

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: 15-0069	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 7/22/2022 3:51 pm
--------------------------------------------------------------------------------------------	-----------------------	---------------------------------------	---------------------------------------------------------------

**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically prepared cost report Date: 7/22/2022 Time: 3:51 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:  
 (1) As Submitted 7. Contractor No. 10. NPR Date:  
 (2) Settled without Audit 8.  Initial Report for this Provider CCN 11. Contractor's Vendor Code: 4  
 (3) Settled with Audit 9.  Final Report for this Provider CCN 12.  If line 5, column 1 is 4: Enter 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 KINGS DAUGHTERS HOSPITAL ( 15-0069 ) 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	<b>John Price</b>	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	John Price		2
3	Signatory Title	CFO		3
4	Date	(Dated when report is electronic)		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	-81,607	19,726	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	-81,607	19,726	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: 15-0069	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 7/22/2022 3:51 pm
---------------------------------------------------------------	--	-----------------------	---------------------------------------------	---------------------------------------------------------------------

1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 Zip Code: 47250-		4.00 County: JEFFERSON		1.00
1.00	Street: 1373 EAST SR 62	State: IN		Zip Code: 47250-		County: JEFFERSON		2.00
2.00	City: MADISON							

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital -Based Component Identification:										
3.00	Hospital	KINGS DAUGHTERS HOSPITAL	150069	99915	1	06/17/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									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	KINGS DAUGHTERS HOSPITAL HHA	157141	99915		03/08/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital -Based Hospice	KINGS DAUGHTERS	151535	99915		09/01/1995				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)					2			21.00	
						1.00	2.00	3.00		

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N		N		22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N		N		22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0069		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 7/22/2022 3:51 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.	567	980	264	38	809	88	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.	0	0	0	0	0		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.					2		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.					2		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.					1		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.					01/01/2021	12/31/2021	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)					Y	Y	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)					N	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	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
Teaching Hospitals									
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.								58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0069		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 7/22/2022 3:51 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0069

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
7/22/2022 3:51 pm

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
		1.00	2.00	3.00	

64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00
-------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------	------	----------	-------

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	

65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
-------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	------	------	----------	-------

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
		1.00	2.00	3.00	

66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010. Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00
-------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------	------	----------	-------

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	

67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00
-------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	------	------	----------	-------

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0069	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 7/22/2022 3:51 pm	
			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.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
<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.			N	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)	N			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0069		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 7/22/2022 3:51 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.	Y				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	1,031,909		0		118.01	
				1.00		2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	Y		Y		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		5.00		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: 15-0069		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 7/22/2022 3:51 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)	N				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:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						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: 15-0069	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 7/22/2022 3:51 pm
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 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: 15-0069		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 7/22/2022 3:51 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)	N					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.	N					4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					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	05/24/2022	Y	05/24/2022		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: 15-0069

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
7/22/2022 3:51 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					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
<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.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
<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.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
<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?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
				1.00	2.00	
<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.	LUCIA		GERBER		41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502.992.3524		LGERBER@BLUEANDCO.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0069

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
7/22/2022 3:51 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.	SENIOR MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0069

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
7/22/2022 3:51 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	55	20,075	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)		55	20,075	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		61	22,265	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D. P.)						23.00
24.00 HOSPICE	116.00	1	365			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)		62			0	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: 15-0069

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
7/22/2022 3:51 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	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)	3,448	1,470	8,877			1.00
2.00 HMO and other (see instructions)	2,213	234				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	3,448	1,470	8,877			7.00
8.00 INTENSIVE CARE UNIT	538	291	1,626			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		663	997			13.00
14.00 Total (see instructions)	3,986	2,424	11,500	0.00	748.05	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	2,778	447	5,905	0.00	13.20	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	69	0	92	0.00	2.82	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	764.07	27.00
28.00 Observation Bed Days		404	2,671			28.00
29.00 Ambulance Trips	1,774					29.00
30.00 Employee discount days (see instruction)			110			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	88	133			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: 15-0069

