)	
		20.00	23.00	23.01	
194.01	07951 LIFELINE	0	0	0	194.01
194.02	07952 PATIENT TRANSPORT	0	0	0	194.02
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.03
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,419,807	531,371	647,352	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	44,198.070000	5,313.710000	6,473.520000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,996,705	9,315	244,387	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	19,967.050000	93.150000	2,443.870000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0109

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/2/2022 3:08 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	55,992,447		55,992,447	0	55,992,447	30.00
31.00	03100	INTENSIVE CARE UNIT	9,667,457		9,667,457	0	9,667,457	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,082,804		5,082,804	5,738	5,088,542	35.00
41.00	04100	SUBPROVIDER - IRF	4,745,488		4,745,488	0	4,745,488	41.00
43.00	04300	NURSERY	1,189,643		1,189,643	0	1,189,643	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	13,172,095		13,172,095	31,512	13,203,607	50.00
51.00	05100	RECOVERY ROOM	1,413,790		1,413,790	0	1,413,790	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,229,528		5,229,528	0	5,229,528	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,712,911		11,712,911	2,568	11,715,479	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,053,902		1,053,902	0	1,053,902	55.00
56.00	05600	RADIOISOTOPE	177,817		177,817	0	177,817	56.00
56.01	03950	CARDIAC CATH LAB	3,752,008		3,752,008	0	3,752,008	56.01
57.00	05700	CT SCAN	1,882,470		1,882,470	0	1,882,470	57.00
58.00	05800	MRI	740,785		740,785	0	740,785	58.00
60.00	06000	LABORATORY	15,283,239		15,283,239	35,786	15,319,025	60.00
65.00	06500	RESPIRATORY THERAPY	4,750,395	0	4,750,395	0	4,750,395	65.00
66.00	06600	PHYSICAL THERAPY	8,907,869	0	8,907,869	0	8,907,869	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,629,019	0	2,629,019	0	2,629,019	67.00
68.00	06800	SPEECH PATHOLOGY	1,021,441	0	1,021,441	0	1,021,441	68.00
69.00	06900	ELECTROCARDIOLOGY	4,845,410		4,845,410	0	4,845,410	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,731,537		1,731,537	0	1,731,537	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,704,560		17,704,560	0	17,704,560	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,615,879		12,615,879	0	12,615,879	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,315,067		35,315,067	0	35,315,067	73.00
73.01	07301	DIABETES CENTER	786,229		786,229	0	786,229	73.01
74.00	07400	RENAL DIALYSIS	2,253,683		2,253,683	0	2,253,683	74.00
76.00	03480	ONCOLOGY	6,013,620		6,013,620	0	6,013,620	76.00
76.01	03952	ANTI COAGULATION	521,850		521,850	0	521,850	76.01
76.02	03951	INFUSION SERVICES	2,189,692		2,189,692	0	2,189,692	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,930,826		1,930,826	0	1,930,826	90.00
91.00	09100	EMERGENCY	15,849,079		15,849,079	0	15,849,079	91.00
91.01	04950	WOUND CARE	2,935,123		2,935,123	0	2,935,123	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,253,802		8,253,802	0	8,253,802	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,414,695		3,414,695	0	3,414,695	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	5,571,775		5,571,775	0	5,571,775	95.00
101.00	10100	HOME HEALTH AGENCY	7,977,477		7,977,477	0	7,977,477	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	7,368,840		7,368,840		7,368,840	116.00
200.00		Subtotal (see instructions)	285,684,252	0	285,684,252	75,604	285,759,856	200.00
201.00		Less Observation Beds	8,253,802		8,253,802		8,253,802	201.00
202.00		Total (see instructions)	277,430,450	0	277,430,450	75,604	277,506,054	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0109		Period: From 01/01/2021 To 12/31/2021		Worksheet C Part I Date/Time Prepared: 5/2/2022 3:08 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	106,207,748		106,207,748				30.00
31.00	03100	INTENSIVE CARE UNIT	24,130,725		24,130,725				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	20,258,945		20,258,945				35.00
41.00	04100	SUBPROVIDER - IRF	6,525,906		6,525,906				41.00
43.00	04300	NURSERY	4,491,042		4,491,042				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	60,913,533	106,161,971	167,075,504	0.078839	0.000000		50.00
51.00	05100	RECOVERY ROOM	4,055,461	9,993,712	14,049,173	0.100632	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,329,748	910,185	20,239,933	0.258377	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,633,792	78,544,166	100,177,958	0.116921	0.000000		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	3,885,275	10,456,042	14,341,317	0.073487	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	35,213	35,213	5.049754	0.000000		56.00
56.01	03950	CARDIAC CATH LAB	34,918,587	26,656,080	61,574,667	0.060934	0.000000		56.01
57.00	05700	CT SCAN	20,278,303	48,212,436	68,490,739	0.027485	0.000000		57.00
58.00	05800	MRI	3,631,043	7,284,433	10,915,476	0.067866	0.000000		58.00
60.00	06000	LABORATORY	61,478,369	80,963,741	142,442,110	0.107294	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	19,932,350	3,443,977	23,376,327	0.203214	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	8,316,231	22,263,638	30,579,869	0.291298	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	6,920,132	7,470,776	14,390,908	0.182686	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,784,850	3,255,678	5,040,528	0.202646	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	14,436,395	27,116,484	41,552,879	0.116608	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,188,366	4,290,276	5,478,642	0.316052	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	79,024,662	128,613,892	207,638,554	0.085266	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,491,646	49,169,796	96,661,442	0.130516	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,760,608	34,432,250	83,192,858	0.424496	0.000000		73.00
73.01	07301	DIABETES CENTER	1,243	6,464	7,707	102.014921	0.000000		73.01
74.00	07400	RENAL DIALYSIS	2,245,992	1,151,709	3,397,701	0.663296	0.000000		74.00
76.00	03480	ONCOLOGY	2,771,430	18,156,549	20,927,979	0.287348	0.000000		76.00
76.01	03952	ANTI COAGULATION	1,956	1,046,181	1,048,137	0.497883	0.000000		76.01
76.02	03951	INFUSION SERVICES	0	4,899,796	4,899,796	0.446895	0.000000		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	0	695,258	695,258	2.777136	0.000000		90.00
91.00	09100	EMERGENCY	23,040,488	96,927,248	119,967,736	0.132111	0.000000		91.00
91.01	04950	WOUND CARE	0	643,728	643,728	4.559570	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,000,000	14,668,887	17,668,887	0.467138	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,522,424	7,105,502	8,627,926	0.395772	0.000000		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	0	11,562,410	11,562,410	0.481887	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY	0	9,254,945	9,254,945				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	0	21,607,267	21,607,267				116.00
200.00		Subtotal (see instructions)	652,177,250	837,000,690	1,489,177,940				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	652,177,250	837,000,690	1,489,177,940				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/2/2022 3:08 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
			11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.079028		50.00
51.00	05100	RECOVERY ROOM	0.100632		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258377		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116947		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.073487		55.00
56.00	05600	RADIOISOTOPE	5.049754		56.00
56.01	03950	CARDIAC CATH LAB	0.060934		56.01
57.00	05700	CT SCAN	0.027485		57.00
58.00	05800	MRI	0.067866		58.00
60.00	06000	LABORATORY	0.107546		60.00
65.00	06500	RESPIRATORY THERAPY	0.203214		65.00
66.00	06600	PHYSICAL THERAPY	0.291298		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.182686		67.00
68.00	06800	SPEECH PATHOLOGY	0.202646		68.00
69.00	06900	ELECTROCARDIOLOGY	0.116608		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.316052		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.085266		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.130516		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.424496		73.00
73.01	07301	DIABETES CENTER	102.014921		73.01
74.00	07400	RENAL DIALYSIS	0.663296		74.00
76.00	03480	ONCOLOGY	0.287348		76.00
76.01	03952	ANTI COAGULATION	0.497883		76.01
76.02	03951	INFUSION SERVICES	0.446895		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	2.777136		90.00
91.00	09100	EMERGENCY	0.132111		91.00
91.01	04950	WOUND CARE	4.559570		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.467138		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.395772		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0.481887		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
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: 15-0109

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/2/2022 3:08 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		55,992,447	0	55,992,447	30.00
31.00	03100 INTENSIVE CARE UNIT		9,667,457	0	9,667,457	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		5,082,804	5,738	5,088,542	35.00
41.00	04100 SUBPROVIDER - IRF		4,745,488	0	4,745,488	41.00
43.00	04300 NURSERY		1,189,643	0	1,189,643	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		13,172,095	31,512	13,203,607	50.00
51.00	05100 RECOVERY ROOM		1,413,790	0	1,413,790	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		5,229,528	0	5,229,528	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		11,712,911	2,568	11,715,479	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC		1,053,902	0	1,053,902	55.00
56.00	05600 RADIOISOTOPE		177,817	0	177,817	56.00
56.01	03950 CARDIAC CATH LAB		3,752,008	0	3,752,008	56.01
57.00	05700 CT SCAN		1,882,470	0	1,882,470	57.00
58.00	05800 MRI		740,785	0	740,785	58.00
60.00	06000 LABORATORY		15,283,239	35,786	15,319,025	60.00
65.00	06500 RESPIRATORY THERAPY	0	4,750,395	0	4,750,395	65.00
66.00	06600 PHYSICAL THERAPY	0	8,907,869	0	8,907,869	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,629,019	0	2,629,019	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,021,441	0	1,021,441	68.00
69.00	06900 ELECTROCARDIOLOGY		4,845,410	0	4,845,410	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,731,537	0	1,731,537	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		17,704,560	0	17,704,560	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		12,615,879	0	12,615,879	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		35,315,067	0	35,315,067	73.00
73.01	07301 DIABETES CENTER		786,229	0	786,229	73.01
74.00	07400 RENAL DIALYSIS		2,253,683	0	2,253,683	74.00
76.00	03480 ONCOLOGY		6,013,620	0	6,013,620	76.00
76.01	03952 ANTI COAGULATION		521,850	0	521,850	76.01
76.02	03951 INFUSION SERVICES		2,189,692	0	2,189,692	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		1,930,826	0	1,930,826	90.00
91.00	09100 EMERGENCY		15,849,079	0	15,849,079	91.00
91.01	04950 WOUND CARE		2,935,123	0	2,935,123	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		8,253,802	0	8,253,802	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		3,414,695	0	3,414,695	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES		5,571,775	0	5,571,775	95.00
101.00	10100 HOME HEALTH AGENCY		7,977,477	0	7,977,477	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE		7,368,840		7,368,840	116.00
200.00	Subtotal (see instructions)	0	285,684,252	75,604	285,759,856	200.00
201.00	Less Observation Beds		8,253,802		8,253,802	201.00
202.00	Total (see instructions)	0	277,430,450	75,604	277,506,054	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0109		Period: From 01/01/2021 To 12/31/2021		Worksheet C Part I Date/Time Prepared: 5/2/2022 3:08 pm		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	106,207,748		106,207,748				30.00
31.00	03100	INTENSIVE CARE UNIT	24,130,725		24,130,725				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	20,258,945		20,258,945				35.00
41.00	04100	SUBPROVIDER - IRF	6,525,906		6,525,906				41.00
43.00	04300	NURSERY	4,491,042		4,491,042				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	60,913,533	106,161,971	167,075,504	0.078839	0.000000		50.00
51.00	05100	RECOVERY ROOM	4,055,461	9,993,712	14,049,173	0.100632	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,329,748	910,185	20,239,933	0.258377	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,633,792	78,544,166	100,177,958	0.116921	0.000000		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	3,885,275	10,456,042	14,341,317	0.073487	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	35,213	35,213	5.049754	0.000000		56.00
56.01	03950	CARDIAC CATH LAB	34,918,587	26,656,080	61,574,667	0.060934	0.000000		56.01
57.00	05700	CT SCAN	20,278,303	48,212,436	68,490,739	0.027485	0.000000		57.00
58.00	05800	MRI	3,631,043	7,284,433	10,915,476	0.067866	0.000000		58.00
60.00	06000	LABORATORY	61,478,369	80,963,741	142,442,110	0.107294	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	19,932,350	3,443,977	23,376,327	0.203214	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	8,316,231	22,263,638	30,579,869	0.291298	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	6,920,132	7,470,776	14,390,908	0.182686	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,784,850	3,255,678	5,040,528	0.202646	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	14,436,395	27,116,484	41,552,879	0.116608	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,188,366	4,290,276	5,478,642	0.316052	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	79,024,662	128,613,892	207,638,554	0.085266	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,491,646	49,169,796	96,661,442	0.130516	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,760,608	34,432,250	83,192,858	0.424496	0.000000		73.00
73.01	07301	DIABETES CENTER	1,243	6,464	7,707	102.014921	0.000000		73.01
74.00	07400	RENAL DIALYSIS	2,245,992	1,151,709	3,397,701	0.663296	0.000000		74.00
76.00	03480	ONCOLOGY	2,771,430	18,156,549	20,927,979	0.287348	0.000000		76.00
76.01	03952	ANTI COAGULATION	1,956	1,046,181	1,048,137	0.497883	0.000000		76.01
76.02	03951	INFUSION SERVICES	0	4,899,796	4,899,796	0.446895	0.000000		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	0	695,258	695,258	2.777136	0.000000		90.00
91.00	09100	EMERGENCY	23,040,488	96,927,248	119,967,736	0.132111	0.000000		91.00
91.01	04950	WOUND CARE	0	643,728	643,728	4.559570	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,000,000	14,668,887	17,668,887	0.467138	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,522,424	7,105,502	8,627,926	0.395772	0.000000		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	0	11,562,410	11,562,410	0.481887	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY	0	9,254,945	9,254,945				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	0	21,607,267	21,607,267				116.00
200.00		Subtotal (see instructions)	652,177,250	837,000,690	1,489,177,940				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	652,177,250	837,000,690	1,489,177,940				202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0109

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT				35.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
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
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
56.01	03950 CARDIAC CATH LAB	0.000000			56.01
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
60.00	06000 LABORATORY	0.000000			60.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
73.01	07301 DIABETES CENTER	0.000000			73.01
74.00	07400 RENAL DIALYSIS	0.000000			74.00
76.00	03480 ONCOLOGY	0.000000			76.00
76.01	03952 ANTI COAGULATION	0.000000			76.01
76.02	03951 INFUSION SERVICES	0.000000			76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000			76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.000000			90.00
91.00	09100 EMERGENCY	0.000000			91.00
91.01	04950 WOUND CARE	0.000000			91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
101.00	10100 HOME HEALTH AGENCY				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
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: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 5/2/2022 3:08 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,901,531	0	8,901,531	39,414	225.85	30.00
31.00	INTENSIVE CARE UNIT	995,529		995,529	4,797	207.53	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	578,768		578,768	3,762	153.85	35.00
41.00	SUBPROVIDER - IRF	992,803	0	992,803	2,943	337.34	41.00
43.00	NURSERY	26,856		26,856	2,942	9.13	43.00
200.00	Total (lines 30 through 199)	11,495,487		11,495,487	53,858		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	12,071	2,726,235	30.00
31.00	INTENSIVE CARE UNIT	1,684	349,481	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	35.00
41.00	SUBPROVIDER - IRF	1,103	372,086	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30 through 199)	14,858	3,447,802	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0109

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

Worksheet D  
Part II  
Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,388,889	167,075,504	0.014298	20,788,156	297,229	50.00
51.00	05100	RECOVERY ROOM	194,740	14,049,173	0.013861	1,430,885	19,833	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	78,113	20,239,933	0.003859	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,316,607	100,177,958	0.013143	8,425,626	110,738	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	63,565	14,341,317	0.004432	1,182,689	5,242	55.00
56.00	05600	RADIOISOTOPE	23,274	35,213	0.660949	0	0	56.00
56.01	03950	CARDIAC CATH LAB	607,693	61,574,667	0.009869	11,110,072	109,645	56.01
57.00	05700	CT SCAN	141,048	68,490,739	0.002059	8,536,556	17,577	57.00
58.00	05800	MRI	93,637	10,915,476	0.008578	1,541,520	13,223	58.00
60.00	06000	LABORATORY	563,900	142,442,110	0.003959	21,346,767	84,512	60.00
65.00	06500	RESPIRATORY THERAPY	251,755	23,376,327	0.010770	6,719,493	72,369	65.00
66.00	06600	PHYSICAL THERAPY	276,874	30,579,869	0.009054	2,446,844	22,154	66.00
67.00	06700	OCCUPATIONAL THERAPY	65,853	14,390,908	0.004576	1,955,034	8,946	67.00
68.00	06800	SPEECH PATHOLOGY	31,123	5,040,528	0.006175	389,800	2,407	68.00
69.00	06900	ELECTROCARDIOLOGY	707,306	41,552,879	0.017022	5,828,604	99,214	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	342,726	5,478,642	0.062557	467,168	29,225	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	226,076	207,638,554	0.001089	25,370,525	27,629	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	146,695	96,661,442	0.001518	22,107,133	33,559	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	938,287	83,192,858	0.011278	16,544,552	186,589	73.00
73.01	07301	DIABETES CENTER	19,196	7,707	2.490723	411	1,024	73.01
74.00	07400	RENAL DIALYSIS	194,883	3,397,701	0.057357	6,256	359	74.00
76.00	03480	ONCOLOGY	240,146	20,927,979	0.011475	1,576,880	18,095	76.00
76.01	03952	ANTI COAGULATION	10,585	1,048,137	0.010099	0	0	76.01
76.02	03951	INFUSION SERVICES	33,504	4,899,796	0.006838	0	0	76.02
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	35,954	695,258	0.051713	0	0	90.00
91.00	09100	EMERGENCY	2,804,039	119,967,736	0.023373	9,251,170	216,228	91.00
91.01	04950	WOUND CARE	1,017,597	643,728	1.580787	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,312,165	17,668,887	0.074264	2,227,753	165,442	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	525,653	8,627,926	0.060925	1,000,000	60,925	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	14,651,883	1,285,138,952		170,253,894	1,602,164	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/2/2022 3:08 pm
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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	4,419,807	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	4,419,807	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	4,419,807	39,414	112.14	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	4,797	0.00	31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	3,762	0.00	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	2,943	0.00	41.00	
43.00	04300	NURSERY		0	2,942	0.00	43.00	
200.00		Total (lines 30 through 199)		4,419,807	53,858		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	1,353,642					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	1,353,642					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0109