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
7/22/2022 3:51 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	1,000	430	2,627	1.00
2.00 HMO and other (see instructions)			410	57		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,000	430	2,627	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
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: 15-0069

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
7/22/2022 3:51 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	57,138,834	585,285	57,724,119	1,589,332.00	36.32
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		334,024	0	334,024	2,662.00	125.48
4.00	Physician-Part A - Administrative		43,572	0	43,572	284.00	153.42
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		3,501,840	0	3,501,840	23,773.00	147.30
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)		22,006,505	81,920	22,088,425	495,538.00	44.57
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		805,464	0	805,464	5,358.00	150.33
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		708,854	0	708,854	4,375.00	162.02
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)		8,608,378	0	8,608,378		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		5,658,359	0	5,658,359		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		75,239	0	75,239		
22.00	Physician Part A - Administrative		10,261	0	10,261		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		1,009,218	0	1,009,218		
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: 15-0069

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
7/22/2022 3:51 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	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	7,930,913	585,285	8,516,198	249,562.00	34.12	27.00
28.00	Administrative & General under contract (see inst.)	1,642,360	0	1,642,360	14,061.00	116.80	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	499,516	0	499,516	17,514.00	28.52	30.00
31.00	Laundry & Linen Service	28,168	0	28,168	2,097.00	13.43	31.00
32.00	Housekeeping	678,242	0	678,242	46,724.00	14.52	32.00
33.00	Housekeeping under contract (see instructions)	212,600	0	212,600	11,852.00	17.94	33.00
34.00	Dietary	746,388	-497,607	248,781	33,809.00	7.36	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	497,607	497,607	10,358.00	48.04	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	474,331	0	474,331	12,270.00	38.66	38.00
39.00	Central Services and Supply	84,026	0	84,026	5,463.00	15.38	39.00
40.00	Pharmacy	754,470	0	754,470	20,533.00	36.74	40.00
41.00	Medical Records & Medical Records Library	567,636	0	567,636	24,098.00	23.56	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: 15-0069

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
7/22/2022 3:51 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation 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)	55,157,930	585,285	55,743,215	1,588,810.00	35.08	1.00
2.00	Excluded area salaries (see instructions)	22,006,505	81,920	22,088,425	495,538.00	44.57	2.00
3.00	Subtotal salaries (line 1 minus line 2)	33,151,425	503,365	33,654,790	1,093,272.00	30.78	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,514,318	0	1,514,318	9,733.00	155.59	4.00
5.00	Subtotal wage-related costs (see inst.)	8,618,639	0	8,618,639	0.00	25.61	5.00
6.00	Total (sum of lines 3 thru 5)	43,284,382	503,365	43,787,747	1,103,005.00	39.70	6.00
7.00	Total overhead cost (see instructions)	13,618,650	585,285	14,203,935	448,341.00	31.68	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0069	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 7/22/2022 3:51 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)	2,279,363	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	0	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)	5,726,813	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	3,379,970	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	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)	169,674	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	249,214	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	3,614,701	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	-58,280	19.00
20.00	State or Federal Unemployment Taxes	0	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	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	15,361,455	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: 15-0069	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part V Date/Time Prepared: 7/22/2022 3:51 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	805,464	15,361,455	1.00
2.00	Hospital	805,464	15,361,455	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			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 I			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0069 Component CCN: 15-7141	Period: From 01/01/2021 To 12/31/2021	Worksheet S-4 Date/Time Prepared: 7/22/2022 3:51 pm
			Home Health Agency I	PPS

					1.00	
0.00	County	JEFFERSON				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	504	0	452	956	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	233.00	0.00	209.00	442.00	2.00

		Number of Employees (Full Time Equivalent)			
		Staff	Contract	Total	
Enter the number of hours in your normal work week					
		0	1.00	2.00	3.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			6.09	0.00	6.09	5.00
6.00	Direct Nursing Service			5.08	0.00	5.08	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			3.09	0.00	3.09	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.70	0.00	0.70	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.01	0.00	0.01	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.59	0.00	0.59	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.						1	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	99915						20.00

		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	

PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,308	156	42	0	1,506	21.00
22.00	Skilled Nursing Visit Charges	334,275	39,936	10,752	0	384,963	22.00
23.00	Physical Therapy Visits	901	16	19	0	936	23.00
24.00	Physical Therapy Visit Charges	202,133	3,569	4,306	0	210,008	24.00
25.00	Occupational Therapy Visits	237	11	1	0	249	25.00
26.00	Occupational Therapy Visit Charges	60,143	2,794	254	0	63,191	26.00
27.00	Speech Pathology Visits	7	0	0	0	7	27.00
28.00	Speech Pathology Visit Charges	1,819	0	0	0	1,819	28.00
29.00	Medical Social Service Visits	0	0	0	0	0	29.00
30.00	Medical Social Service Visit Charges	0	0	0	0	0	30.00
31.00	Home Health Aide Visits	69	11	0	0	80	31.00
32.00	Home Health Aide Visit Charges	10,350	1,650	0	0	12,000	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	2,522	194	62	0	2,778	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)	608,720	47,949	15,312	0	671,981	35.00
36.00	Total Number of Episodes (standard/non outlier)	279		35	0	314	36.00
37.00	Total Number of Outlier Episodes		7		0	7	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL-BASED HOSPI CE IDENTIFICATION DATA		Provider CCN: 15-0069 Hospice CCN: 15-1535	Period: From 01/01/2021 To 12/31/2021	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 7/22/2022 3:51 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
<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	3,015	0	59	3,074	11.00
12.00	Hospice Inpatient Respite Care	13	0	0	13	12.00
13.00	Hospice General Inpatient Care	56	0	0	56	13.00
14.00	Total Hospice Days	3,084	0	59	3,143	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: 15-0069	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 7/22/2022 3:51 pm
-----------------------------------------------	-----------------------	---------------------------------------------	------------------------------------------------------------

			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)		0.238517	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		15,474,161	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		60,072,933	6.00	
7.00	Medicaid cost (line 1 times line 6)		14,328,416	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	2,197,977	163,374	2,361,351	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	524,255	163,374	687,629	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)	524,255	163,374	687,629	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)			5,953,809	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			254,776	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			391,963	27.01
28.00	Non-Medicare bad debt expense (see instructions)			5,561,846	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,463,782	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			2,151,411	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			2,151,411	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0069