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description		Title XVIII					Hospital	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS	
		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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	531,371	73.00
73.01	07301	DIABETES CENTER	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03480	ONCOLOGY	0	0	0	0	0	76.00
76.01	03952	ANTI COAGULATION	0	0	0	0	0	76.01
76.02	03951	INFUSION SERVICES	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	647,352	91.00
91.01	04950	WOUND CARE	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	651,522	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	651,522	0	1,178,723	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/2/2022 3:08 pm
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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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	167,075,504	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	14,049,173	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	20,239,933	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	100,177,958	0.000000	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	14,341,317	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	35,213	0.000000	56.00
56.01 03950 CARDIAC CATH LAB	0	0	0	61,574,667	0.000000	56.01
57.00 05700 CT SCAN	0	0	0	68,490,739	0.000000	57.00
58.00 05800 MRI	0	0	0	10,915,476	0.000000	58.00
60.00 06000 LABORATORY	0	0	0	142,442,110	0.000000	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	23,376,327	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	30,579,869	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	14,390,908	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	5,040,528	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	41,552,879	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,478,642	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	207,638,554	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	96,661,442	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	531,371	531,371	83,192,858	0.006387	73.00
73.01 07301 DIABETES CENTER	0	0	0	7,707	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	3,397,701	0.000000	74.00
76.00 03480 ONCOLOGY	0	0	0	20,927,979	0.000000	76.00
76.01 03952 ANTI COAGULATION	0	0	0	1,048,137	0.000000	76.01
76.02 03951 INFUSION SERVICES	0	0	0	4,899,796	0.000000	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	695,258	0.000000	90.00
91.00 09100 EMERGENCY	0	647,352	647,352	119,967,736	0.005396	91.00
91.01 04950 WOUND CARE	0	0	0	643,728	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	651,522	651,522	17,668,887	0.036874	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	8,627,926	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	1,830,245	1,830,245	1,285,138,952		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/2/2022 3:08 pm
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Cost Center Description		Title XVIII					Hospital	PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	0.000000	20,788,156	0	23,971,109	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	1,430,885	0	2,681,590	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	8,425,626	0	12,873,726	0	54.00	
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	1,182,689	0	1,662,091	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00	
56.01	03950 CARDIAC CATH LAB	0.000000	11,110,072	0	8,484,970	0	56.01	
57.00	05700 CT SCAN	0.000000	8,536,556	0	10,180,063	0	57.00	
58.00	05800 MRI	0.000000	1,541,520	0	1,526,598	0	58.00	
60.00	06000 LABORATORY	0.000000	21,346,767	0	3,704,292	0	60.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	6,719,493	0	1,058,453	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	2,446,844	0	2,419,944	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,955,034	0	28,763	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	389,800	0	8,960	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	5,828,604	0	8,634,500	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	467,168	0	1,248,857	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	25,370,525	0	21,090,175	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	22,107,133	0	20,472,436	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.006387	16,544,552	105,670	31,626,750	202,000	73.00	
73.01	07301 DIABETES CENTER	0.000000	411	0	4	0	73.01	
74.00	07400 RENAL DIALYSIS	0.000000	6,256	0	55,939	0	74.00	
76.00	03480 ONCOLOGY	0.000000	1,576,880	0	7,778,689	0	76.00	
76.01	03952 ANTI COAGULATION	0.000000	0	0	0	0	76.01	
76.02	03951 INFUSION SERVICES	0.000000	0	0	0	0	76.02	
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00	
91.00	09100 EMERGENCY	0.005396	9,251,170	49,919	13,460,795	72,634	91.00	
91.01	04950 WOUND CARE	0.000000	0	0	0	0	91.01	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.036874	2,227,753	82,146	3,458,277	127,521	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	1,000,000	0	0	0	92.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		170,253,894	237,735	176,426,981	402,155	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/2/2022 3:08 pm				
		Title XVIII	Hospital	PPS				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs				
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.078839	23,971,109	0	0	1,889,858	50.00
51.00	05100	RECOVERY ROOM	0.100632	2,681,590	0	0	269,854	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258377	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116921	12,873,726	0	0	1,505,209	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.073487	1,662,091	0	0	122,142	55.00
56.00	05600	RADIOISOTOPE	5.049754	0	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0.060934	8,484,970	0	0	517,023	56.01
57.00	05700	CT SCAN	0.027485	10,180,063	0	0	279,799	57.00
58.00	05800	MRI	0.067866	1,526,598	0	0	103,604	58.00
60.00	06000	LABORATORY	0.107294	3,704,292	0	0	397,448	60.00
65.00	06500	RESPIRATORY THERAPY	0.203214	1,058,453	0	0	215,092	65.00
66.00	06600	PHYSICAL THERAPY	0.291298	2,419,944	0	0	704,925	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.182686	28,763	0	0	5,255	67.00
68.00	06800	SPEECH PATHOLOGY	0.202646	8,960	0	0	1,816	68.00
69.00	06900	ELECTROCARDIOLOGY	0.116608	8,634,500	0	0	1,006,852	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.316052	1,248,857	0	0	394,704	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.085266	21,090,175	0	0	1,798,275	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.130516	20,472,436	0	0	2,671,980	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.424496	31,626,750	0	23,759	13,425,429	73.00
73.01	07301	DIABETES CENTER	102.014921	4	0	0	408	73.01
74.00	07400	RENAL DIALYSIS	0.663296	55,939	0	0	37,104	74.00
76.00	03480	ONCOLOGY	0.287348	7,778,689	0	0	2,235,191	76.00
76.01	03952	ANTI COAGULATION	0.497883	0	0	0	0	76.01
76.02	03951	INFUSION SERVICES	0.446895	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	2.777136	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.132111	13,460,795	0	0	1,778,319	91.00
91.01	04950	WOUND CARE	4.559570	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.467138	3,458,277	0	0	1,615,493	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.395772	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0.481887	0	0	0	0	95.00
200.00		Subtotal (see instructions)		176,426,981	0	23,759	30,975,780	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		176,426,981	0	23,759	30,975,780	202.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/2/2022 3:08 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 03950 CARDIAC CATH LAB	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
60.00 06000 LABORATORY	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	10,086		73.00
73.01 07301 DIABETES CENTER	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03480 ONCOLOGY	0	0		76.00
76.01 03952 ANTI COAGULATION	0	0		76.01
76.02 03951 INFUSION SERVICES	0	0		76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
91.01 04950 WOUND CARE	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	0	10,086		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	10,086		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0109 Component CCN: 15-T109		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 5/2/2022 3:08 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,388,889	167,075,504	0.014298	39,854	570	50.00
51.00	05100	RECOVERY ROOM	194,740	14,049,173	0.013861	3,039	42	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	78,113	20,239,933	0.003859	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,316,607	100,177,958	0.013143	52,118	685	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	63,565	14,341,317	0.004432	22,556	100	55.00
56.00	05600	RADIOISOTOPE	23,274	35,213	0.660949	0	0	56.00
56.01	03950	CARDIAC CATH LAB	607,693	61,574,667	0.009869	2,293	23	56.01
57.00	05700	CT SCAN	141,048	68,490,739	0.002059	45,542	94	57.00
58.00	05800	MRI	93,637	10,915,476	0.008578	24,998	214	58.00
60.00	06000	LABORATORY	563,900	142,442,110	0.003959	310,725	1,230	60.00
65.00	06500	RESPIRATORY THERAPY	251,755	23,376,327	0.010770	146,476	1,578	65.00
66.00	06600	PHYSICAL THERAPY	276,874	30,579,869	0.009054	976,386	8,840	66.00
67.00	06700	OCCUPATIONAL THERAPY	65,853	14,390,908	0.004576	894,291	4,092	67.00
68.00	06800	SPEECH PATHOLOGY	31,123	5,040,528	0.006175	220,736	1,363	68.00
69.00	06900	ELECTROCARDIOLOGY	707,306	41,552,879	0.017022	32,385	551	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	342,726	5,478,642	0.062557	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	226,076	207,638,554	0.001089	210,158	229	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	146,695	96,661,442	0.001518	34,731	53	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	938,287	83,192,858	0.011278	203,756	2,298	73.00
73.01	07301	DIABETES CENTER	19,196	7,707	2.490723	2	5	73.01
74.00	07400	RENAL DIALYSIS	194,883	3,397,701	0.057357	12,439	713	74.00
76.00	03480	ONCOLOGY	240,146	20,927,979	0.011475	5,993	69	76.00
76.01	03952	ANTI COAGULATION	10,585	1,048,137	0.010099	0	0	76.01
76.02	03951	INFUSION SERVICES	33,504	4,899,796	0.006838	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	35,954	695,258	0.051713	0	0	90.00
91.00	09100	EMERGENCY	2,804,039	119,967,736	0.023373	14,319	335	91.00
91.01	04950	WOUND CARE	1,017,597	643,728	1.580787	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	17,668,887	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	525,653	8,627,926	0.060925	4,884	298	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	13,339,718	1,285,138,952		3,257,681	23,382	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/2/2022 3:08 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
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
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03950 CARDIAC CATH LAB	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	531,371	73.00
73.01	07301 DIABETES CENTER	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03480 ONCOLOGY	0	0	0	0	0	76.00
76.01	03952 ANTI COAGULATION	0	0	0	0	0	76.01
76.02	03951 INFUSION SERVICES	0	0	0	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	647,352	91.00
91.01	04950 WOUND CARE	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	1,178,723	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/2/2022 3:08 pm
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	167,075,504	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	14,049,173	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	20,239,933	0.000000	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	100,177,958	0.000000	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	14,341,317	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	35,213	0.000000	56.00
56.01	03950 CARDIAC CATH LAB	0	0	0	61,574,667	0.000000	56.01
57.00	05700 CT SCAN	0	0	0	68,490,739	0.000000	57.00
58.00	05800 MRI	0	0	0	10,915,476	0.000000	58.00
60.00	06000 LABORATORY	0	0	0	142,442,110	0.000000	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	23,376,327	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	30,579,869	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	14,390,908	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	5,040,528	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	41,552,879	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,478,642	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	207,638,554	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	96,661,442	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	531,371	531,371	83,192,858	0.006387	73.00
73.01	07301 DIABETES CENTER	0	0	0	7,707	0.000000	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	3,397,701	0.000000	74.00
76.00	03480 ONCOLOGY	0	0	0	20,927,979	0.000000	76.00
76.01	03952 ANTI COAGULATION	0	0	0	1,048,137	0.000000	76.01
76.02	03951 INFUSION SERVICES	0	0	0	4,899,796	0.000000	76.02
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0.000000	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	695,258	0.000000	90.00
91.00	09100 EMERGENCY	0	647,352	647,352	119,967,736	0.005396	91.00
91.01	04950 WOUND CARE	0	0	0	643,728	0.000000	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	17,668,887	0.000000	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	8,627,926	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0		95.00
200.00	Total (lines 50 through 199)	0	1,178,723	1,178,723	1,285,138,952		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/2/2022 3:08 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	39,854	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	3,039	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	52,118	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	22,556	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03950 CARDIAC CATH LAB	0.000000	2,293	0	0	0	56.01
57.00	05700 CT SCAN	0.000000	45,542	0	0	0	57.00
58.00	05800 MRI	0.000000	24,998	0	0	0	58.00
60.00	06000 LABORATORY	0.000000	310,725	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	146,476	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	976,386	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	894,291	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	220,736	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	32,385	0	0	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	210,158	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	34,731	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.006387	203,756	1,301	0	0	73.00
73.01	07301 DIABETES CENTER	0.000000	2	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	12,439	0	0	0	74.00
76.00	03480 ONCOLOGY	0.000000	5,993	0	0	0	76.00
76.01	03952 ANTI COAGULATION	0.000000	0	0	0	0	76.01
76.02	03951 INFUSION SERVICES	0.000000	0	0	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.005396	14,319	77	0	0	91.00
91.01	04950 WOUND CARE	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	4,884	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		3,257,681	1,378	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/2/2022 3:08 pm
		Title XVIII	Subprovider - IRF	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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0.078839	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.100632	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258377	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116921	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.073487	0	0	0	55.00
56.00	05600	RADIOISOTOPE	5.049754	0	0	0	56.00
56.01	03950	CARDIAC CATH LAB	0.060934	0	0	0	56.01
57.00	05700	CT SCAN	0.027485	0	0	0	57.00
58.00	05800	MRI	0.067866	0	0	0	58.00
60.00	06000	LABORATORY	0.107294	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.203214	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.291298	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.182686	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.202646	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.116608	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.316052	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.085266	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.130516	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.424496	0	0	500	73.00
73.01	07301	DIABETES CENTER	102.014921	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.663296	0	0	0	74.00
76.00	03480	ONCOLOGY	0.287348	0	0	0	76.00
76.01	03952	ANTI COAGULATION	0.497883	0	0	0	76.01
76.02	03951	INFUSION SERVICES	0.446895	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	2.777136	0	0	0	90.00
91.00	09100	EMERGENCY	0.132111	0	0	0	91.00
91.01	04950	WOUND CARE	4.559570	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.467138	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.395772	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0.481887	0	0	0	95.00
200.00		Subtotal (see instructions)		0	0	500	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	0	500	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/2/2022 3:08 pm
Title XVIII		Subprovider - IRF	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	
<b>ANCILLARY SERVICE COST CENTERS</b>			
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
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
56.01 03950 CARDIAC CATH LAB	0	0	56.01
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
60.00 06000 LABORATORY	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	212	73.00
73.01 07301 DIABETES CENTER	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03480 ONCOLOGY	0	0	76.00
76.01 03952 ANTI COAGULATION	0	0	76.01
76.02 03951 INFUSION SERVICES	0	0	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
91.01 04950 WOUND CARE	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	0	212	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 - line 201)	0	212	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/2/2022 3:08 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		39,414	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		39,414	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)		33,604	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		12,071	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		55,992,447	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)		55,992,447	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		55,992,447	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,420.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,148,304	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)		17,148,304	41.00



COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/2/2022 3:08 pm		
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	9,667,457	4,797	2,015.31	1,684	3,393,782	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	NEONATAL INTENSIVE CARE UNIT	5,088,542	3,762	1,352.62	0	0	47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				24,742,288		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				45,284,374		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)				4,429,358		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				1,839,899		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				6,269,257		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				39,015,117		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)				5,810		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,420.62		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				8,253,802		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/2/2022 3:08 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,901,531	55,992,447	0.158977	8,253,802	1,312,165	90.00
91.00	Nursing Program cost	4,419,807	55,992,447	0.078936	8,253,802	651,522	91.00
92.00	Allied health cost	0	55,992,447	0.000000	8,253,802	0	92.00
93.00	All other Medical Education	0	55,992,447	0.000000	8,253,802	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/2/2022 3:08 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,943	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,943	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)		2,943	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,103	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		4,745,488	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,745,488	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		4,745,488	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,612.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,778,554	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,778,554	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1	
		Component CCN: 15-T109				Date/Time Prepared: 5/2/2022 3:08 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	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 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					696,729		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,475,283		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					372,086		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					24,760		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					396,846		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,078,437		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0109 Component CCN: 15-T109		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/2/2022 3:08 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	992,803	4,745,488	0.209210	0	0	90.00
91.00	Nursing Program cost	0	4,745,488	0.000000	0	0	91.00
92.00	Allied health cost	0	4,745,488	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,745,488	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/2/2022 3:08 pm	
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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		39,421,288	30.00
31.00	03100	INTENSIVE CARE UNIT		9,404,123	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.079028	20,788,156	1,642,846 50.00
51.00	05100	RECOVERY ROOM	0.100632	1,430,885	143,993 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258377	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116947	8,425,626	985,352 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.073487	1,182,689	86,912 55.00
56.00	05600	RADIOISOTOPE	5.049754	0	0 56.00
56.01	03950	CARDIAC CATH LAB	0.060934	11,110,072	676,981 56.01
57.00	05700	CT SCAN	0.027485	8,536,556	234,627 57.00
58.00	05800	MRI	0.067866	1,541,520	104,617 58.00
60.00	06000	LABORATORY	0.107546	21,346,767	2,295,759 60.00
65.00	06500	RESPIRATORY THERAPY	0.203214	6,719,493	1,365,495 65.00
66.00	06600	PHYSICAL THERAPY	0.291298	2,446,844	712,761 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.182686	1,955,034	357,157 67.00
68.00	06800	SPEECH PATHOLOGY	0.202646	389,800	78,991 68.00
69.00	06900	ELECTROCARDIOLOGY	0.116608	5,828,604	679,662 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.316052	467,168	147,649 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.085266	25,370,525	2,163,243 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.130516	22,107,133	2,885,335 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.424496	16,544,552	7,023,096 73.00
73.01	07301	DIABETES CENTER	102.014921	411	41,928 73.01
74.00	07400	RENAL DIALYSIS	0.663296	6,256	4,150 74.00
76.00	03480	ONCOLOGY	0.287348	1,576,880	453,113 76.00
76.01	03952	ANTI COAGULATION	0.497883	0	0 76.01
76.02	03951	INFUSION SERVICES	0.446895	0	0 76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	2.777136	0	0 90.00
91.00	09100	EMERGENCY	0.132111	9,251,170	1,222,181 91.00
91.01	04950	WOUND CARE	4.559570	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.467138	2,227,753	1,040,668 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.395772	1,000,000	395,772 92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		170,253,894	24,742,288 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		170,253,894	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/2/2022 3:08 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY		2,274,316	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.079028	39,854	50.00
51.00	05100	RECOVERY ROOM	0.100632	3,039	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258377	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116947	52,118	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.073487	22,556	55.00
56.00	05600	RADIOISOTOPE	5.049754	0	56.00
56.01	03950	CARDIAC CATH LAB	0.060934	2,293	56.01
57.00	05700	CT SCAN	0.027485	45,542	57.00
58.00	05800	MRI	0.067866	24,998	58.00
60.00	06000	LABORATORY	0.107546	310,725	60.00
65.00	06500	RESPIRATORY THERAPY	0.203214	146,476	65.00
66.00	06600	PHYSICAL THERAPY	0.291298	976,386	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.182686	894,291	67.00
68.00	06800	SPEECH PATHOLOGY	0.202646	220,736	68.00
69.00	06900	ELECTROCARDIOLOGY	0.116608	32,385	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.316052	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.085266	210,158	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.130516	34,731	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.424496	203,756	73.00
73.01	07301	DIABETES CENTER	102.014921	2	73.01
74.00	07400	RENAL DIALYSIS	0.663296	12,439	74.00
76.00	03480	ONCOLOGY	0.287348	5,993	76.00
76.01	03952	ANTI COAGULATION	0.497883	0	76.01
76.02	03951	INFUSION SERVICES	0.446895	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	2.777136	0	90.00
91.00	09100	EMERGENCY	0.132111	14,319	91.00
91.01	04950	WOUND CARE	4.559570	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.467138	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.395772	4,884	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,257,681	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)		3,257,681	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/2/2022 3:08 pm	
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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		30,765,004	30.00
31.00	03100	INTENSIVE CARE UNIT		4,649,545	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		11,335,320	35.00
41.00	04100	SUBPROVIDER - I RF		1,190,387	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.078839	6,967,099	549,279 50.00
51.00	05100	RECOVERY ROOM	0.100632	460,986	46,390 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258377	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116921	2,236,179	261,456 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.073487	0	0 55.00
56.00	05600	RADIOISOTOPE	5.049754	0	0 56.00
56.01	03950	CARDIAC CATH LAB	0.060934	4,051,732	246,888 56.01
57.00	05700	CT SCAN	0.027485	3,015,085	82,870 57.00
58.00	05800	MRI	0.067866	560,576	38,044 58.00
60.00	06000	LABORATORY	0.107294	11,793,448	1,265,366 60.00
65.00	06500	RESPIRATORY THERAPY	0.203214	3,346,877	680,132 65.00
66.00	06600	PHYSICAL THERAPY	0.291298	1,334,730	388,804 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.182686	1,235,483	225,705 67.00
68.00	06800	SPEECH PATHOLOGY	0.202646	452,722	91,742 68.00
69.00	06900	ELECTROCARDIOLOGY	0.116608	2,100,423	244,926 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.316052	127,398	40,264 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.085266	9,743,844	830,819 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.130516	3,392,051	442,717 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.424496	9,242,056	3,923,216 73.00
73.01	07301	DIABETES CENTER	102.014921	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.663296	460,290	305,309 74.00
76.00	03480	ONCOLOGY	0.287348	44,928	12,910 76.00
76.01	03952	ANTI COAGULATION	0.497883	0	0 76.01
76.02	03951	INFUSION SERVICES	0.446895	0	0 76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	2.777136	0	0 90.00
91.00	09100	EMERGENCY	0.132111	3,894,505	514,507 91.00
91.01	04950	WOUND CARE	4.559570	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.467138	446,354	208,509 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.395772	0	0 92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		64,906,766	10,399,853 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		64,906,766	202.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/2/2022 3:08 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		25,519,870	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,155,794	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)		562,919	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		262,894	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		168.08	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.62	30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.59	31.00
32.00	Sum of lines 30 and 31		30.21	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.14	33.00
34.00	Disproportionate share adjustment (see instructions)		1,225,785	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/2/2022 3:08 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		8,290,014,521	7,192,008,710	35.00
35.01	Factor 3 (see instructions)		0.000582028	0.000550953	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		4,825,019	3,962,460	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		3,608,849	998,758	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,607,607		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
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)		41,334,869		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				<b>Amount</b>	
				<b>1.00</b>	
49.00	Total payment for inpatient operating costs (see instructions)		41,334,869		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,026,381		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		551,278		53.00
54.00	Special add-on payments for new technologies		347,830		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		1,353,642		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		237,735		58.00
59.00	Total (sum of amounts on lines 49 through 58)		46,851,735		59.00
60.00	Primary payer payments		11,604		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		46,840,131		61.00
62.00	Deductibles billed to program beneficiaries		3,222,680		62.00
63.00	Coinurance billed to program beneficiaries		72,602		63.00
64.00	Allowable bad debts (see instructions)		231,932		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		150,756		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		46,016		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		43,695,605		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-48,220		70.93
70.94	HRR adjustment amount (see instructions)		-932		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/2/2022 3:08 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			316,910	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			43,329,543	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			42,645,861	72.00
72.01	Interim payments-PARHM				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			683,682	74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			977,732	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
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. 1, 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	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
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
<b>HRR Adjustment for HSP Bonus Payment</b>					
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
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>					
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
<b>Cost Reimbursement</b>					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>					
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
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>					
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
<b>Comparison of PPS versus Cost Reimbursement</b>					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/2/2022 3:08 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		10,086	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		30,573,625	2.00
3.00	OPPS payments		21,327,163	3.00
4.00	Outlier payment (see instructions)		209,786	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		402,155	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		10,086	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		23,759	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)		23,759	14.00
<b>Customary charges</b>				
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 charge basis 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)		23,759	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		13,673	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)		10,086	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)		21,939,104	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		3,598,102	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		18,351,088	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		18,351,088	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		18,351,088	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		372,425	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		242,076	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		163,012	36.00
37.00	Subtotal (see instructions)		18,593,164	37.00
38.00	MSP-LCC reconciliation amount from PS&R		7,991	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)		18,585,173	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		18,527,106	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)		58,067	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
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/2/2022 3:08 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		212	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		119	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		212	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		500	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)		500	14.00
<b>Customary charges</b>				
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 charge basis 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)		500	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		288	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)		212	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)		119	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		331	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		331	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		331	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		331	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	39.50
39.97	Demonstration payment adjustment 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)		331	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		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)		155	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
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 15-0109