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

Worksheet A  
Date/Time Prepared:  
7/22/2022 3:51 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (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	NEW CAP REL COSTS-BLDG & FIXT		13,555,277		13,917,129	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO		0	3,746	3,746	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	15,440,787	-697,005	14,743,782	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,930,913	13,362,150	-274,141	21,018,922	5.00
7.00	00700	OPERATION OF PLANT	499,516	3,147,393	3,646,909	3,642,378	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	28,168	367,536	395,704	395,704	8.00
9.00	00900	HOUSEKEEPING	678,242	426,221	1,104,463	1,098,831	9.00
10.00	01000	DIETARY	746,388	381,912	1,128,300	376,077	10.00
11.00	01100	CAFETERIA	0	0	752,223	752,223	11.00
13.00	01300	NURSING ADMINISTRATION	474,331	821	475,152	475,152	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	84,026	504	84,530	84,530	14.00
15.00	01500	PHARMACY	754,470	9,309,234	10,063,704	1,787,650	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	567,636	273,296	840,932	840,932	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	334,024	334,024	19.00
23.00	02300	RADIOLOGY SCHOOL	137,369	13,793	151,162	151,162	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	5,771,876	903,656	6,675,532	5,068,573	30.00
31.00	03100	INTENSIVE CARE UNIT	1,214,419	4,403	1,218,822	1,217,956	31.00
43.00	04300	NURSERY	0	0	508,792	508,792	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	2,336,463	7,456,056	9,792,519	3,476,270	50.00
51.00	05100	RECOVERY ROOM	308,372	42,160	350,532	315,816	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	633,678	633,678	52.00
53.00	05300	ANESTHESIOLOGY	1,956,536	1,173,344	3,129,880	2,693,313	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,304,133	1,324,168	4,628,301	4,598,264	54.00
54.01	03630	ULTRA SOUND	113,926	86,480	200,406	197,817	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	64,147	225,106	289,253	286,595	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
55.01	03480	ONCOLOGY	900,022	1,563,925	2,463,947	2,392,109	55.01
57.00	05700	CT SCAN	231,250	279,826	511,076	480,730	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	179,344	125,219	304,563	303,108	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	1,626,753	3,291,864	4,918,617	3,413,654	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	272,090	272,090	272,090	62.00
65.00	06500	RESPIRATORY THERAPY	730,815	226,711	957,526	773,800	65.00
66.00	06600	PHYSICAL THERAPY	1,396,145	36,885	1,433,030	1,352,176	66.00
67.00	06700	OCCUPATIONAL THERAPY	225,745	8,172	233,917	230,589	67.00
68.00	06800	SPEECH PATHOLOGY	144,268	3,145	147,413	146,326	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03610	SLEEP LAB	155,128	82,008	237,136	227,645	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	3,370,711	3,370,711	71.00
71.01	07101	IV SOLUTIONS	0	0	69,689	69,689	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	4,281,271	4,281,271	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	9,806,563	9,806,563	73.00
76.00	03140	CARDIOLOGY	498,782	210,431	709,213	687,437	76.00
76.97	07697	CARDIAC REHABILITATION	66,849	4,532	71,381	70,955	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	69,728	985	70,713	70,669	90.00
90.01	09001	WOUND CARE CLINIC	239,194	148,716	387,910	312,893	90.01
91.00	09100	EMERGENCY	1,834,744	887,225	2,721,969	2,456,056	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	1,664,980	213,738	1,878,718	1,814,870	95.00
101.00	10100	HOME HEALTH AGENCY	964,725	95,462	1,060,187	1,052,307	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
116.00	11600	HOSPICE	102,816	80,694	183,510	257,723	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	38,002,219	75,025,925	113,028,144	112,462,687	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	42,733	212,908	255,641	255,641	194.00
194.01	07951	MOB	3,167,527	317,932	3,485,459	3,485,459	194.01
194.02	07952	PHYSICIAN CLINICS	5,520,419	1,364,558	6,884,977	6,892,877	194.02
194.03	07953	PHYS PRAC BUS OFC	665,820	12,281	678,101	1,412,470	194.03
194.04	07954	MOB - MAIN CAMPUS	369,365	-3,769	365,596	365,596	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	2,823,937	200,773	3,024,710	2,917,085	194.06
194.07	07957	KDH - MC ORTHOPEDICS	2,906,879	358,665	3,265,544	3,265,544	194.07
194.08	07958	KDH - MC GENERAL SURGERY	1,213,942	464,074	1,678,016	1,678,016	194.08



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0069		Period: From 01/01/2021 To 12/31/2021		Worksheet A Date/Time Prepared: 7/22/2022 3:51 pm	
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	
194.09	07959	KDH - MC ENT	649,453	26,083	675,536	-57,656	617,880	194.09
194.10	07960	KDH - MC UROLOGY	97,245	461,501	558,746	0	558,746	194.10
194.11	07961	KDH - MC OB/GYN	1,679,295	726,595	2,405,890	-11,531	2,394,359	194.11
200.00		TOTAL (SUM OF LINES 118 through 199)	57,138,834	79,167,526	136,306,360	0	136,306,360	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0069