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/2/2022 3:08 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		42,645,861		18,527,106	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)		42,645,861		18,527,106	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		683,682		58,067	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		43,329,543		18,585,173	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: 15-0109  
Component CCN: 15-T109

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/2/2022 3:08 pm

Title XVIII

Subprovider -  
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		2,226,555		176	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)		0		0	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)		2,226,555		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		38,131		155	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,264,686		331	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: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/2/2022 3:08 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
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
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial /interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part III Date/Time Prepared: 5/2/2022 3:08 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			2,063,708 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0055 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			125,680 3.00
4.00	Outlier Payments			108,794 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			8.063014 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,298,182 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,298,182 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,298,182 19.00
20.00	Deductibles			34,132 20.00
21.00	Subtotal (line 19 minus line 20)			2,264,050 21.00
22.00	Coinsurance			742 22.00
23.00	Subtotal (line 21 minus line 22)			2,263,308 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,263,308 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			1,378 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,264,686 32.00
32.01	Sequestration adjustment (see instructions)			0 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,226,555 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			38,131 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			108,794 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
<b>FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE</b>				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 5/2/2022 3:08 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		64,906,766	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)		64,906,766	0	12.00
<b>CUSTOMARY CHARGES</b>					
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)		64,906,766	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		64,906,766	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109 Component CCN: 15-T109	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 5/2/2022 3:08 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
<b>CUSTOMARY CHARGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

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

Provider CCN: 15-0109

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

Worksheet G  
Date/Time Prepared:  
5/2/2022 3:08 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	69,918,961	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	221,115,431	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-164,687,618	0	0	0	6.00
7.00	Inventory	5,445,843	0	0	0	7.00
8.00	Prepaid expenses	3,813,055	0	0	0	8.00
9.00	Other current assets	17,934,431	0	0	0	9.00
10.00	Due from other funds	3,212,226	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	156,752,329	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	12,741,293	0	0	0	12.00
13.00	Land improvements	4,868,998	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	286,591,002	0	0	0	15.00
16.00	Accumulated depreciation	-147,884,607	0	0	0	16.00
17.00	Leasehold improvements	1,086,452	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	97,781,466	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	10,221,723	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	1	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	265,406,328	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	722,715	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	10,954,167	0	0	0	33.00
34.00	Other assets	26,489,988	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	38,166,870	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	460,325,527	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	20,187,921	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,989,115	0	0	0	38.00
39.00	Payroll taxes payable	33,494,501	0	0	0	39.00
40.00	Notes and loans payable (short term)	488,010	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	-766,536	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	67,393,011	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	2,554,934	0	0	0	46.00
47.00	Notes payable	9,655,955	0	0	0	47.00
48.00	Unsecured loans	846,602	0	0	0	48.00
49.00	Other long term liabilities	-29,602,919	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-16,545,428	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	50,847,583	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	409,477,944				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)	409,477,944	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	460,325,527	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0109

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

Worksheet G-1

Date/Time Prepared:  
5/2/2022 3:08 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		358,000,416		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		52,238,409			2.00
3.00	Total (sum of line 1 and line 2)		410,238,825		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		410,238,825		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		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)		410,238,825		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0109

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	649,177,250		649,177,250	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	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)	649,177,250		649,177,250	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	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	NEONATAL INTENSIVE CARE UNIT	0		0	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	649,177,250		649,177,250	17.00
18.00	Ancillary services	0		0	18.00
19.00	Outpatient services	0	865,743,354	865,743,354	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	649,177,250	865,743,354	1,514,920,604	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		351,225,349		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)		351,225,349		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0109

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

Worksheet G-3

Date/Time Prepared:  
5/2/2022 3:08 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,514,920,604	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,134,688,954	2.00
3.00	Net patient revenues (line 1 minus line 2)	380,231,650	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	351,225,349	4.00
5.00	Net income from service to patients (line 3 minus line 4)	29,006,301	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	280,007	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	11,186,721	24.00
24.50	COVID-19 PHE Funding	11,765,380	24.50
25.00	Total other income (sum of lines 6-24)	23,232,108	25.00
26.00	Total (line 5 plus line 25)	52,238,409	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)	52,238,409	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0109

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

Worksheet H

HHA CCN: 15-7124

Date/Time Prepared: 5/2/2022 3:08 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00			0		0	0	1.00
2.00			0		12,625	12,625	2.00
3.00	0	0	0	0	36,313	36,313	3.00
4.00	0	0	0	0	0	0	4.00
5.00	881,046	14,703	134,652	73,739	74,639	1,178,779	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	1,479,788	0	0	0	0	1,479,788	6.00
7.00	897,590	0	0	0	0	897,590	7.00
8.00	312,164	0	0	0	0	312,164	8.00
9.00	92,724	0	0	0	0	92,724	9.00
10.00	300,306	0	0	0	0	300,306	10.00
11.00	32,856	0	0	0	0	32,856	11.00
12.00	0	0	0	0	47,939	47,939	12.00
13.00	0	0	0	0	46,088	46,088	13.00
14.00	0	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	676	676	23.00
23.50	0	0	0	0	0	0	23.50
24.00	3,996,474	14,703	134,652	73,739	218,280	4,437,848	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	0	0	0	0			1.00
2.00	-12,625	0	0	0			2.00
3.00	0	36,313	0	36,313			3.00
4.00	0	0	0	0			4.00
5.00	0	1,178,779	-1,403	1,177,376			5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	0	1,479,788	0	1,479,788			6.00
7.00	0	897,590	0	897,590			7.00
8.00	0	312,164	0	312,164			8.00
9.00	0	92,724	0	92,724			9.00
10.00	0	300,306	0	300,306			10.00
11.00	0	32,856	0	32,856			11.00
12.00	0	47,939	0	47,939			12.00
13.00	0	46,088	0	46,088			13.00
14.00	0	0	0	0			14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	676	0	676			23.00
23.50	0	0	0	0			23.50
24.00	-12,625	4,425,223	-1,403	4,423,820			24.00