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

Worksheet A  
Date/Time Prepared:  
7/22/2022 3:51 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	NEW CAP REL COSTS-BLDG & FIXT	-108,291	13,808,838	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	3,746	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,518,679	13,225,103	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-4,573,707	16,445,215	5.00
7.00	00700	OPERATION OF PLANT	-21,575	3,620,803	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	395,704	8.00
9.00	00900	HOUSEKEEPING	0	1,098,831	9.00
10.00	01000	DIETARY	0	376,077	10.00
11.00	01100	CAFETERIA	-314,963	437,260	11.00
13.00	01300	NURSING ADMINISTRATION	0	475,152	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	84,530	14.00
15.00	01500	PHARMACY	0	1,787,650	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,074	838,858	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-334,024	0	19.00
23.00	02300	RADIOLOGY SCHOOL	-43,605	107,557	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-989,312	4,079,261	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,217,956	31.00
43.00	04300	NURSERY	0	508,792	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	3,476,270	50.00
51.00	05100	RECOVERY ROOM	0	315,816	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	633,678	52.00
53.00	05300	ANESTHESIOLOGY	-2,481,526	211,787	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,475,692	2,122,572	54.00
54.01	03630	ULTRA SOUND	0	197,817	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	286,595	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	55.00
55.01	03480	ONCOLOGY	-722,099	1,670,010	55.01
57.00	05700	CT SCAN	0	480,730	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	303,108	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-116,933	3,296,721	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	272,090	62.00
65.00	06500	RESPIRATORY THERAPY	0	773,800	65.00
66.00	06600	PHYSICAL THERAPY	0	1,352,176	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	230,589	67.00
68.00	06800	SPEECH PATHOLOGY	0	146,326	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	03610	SLEEP LAB	0	227,645	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-313	3,370,398	71.00
71.01	07101	IV SOLUTIONS	0	69,689	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,281,271	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,806,563	73.00
76.00	03140	CARDIOLOGY	0	687,437	76.00
76.97	07697	CARDIAC REHABILITATION	0	70,955	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	70,669	90.00
90.01	09001	WOUND CARE CLINIC	-624	312,269	90.01
91.00	09100	EMERGENCY	-256,750	2,199,306	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	-103,031	1,711,839	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,052,307	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	257,723	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-14,063,198	98,399,489	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	255,641	194.00
194.01	07951	MOB	0	3,485,459	194.01
194.02	07952	PHYSICIAN CLINICS	0	6,892,877	194.02
194.03	07953	PHYS PRAC BUS OFC	0	1,412,470	194.03
194.04	07954	MOB - MAIN CAMPUS	0	365,596	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	2,917,085	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	3,265,544	194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	1,678,016	194.08
194.09	07959	KDH - MC ENT	0	617,880	194.09
194.10	07960	KDH - MC UROLOGY	0	558,746	194.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0069	Period: From 01/01/2021 To 12/31/2021	Worksheet A Date/Time Prepared: 7/22/2022 3:51 pm
---------------------------------------------------------------	--	-----------------------	---------------------------------------------	---------------------------------------------------------

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
194.11	07961	KDH - MC OB/GYN	6.00	7.00	194.11
200.00		TOTAL (SUM OF LINES 118 through 199)	-14,063,198	122,243,162	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - CAFETERIA</b>					
1.00	CAFETERIA	11.00	497,607	254,616	1.00
	O		497,607	254,616	
<b>B - MEDICAL IMAGING TIME</b>					
1.00	PHYSICIAN CLINICS	194.02	15,587	0	1.00
	O		15,587	0	
<b>C - DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	1.01	0	3,746	1.00
	O		0	3,746	
<b>D - NURSERY- L&amp;D</b>					
1.00	NURSERY	43.00	495,110	13,682	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	616,638	17,040	2.00
	O		1,111,748	30,722	
<b>E - CRNA EXPENSE</b>					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	334,024	0	1.00
	O		334,024	0	
<b>F - PHYSICIAN BILLING AND COLLECTIONS</b>					
1.00	PHYS PRAC BUS OFC	194.03	0	734,369	1.00
	O		0	734,369	
<b>G - EMPLOYEE BENEFITS</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	253,878	0	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
	O		253,878	0	
<b>I - MED/SURG SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,370,711	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
	O		0	3,370,711	
<b>J - IV SOLUTIONS</b>					
1.00	IV SOLUTIONS	71.01	0	69,689	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
	O		0	69,689	
<b>K - IMPLANTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,281,271	1.00
	O		0	4,281,271	