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



COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0109 HHA CCN: 15-7124		Period: From 01/01/2021 To 12/31/2021		Worksheet H-1 Part I Date/Time Prepared: 5/2/2022 3:08 pm	
				Home 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	2.00	3.00	4.00	4A.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	36,313	0	0	36,313	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,177,376	0	0	36,313	0	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,479,788	0	0	0	1,479,788	6.00
7.00	Physical Therapy	897,590	0	0	0	897,590	7.00
8.00	Occupational Therapy	312,164	0	0	0	312,164	8.00
9.00	Speech Pathology	92,724	0	0	0	92,724	9.00
10.00	Medical Social Services	300,306	0	0	0	300,306	10.00
11.00	Home Health Aide	32,856	0	0	0	32,856	11.00
12.00	Supplies (see instructions)	47,939	0	0	0	47,939	12.00
13.00	Drugs	46,088	0	0	0	46,088	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	676	0	0	0	676	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,423,820	0	0	36,313	4,423,820	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
<b>GENERAL SERVICE COST CENTERS</b>							
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	1,213,689					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	559,479	2,039,267				6.00
7.00	Physical Therapy	339,362	1,236,952				7.00
8.00	Occupational Therapy	118,023	430,187				8.00
9.00	Speech Pathology	35,057	127,781				9.00
10.00	Medical Social Services	113,540	413,846				10.00
11.00	Home Health Aide	12,422	45,278				11.00
12.00	Supplies (see instructions)	18,125	66,064				12.00
13.00	Drugs	17,425	63,513				13.00
14.00	DME	0	0				14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
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)	256	932				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		4,423,820				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 15-0109 HHA CCN: 15-7124		Period: From 01/01/2021 To 12/31/2021		Worksheet H-1 Part II Date/Time Prepared: 5/2/2022 3:08 pm		
				Home Health Agency I		PPS		
	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)		
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
	1.00	2.00						3.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures	7,871				0	1.00	
2.00	Capital Related - Movable Equipment		7,871			0	2.00	
3.00	Plant Operation & Maintenance	0	0	7,871		0	3.00	
4.00	Transportation (see instructions)	0	0	0	0	0	4.00	
5.00	Administrative and General	7,871	7,871	7,871	0	-1,213,689	3,210,131	5.00
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	0	0	0	0	0	1,479,788	6.00
7.00	Physical Therapy	0	0	0	0	0	897,590	7.00
8.00	Occupational Therapy	0	0	0	0	0	312,164	8.00
9.00	Speech Pathology	0	0	0	0	0	92,724	9.00
10.00	Medical Social Services	0	0	0	0	0	300,306	10.00
11.00	Home Health Aide	0	0	0	0	0	32,856	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	47,939	12.00
13.00	Drugs	0	0	0	0	0	46,088	13.00
14.00	DME	0	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>								
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	676	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	7,871	7,871	7,871	0	-1,213,689	3,210,131	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	36,313	0	0	1,213,689	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	4.613518	0.000000	0	0.378081	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet H-2 Part I Date/Time Prepared: 5/2/2022 3:08 pm
		HHA CCN: 15-7124	Home Health Agency I	PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	MGMT INFO SYSTEMS	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
1.00 Administrative and General	0	98,535	266,994	982,606	0	215,170	1.00
2.00 Skilled Nursing Care	2,039,267	0	0	0	0	0	2.00
3.00 Physical Therapy	1,236,952	0	0	0	0	0	3.00
4.00 Occupational Therapy	430,187	0	0	0	0	0	4.00
5.00 Speech Pathology	127,781	0	0	0	0	0	5.00
6.00 Medical Social Services	413,846	0	0	0	0	0	6.00
7.00 Home Health Aide	45,278	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	66,064	0	0	0	0	0	8.00
9.00 Drugs	63,513	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)	932	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)	4,423,820	98,535	266,994	982,606	0	215,170	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	ADMINISTRATIVE	PATIENT ACCOUNTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
	5.03	5.04	5.05	5A.05	5.06	7.00	
1.00 Administrative and General	0	28	16,187	1,579,520	333,770	252,502	1.00
2.00 Skilled Nursing Care	0	0	0	2,039,267	430,919	0	2.00
3.00 Physical Therapy	0	0	0	1,236,952	261,382	0	3.00
4.00 Occupational Therapy	0	0	0	430,187	90,903	0	4.00
5.00 Speech Pathology	0	0	0	127,781	27,002	0	5.00
6.00 Medical Social Services	0	0	0	413,846	87,450	0	6.00
7.00 Home Health Aide	0	0	0	45,278	9,568	0	7.00
8.00 Supplies (see instructions)	0	0	0	66,064	13,960	0	8.00
9.00 Drugs	0	0	0	63,513	13,421	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	932	197	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	28	16,187	6,003,340	1,268,572	252,502	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: 15-0109

Period: From 01/01/2021

Worksheet H-2 Part I

HHA CCN: 15-7124

To 12/31/2021

Date/Time Prepared: 5/2/2022 3:08 pm

Home Health Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	105,086	0	75,627	254,062	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	105,086	0	75,627	254,062	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

  

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING PROGRAM	PHARMACY RESIDENCY	EMS EDUCATION	
		15.00	16.00	17.00	20.00	23.00	23.01	
1.00	Administrative and General	0	18,288	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	18,288	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(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: 15-0109

Period:

Worksheet H-2

HHA CCN: 15-7124

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

Part I  
Date/Time Prepared:  
5/2/2022 3:08 pm

Home Health  
Agency I

PPS

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	2,618,855	0	2,618,855				1.00
2.00 Skilled Nursing Care	2,470,186	0	2,470,186	1,207,225	3,677,411		2.00
3.00 Physical Therapy	1,498,334	0	1,498,334	732,263	2,230,597		3.00
4.00 Occupational Therapy	521,090	0	521,090	254,666	775,756		4.00
5.00 Speech Pathology	154,783	0	154,783	75,645	230,428		5.00
6.00 Medical Social Services	501,296	0	501,296	244,992	746,288		6.00
7.00 Home Health Aide	54,846	0	54,846	26,804	81,650		7.00
8.00 Supplies (see instructions)	80,024	0	80,024	39,109	119,133		8.00
9.00 Drugs	76,934	0	76,934	37,599	114,533		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	1,129	0	1,129	552	1,681		19.00
19.50 Telemedicine	0	0	0	0	0		19.50
20.00 Total (sum of lines 1-19) (2)	7,977,477	0	7,977,477	2,618,855	7,977,477		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.				0.488718			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0109  
HHA CCN: 15-7124

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

Worksheet H-2 Part II  
Date/Time Prepared: 5/2/2022 3:08 pm

Home Health Agency I PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)	PURCHASING (COSTED REQUIS)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
1.00 Administrative and General	7,871	7,871	4,011,177	0	76,711	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)	7,871	7,871	4,011,177	0	76,711	0	20.00
21.00 Total cost to be allocated	98,535	266,994	982,606	0	215,170	0	21.00
22.00 Unit cost multiplier	12.518740	33.921230	0.244967	0.000000	2.804943	0.000000	22.00
Cost Center Description	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.04	5.05	5A.06	5.06	7.00	8.00	
1.00 Administrative and General	9,254,945	9,254,945	0	1,579,520	7,871	0	1.00
2.00 Skilled Nursing Care	0	0	0	2,039,267	0	0	2.00
3.00 Physical Therapy	0	0	0	1,236,952	0	0	3.00
4.00 Occupational Therapy	0	0	0	430,187	0	0	4.00
5.00 Speech Pathology	0	0	0	127,781	0	0	5.00
6.00 Medical Social Services	0	0	0	413,846	0	0	6.00
7.00 Home Health Aide	0	0	0	45,278	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	66,064	0	0	8.00
9.00 Drugs	0	0	0	63,513	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	932	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	9,254,945	9,254,945		6,003,340	7,871	0	20.00
21.00 Total cost to be allocated	28	16,187		1,268,572	252,502	0	21.00
22.00 Unit cost multiplier	0.000003	0.001749		0.211311	32.080041	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0109 HHA CCN: 15-7124	Period: From 01/01/2021 To 12/31/2021	Worksheet H-2 Part II Date/Time Prepared: 5/2/2022 3:08 pm
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Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQ UISI)	PHARMACY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	7,871	0	76,711	76,711	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)	7,871	0	76,711	76,711	0	0	20.00
21.00	Total cost to be allocated	105,086	0	75,627	254,062	0	0	21.00
22.00	Unit cost multiplier	13.351035	0.000000	0.985869	3.311937	0.000000	0.000000	22.00
Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	NURSING PROGRAM (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	EMS EDUCATION (ASSIGNED TIME)		
		16.00	17.00	20.00	23.00	23.01		
1.00	Administrative and General	9,254,945	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	9,254,945	0	0	0	0	0	20.00
21.00	Total cost to be allocated	18,288	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.001976	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet H-3 Part I Date/Time Prepared: 5/2/2022 3:08 pm
		HHA CCN: 15-7124	Title XVIII	Home Health Agency I

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	3,677,411		3,677,411	11,045	332.95	1.00
2.00	Physical Therapy	3.00	2,230,597	0	2,230,597	7,671	290.78	2.00
3.00	Occupational Therapy	4.00	775,756	0	775,756	2,883	269.08	3.00
4.00	Speech Pathology	5.00	230,428	0	230,428	610	377.75	4.00
5.00	Medical Social Services	6.00	746,288		746,288	340	2,194.96	5.00
6.00	Home Health Aide	7.00	81,650		81,650	326	250.46	6.00
7.00	Total (sum of lines 1-6)		7,742,130	0	7,742,130	22,875		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		5.00
				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		23844	0	633		8.00
8.01	Skilled Nursing Care		26900	0	5		8.01
8.02	Skilled Nursing Care		29200	0	2,067		8.02
8.03	Skilled Nursing Care		33140	0	0		8.03
8.04	Skilled Nursing Care		45460	0	26		8.04
8.05	Skilled Nursing Care		99915	0	2,282		8.05
9.00	Physical Therapy		23844	0	507		9.00
9.01	Physical Therapy		26900	0	9		9.01
9.02	Physical Therapy		29200	0	1,725		9.02
9.03	Physical Therapy		33140	0	5		9.03
9.04	Physical Therapy		45460	0	11		9.04
9.05	Physical Therapy		99915	0	1,506		9.05
10.00	Occupational Therapy		23844	0	205		10.00
10.01	Occupational Therapy		26900	0	1		10.01
10.02	Occupational Therapy		29200	0	678		10.02
10.03	Occupational Therapy		33140	0	1		10.03
10.04	Occupational Therapy		45460	0	4		10.04
10.05	Occupational Therapy		99915	0	558		10.05
11.00	Speech Pathology		23844	0	57		11.00
11.01	Speech Pathology		26900	0	0		11.01
11.02	Speech Pathology		29200	0	114		11.02
11.03	Speech Pathology		33140	0	0		11.03
11.04	Speech Pathology		45460	0	0		11.04
11.05	Speech Pathology		99915	0	143		11.05
12.00	Medical Social Services		23844	0	16		12.00
12.01	Medical Social Services		26900	0	0		12.01
12.02	Medical Social Services		29200	0	61		12.02
12.03	Medical Social Services		33140	0	0		12.03
12.04	Medical Social Services		45460	0	0		12.04
12.05	Medical Social Services		99915	0	55		12.05
13.00	Home Health Aide		23844	0	63		13.00
13.01	Home Health Aide		26900	0	0		13.01
13.02	Home Health Aide		29200	0	29		13.02
13.03	Home Health Aide		33140	0	0		13.03
13.04	Home Health Aide		45460	0	0		13.04
13.05	Home Health Aide		99915	0	124		13.05
14.00	Total (sum of lines 8-13)			0	10,885		14.00



APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0109 HHA CCN: 15-7124	Period: From 01/01/2021 To 12/31/2021	Worksheet H-3 Part I Date/Time Prepared: 5/2/2022 3:08 pm		
				Title XVIII	Home Health Agency I	PPS		
Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
<b>Supplies and Drugs Cost Computations</b>								
15.00	Cost of Medical Supplies	8.00	119,133	0	119,133	0	0.000000	15.00
16.00	Cost of Drugs	9.00	114,533	0	114,533	0	0.000000	16.00
<b>Program Visits</b>								
Cost Center Description	Part A	Part B		Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6.00	7.00		8.00	9.00	10.00	11.00
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>								
<b>Cost Per Visit Computation</b>								
1.00	Skilled Nursing Care	0	5,013	0	1,669,078		1.00	
2.00	Physical Therapy	0	3,763	0	1,094,205		2.00	
3.00	Occupational Therapy	0	1,447	0	389,359		3.00	
4.00	Speech Pathology	0	314	0	118,614		4.00	
5.00	Medical Social Services	0	132	0	289,735		5.00	
6.00	Home Health Aide	0	216	0	54,099		6.00	
7.00	Total (sum of lines 1-6)	0	10,885	0	3,615,090		7.00	
<b>Cost Center Description</b>								
	6.00	7.00	8.00	9.00	10.00	11.00		
<b>Limitation Cost Computation</b>								
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	
8.05	Skilled Nursing Care						8.05	
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	
9.05	Physical Therapy						9.05	
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	
10.05	Occupational Therapy						10.05	
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	
11.05	Speech Pathology						11.05	
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	
12.05	Medical Social Services						12.05	
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	
13.05	Home Health Aide						13.05	
14.00	Total (sum of lines 8-13)						14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0109 HHA CCN: 15-7124		Period: From 01/01/2021 To 12/31/2021		Worksheet H-3 Part I Date/Time Prepared: 5/2/2022 3:08 pm	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description	Program Covered Charges				Cost of Services				
	Part A	Part B		Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	6.00	7.00	8.00	9.00	10.00	11.00			
<b>Supplies and Drugs Cost Computations</b>									
15.00	Cost of Medical Supplies	0	0	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	0	16.00
<b>Cost Center Description</b>									
		Total Program Cost (sum of col.s. 9-10)							
		12.00							
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>									
<b>Cost Per Visit Computation</b>									
1.00	Skilled Nursing Care	1,669,078							1.00
2.00	Physical Therapy	1,094,205							2.00
3.00	Occupational Therapy	389,359							3.00
4.00	Speech Pathology	118,614							4.00
5.00	Medical Social Services	289,735							5.00
6.00	Home Health Aide	54,099							6.00
7.00	Total (sum of lines 1-6)	3,615,090							7.00
<b>Cost Center Description</b>									
		12.00							
<b>Limitation Cost Computation</b>									
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
8.05	Skilled Nursing Care								8.05
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
9.05	Physical Therapy								9.05
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
10.05	Occupational Therapy								10.05
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
11.05	Speech Pathology								11.05
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
12.05	Medical Social Services								12.05
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
13.05	Home Health Aide								13.05
14.00	Total (sum of lines 8-13)								14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0109

Period:

Worksheet H-3

HHA CCN: 15-7124

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

Part II  
Date/Time Prepared:  
5/2/2022 3:08 pm

Title XVIII

Home Health  
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>							
1.00 Physical Therapy	66.00	0.291298	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.182686	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.202646	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.085266	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.424496	0	0	col. 2, line 16.00		5.00
5.01 Cost of Drugs 1	73.01	102.014921	0	0	col. 2, line 16.01		5.01

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0109 HHA CCN: 15-7124	Period: From 01/01/2021 To 12/31/2021	Worksheet H-4 Part I-11 Date/Time Prepared: 5/2/2022 3:08 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
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
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)	0	0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	2,202,052	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	142,343	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	45,339	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	3,375	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	31,525	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	2,424,634	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	2,424,634	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	2,424,634	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	2,424,634	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	2,424,634	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	2,424,634	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: 15-0109  
HHA CCN: 15-7124

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

Worksheet H-5  
Date/Time Prepared:  
5/2/2022 3:08 pm  
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		2,424,634	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,424,634	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		2,424,634	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: 15-0109

Period: From 01/01/2021

Worksheet 0

Hospice CCN: 15-1563

To 12/31/2021

Date/Time Prepared: 5/2/2022 3:08 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFICATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0
2.00	CAP REL COSTS-MVBLE EQUIP*		15,659	15,659	-15,659	0
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0
4.00	ADMINISTRATIVE & GENERAL*	241,099	1,356,334	1,597,433	0	1,597,433
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0
7.00	HOUSEKEEPING*	0	0	0	0	0
8.00	DIETARY*	0	0	0	0	0
9.00	NURSING ADMINISTRATION*	226,093	0	226,093	0	226,093
10.00	ROUTINE MEDICAL SUPPLIES*	0	15,453	15,453	0	15,453
11.00	MEDICAL RECORDS*	0	0	0	0	0
12.00	STAFF TRANSPORTATION*	0	0	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION*	44,227	0	44,227	0	44,227
14.00	PHARMACY*	0	0	0	0	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	192,420	192,420	0	192,420
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>						
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**	1,582,400	0	1,582,400	0	1,582,400
29.00	LPN/LVN**	0	0	0	0	0
30.00	PHYSICAL THERAPY**	0	0	0	0	0
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY**	2,169	0	2,169	0	2,169
33.00	MEDICAL SOCIAL SERVICES**	258,415	0	258,415	0	258,415
34.00	SPIRITUAL COUNSELING**	201,122	0	201,122	0	201,122
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**	177,213	0	177,213	0	177,213
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0
39.00	PATIENT TRANSPORTATION**	0	184,237	184,237	0	184,237
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	66,481	66,481	0	66,481
42.50	DRUGS CHARGED TO PATIENTS**	0	307,379	307,379	0	307,379
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
<b>NONREIMBURSABLE COST CENTERS</b>						
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	2,732,738	2,137,963	4,870,701	-15,659	4,855,042

\* 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: 15-0109

Period: From 01/01/2021

Worksheet 0

Hospice CCN: 15-1563

To 12/31/2021

Date/Time Prepared: 5/2/2022 3:08 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	1,597,433	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	226,093	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	15,453	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	44,227	13.00
14.00	PHARMACY*	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	192,420	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>				
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	1,582,400	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	2,169	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	258,415	33.00
34.00	SPIRITUAL COUNSELING**	0	201,122	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	177,213	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	184,237	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	66,481	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	307,379	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
<b>NONREIMBURSABLE COST CENTERS</b>				
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	4,855,042	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 CONTINUOUS HOME CARE

Provider CCN: 15-0109

Period: From 01/01/2021

Worksheet 0-1

Hospice CCN: 15-1563

To 12/31/2021

Date/Time Prepared: 5/2/2022 3:08 pm

		SALARIES	OTHER	SubTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SubTOTAL	
		1.00	2.00	3.00	4.00	5.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>							
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	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	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	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	0	0	0	0	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>				
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	0	28.00
29.00	LPN/LVN	0	0	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	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	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	0	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	0	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.



ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 15-0109 Hospice CCN: 15-1563	Period: From 01/01/2021 To 12/31/2021	Worksheet 0-2 Date/Time Prepared: 5/2/2022 3:08 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	HOSPICE I RECLASSIFICATIONS	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	1,579,606	0	1,579,606	0	1,579,606	28.00
29.00	LPN/LVN	0	0	0	0	0	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	257,260	0	257,260	0	257,260	33.00
34.00	SPIRITUAL COUNSELING	200,997	0	200,997	0	200,997	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	177,213	0	177,213	0	177,213	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	180,692	180,692	0	180,692	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	66,481	66,481	0	66,481	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	307,208	307,208	0	307,208	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 *	2,215,076	554,381	2,769,457	0	2,769,457	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	1,579,606	28.00
29.00	LPN/LVN	0	0	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	257,260	33.00
34.00	SPIRITUAL COUNSELING	0	200,997	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	177,213	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	180,692	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	66,481	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	307,208	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	2,769,457	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: 15-0109

Period: From 01/01/2021

Worksheet 0-3

Hospice CCN: 15-1563

To 12/31/2021

Date/Time Prepared: 5/2/2022 3:08 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	2,208	0	2,208	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	2,169	0	2,169	0	32.00
33.00	MEDICAL SOCIAL SERVICES	219	0	219	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	3,545	3,545	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	46.00
100.00	TOTAL *	4,596	3,545	8,141	0	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
26.00	PHYSICIAN SERVICES	0	0
27.00	NURSE PRACTITIONER	0	0
28.00	REGISTERED NURSE	0	2,208
29.00	LPN/LVN	0	0
30.00	PHYSICAL THERAPY	0	0
31.00	OCCUPATIONAL THERAPY	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	2,169
33.00	MEDICAL SOCIAL SERVICES	0	219
34.00	SPIRITUAL COUNSELING	0	0
35.00	DIETARY COUNSELING	0	0
36.00	COUNSELING - OTHER	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0
39.00	PATIENT TRANSPORTATION	0	3,545
40.00	IMAGING SERVICES	0	0
41.00	LABS & DIAGNOSTICS	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0
42.50	DRUGS CHARGED TO PATIENTS	0	0
43.00	OUTPATIENT SERVICES	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0
100.00	TOTAL *	0	8,141

\* 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: 15-0109 Hospice CCN: 15-1563	Period: From 01/01/2021 To 12/31/2021	Worksheet 0-4 Date/Time Prepared: 5/2/2022 3:08 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I 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	586	0	586	0	586	28.00
29.00	LPN/LVN	0	0	0	0	0	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	936	0	936	0	936	33.00
34.00	SPIRITUAL COUNSELING	125	0	125	0	125	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	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	171	171	0	171	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 *	1,647	171	1,818	0	1,818	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	586	28.00
29.00	LPN/LVN	0	0	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	936	33.00
34.00	SPIRITUAL COUNSELING	0	125	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	0	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	171	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	1,818	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: 15-0109

Period: From 01/01/2021

Worksheet 0-5

Hospice CCN: 15-1563

To 12/31/2021

Date/Time Prepared: 5/2/2022 3:08 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	669,431	669,431	3.00
4.00	ADMINISTRATIVE & GENERAL	1,597,433	1,548,424	3,145,857	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	226,093	253,247	479,340	9.00
10.00	ROUTINE MEDICAL SUPPLIES	15,453	0	15,453	10.00
11.00	MEDICAL RECORDS	0	42,696	42,696	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	44,227	0	44,227	13.00
14.00	PHARMACY	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	192,420	0	192,420	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
<b>LEVEL OF CARE</b>					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	2,769,457	0	2,769,457	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	8,141	0	8,141	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,818	0	1,818	53.00
<b>NONREIMBURSABLE COST CENTERS</b>					
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	4,855,042	2,513,798	7,368,840	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2021

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2021

Part I  
Date/Time Prepared:  
5/2/2022 3:08 pm

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIX	0	0			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	669,431	0	0	669,431	3.00
4.00	ADMINISTRATIVE & GENERAL	3,145,857	0	0	0	3,145,857
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0
7.00	HOUSEKEEPING	0	0	0	0	0
8.00	DIETARY	0	0	0	0	0
9.00	NURSING ADMINISTRATION	479,340	0	0	0	479,340
10.00	ROUTINE MEDICAL SUPPLIES	15,453	0	0	0	15,453
11.00	MEDICAL RECORDS	42,696	0	0	0	42,696
12.00	STAFF TRANSPORTATION	0	0	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION	44,227	0	0	0	44,227
14.00	PHARMACY	0	0	0	0	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	192,420	0	0	0	192,420
16.00	OTHER GENERAL SERVICE	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0
51.00	HOSPICE ROUTINE HOME CARE	2,769,457			0	2,769,457
52.00	HOSPICE INPATIENT RESPIRE CARE	8,141	0	0	0	8,141
53.00	HOSPICE GENERAL INPATIENT CARE	1,818	0	0	669,431	671,249
<b>NONREIMBURSABLE COST CENTERS</b>						
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
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	7,368,840	0	0	669,431	7,368,840

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2021

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2021

Part I  
Date/Time Prepared:  
5/2/2022 3:08 pm

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
3.00						3.00
4.00	3,145,857					4.00
5.00	0	0				5.00
6.00	0	0	0			6.00
7.00	0	0		0		7.00
8.00	0	0		0	0	8.00
9.00	357,078	0		0		9.00
10.00	11,512	0		0		10.00
11.00	31,806	0		0		11.00
12.00	0	0		0		12.00
13.00	32,946	0		0		13.00
14.00	0	0		0		14.00
15.00	143,341	0		0		15.00
16.00	0	0		0		16.00
17.00	0	0		0		17.00
<b>LEVEL OF CARE</b>						
50.00	0					50.00
51.00	2,063,071					51.00
52.00	6,065	0	0	0	0	52.00
53.00	500,038	0	0	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	0	0		0		60.00
61.00	0	0		0		61.00
62.00	0	0		0		62.00
63.00	0	0		0		63.00
64.00	0	0		0		64.00
65.00	0	0		0		65.00
66.00	0	0	0	0	0	66.00
67.00	0	0		0		67.00
68.00	0	0		0		68.00
69.00	0	0		0		69.00
70.00						70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	3,145,857	0	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period:

Worksheet 0-6

Hospice CCN: 15-1563

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

Part I  
Date/Time Prepared:  
5/2/2022 3:08 pm

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	836,418					9.00
10.00	0	26,965				10.00
11.00	0		74,502			11.00
12.00	0			0		12.00
13.00	0			0	77,173	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						17.00
<b>LEVEL OF CARE</b>						
50.00	0	0	0	0	0	50.00
51.00	0	26,879	74,266	0	76,928	51.00
52.00	0	80	221	0	229	52.00
53.00	836,418	6	15	0	16	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	0			0	0	60.00
61.00	0			0	0	61.00
62.00	0			0	0	62.00
63.00	0			0	0	63.00
64.00	0			0	0	64.00
65.00	0			0	0	65.00
66.00	0			0	0	66.00
67.00	0			0	0	67.00
68.00	0			0	0	68.00
69.00	0			0	0	69.00
70.00						70.00
71.00	0			0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	836,418	26,965	74,502	0	77,173	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0109

Period: From 01/01/2021

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2021

Part I  
Date/Time Prepared:  
5/2/2022 3:08 pm

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	0					14.00
15.00	0	335,761				15.00
16.00	0		0			16.00
17.00				0		17.00
<b>LEVEL OF CARE</b>						
50.00	0	0	0		0	50.00
51.00	0	334,696	0		5,345,297	51.00
52.00	0	996	0	0	15,732	52.00
53.00	0	69	0	0	2,007,811	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	0		0		0	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	0	335,761	0	0	7,368,840	100.00



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

Provider CCN: 15-0109

Hospice CCN: 15-1563

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

Worksheet 0-6  
Part II  
Date/Time Prepared:  
5/2/2022 3:08 pm

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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIX	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	2,731,551			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	0	-3,145,857	4,222,983	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	479,340	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	15,453	10.00
11.00	MEDICAL RECORDS	0	0	0	0	42,696	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	44,227	13.00
14.00	PHARMACY	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	192,420	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	2,769,457	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	8,141	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	2,731,551	0	671,249	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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						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)			669,431		3,145,857	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.245074		0.744937	101.00

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

Provider CCN: 15-0109

Period: From 01/01/2021

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2021

Part II  
Date/Time Prepared:  
5/2/2022 3:08 pm

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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	0					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		82,714	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		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	82,714	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)					836,418	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	0.000000	10.112170	101.00

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

Provider CCN: 15-0109

Period: From 01/01/2021

Worksheet 0-6

Hospice CCN: 15-1563

To 12/31/2021

Part II  
Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Descriptions		Hospice I					
		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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	34,035					10.00
11.00	MEDICAL RECORDS		34,035				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	34,035		13.00
14.00	PHARMACY			0	0	34,035	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
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	33,927	33,927	0	33,927	33,927	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	101	101	0	101	101	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	7	7	0	7	7	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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)	26,965	74,502	0	77,173	0	100.00
101.00	UNIT COST MULTIPLIER	0.792273	2.188982	0.000000	2.267460	0.000000	101.00

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

Provider CCN: 15-0109

Hospice CCN: 15-1563

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

Worksheet 0-6  
Part II  
Date/Time Prepared:  
5/2/2022 3:08 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
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	34,035				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	33,927	0			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	101	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	7	0	0		53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	335,761	0	0		100.00
101.00	UNIT COST MULTIPLIER	9.865168	0.000000	0.000000		101.00

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

Provider CCN: 15-0109

Period: From 01/01/2021

Worksheet 0-7

Hospice CCN: 15-1563

To 12/31/2021

Date/Time Prepared: 5/2/2022 3:08 pm

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	0.291298	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.182686	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.202646	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.424496	0	0	0	4.00
4.01	DIABETES CENTER	73.01	102.014921	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.107294	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.085266	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY - THERAPEUTIC	55.00	0.073487	0	0	0	9.00
10.00	ONCOLOGY	76.00	0.287348	0	0	0	10.00
10.01	ANTI COAGULATION	76.01	0.497883	0	0	0	10.01
10.02	INFUSION SERVICES	76.02	0.446895	0	0	0	10.02
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	0	10.98
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
4.01	DIABETES CENTER	0	0	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	9.00
10.00	ONCOLOGY	0	0	0	0	0	10.00
10.01	ANTI COAGULATION	0	0	0	0	0	10.01
10.02	INFUSION SERVICES	0	0	0	0	0	10.02
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0109

Period: From 01/01/2021

Worksheet 0-8

Hospice CCN: 15-1563

To 12/31/2021

Date/Time Prepared: 5/2/2022 3:08 pm

		Hospice I		
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL
		1.00	2.00	3.00
<b>HOSPICE CONTINUOUS HOME CARE</b>				
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0
3.00	Total average cost per diem (line 1 divided by line 2)			0.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0	0
5.00	Program cost (line 3 times line 4)	0	0	0
<b>HOSPICE ROUTINE HOME CARE</b>				
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			5,345,297
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			33,927
8.00	Total average cost per diem (line 6 divided by line 7)			157.55
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	33,927	0	33,927
10.00	Program cost (line 8 times line 9)	5,345,199	0	5,345,199
<b>HOSPICE INPATIENT RESPITE CARE</b>				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			15,732
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			101
13.00	Total average cost per diem (line 11 divided by line 12)			155.76
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	101	0	101
15.00	Program cost (line 13 times line 14)	15,732	0	15,732
<b>HOSPICE GENERAL INPATIENT CARE</b>				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			2,007,811
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			7
18.00	Total average cost per diem (line 16 divided by line 17)			286,830.14
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	7	0	7
20.00	Program cost (line 18 times line 19)	2,007,811	0	2,007,811
<b>TOTAL HOSPICE CARE</b>				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			7,368,840
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			34,035
23.00	Average cost per diem (line 21 divided by line 22)			216.51

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0109	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/2/2022 3:08 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,634,387	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		225,764	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)		116.82	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.62	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		26.59	8.00
9.00	Sum of lines 7 and 8		30.21	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.31	10.00
11.00	Disproportionate share adjustment (see instructions)		166,230	11.00
12.00	Total prospective capital payments (see instructions)		3,026,381	12.00
		1.00		
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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		
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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