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>L - DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,806,563	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
			0	9,806,563	
<b>M - INSURANCE</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	365,598	1.00
			0	365,598	
<b>N - HOME HEALTH DIRECTOR</b>					
1.00	HOME HEALTH AGENCY	101.00	66,333	0	1.00
			66,333	0	
<b>O - HOSPICE</b>					
1.00	HOSPICE	116.00	74,213	0	1.00
			74,213	0	
<b>P - VACATION</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	331,407	0	1.00
			331,407	0	
500.00	Grand Total: Increases		2,684,797	18,917,285	500.00

RECLASSIFICATIONS

Provider CCN: 15-0069

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

Worksheet A-6  
Date/Time Prepared:  
7/22/2022 3:51 pm

		Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
<b>A - CAFETERIA</b>							
1.00	DIETARY	10.00	497,607	254,616	0		1.00
	O		497,607	254,616			
<b>B - MEDICAL IMAGING TIME</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	15,587	0	0		1.00
	O		15,587	0			
<b>C - DEPRECIATION</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,746		9	1.00
	O		0	3,746			
<b>D - NURSERY- L&amp;D</b>							
1.00	ADULTS & PEDIATRICS	30.00	1,111,748	30,722	0		1.00
2.00	O	0.00	0	0	0		2.00
	O		1,111,748	30,722			
<b>E - CRNA EXPENSE</b>							
1.00	ANESTHESIOLOGY	53.00	334,024	0	0		1.00
	O		334,024	0			
<b>F - PHYSICIAN BILLING AND COLLECTIONS</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	734,369	0		1.00
	O		0	734,369			
<b>G - EMPLOYEE BENEFITS</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	69,379	0		1.00
2.00	PHYSICIAN CLINICS	194.02	0	7,687	0		2.00
3.00	KDH - MC FAMILY PRACTICE	194.06	0	107,625	0		3.00
4.00	KDH - MC ENT	194.09	0	57,656	0		4.00
5.00	KDH - MC OB/GYN	194.11	0	11,531	0		5.00
	O		0	253,878			
<b>I - MED/SURG SUPPLIES</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	25,240	0		1.00
2.00	OPERATION OF PLANT	7.00	0	4,531	0		2.00
3.00	HOUSEKEEPING	9.00	0	5,632	0		3.00
4.00	PHARMACY	15.00	0	12,552	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	443,242	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	866	0		6.00
7.00	OPERATING ROOM	50.00	0	2,009,620	0		7.00
8.00	RECOVERY ROOM	51.00	0	34,012	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	80,402	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,934	0		10.00
11.00	ULTRA SOUND	54.01	0	2,123	0		11.00
12.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	1,205	0		12.00
13.00	ONCOLOGY	55.01	0	69,585	0		13.00
14.00	CT SCAN	57.00	0	30,346	0		14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,455	0		15.00
16.00	LABORATORY	60.00	0	105,567	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	124,862	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	10,980	0		18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	3,328	0		19.00
20.00	SPEECH PATHOLOGY	68.00	0	1,087	0		20.00
21.00	SLEEP LAB	69.01	0	9,491	0		21.00
22.00	CARDIOLOGY	76.00	0	21,776	0		22.00
23.00	CARDIAC REHABILITATION	76.97	0	426	0		23.00
24.00	CLINIC	90.00	0	44	0		24.00
25.00	WOUND CARE CLINIC	90.01	0	68,238	0		25.00
26.00	EMERGENCY	91.00	0	250,419	0		26.00
27.00	AMBULANCE SERVICES	95.00	0	48,748	0		27.00
	O		0	3,370,711			
<b>J - IV SOLUTIONS</b>							
1.00	PHARMACY	15.00	0	3,440	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	21,247	0		2.00
3.00	OPERATING ROOM	50.00	0	25,358	0		3.00
4.00	RECOVERY ROOM	51.00	0	704	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	117	0		5.00
6.00	ONCOLOGY	55.01	0	2,253	0		6.00
7.00	RESPIRATORY THERAPY	65.00	0	225	0		7.00
8.00	EMERGENCY	91.00	0	15,494	0		8.00
9.00	AMBULANCE SERVICES	95.00	0	851	0		9.00
	O		0	69,689			
<b>K - IMPLANTS</b>							
1.00	OPERATING ROOM	50.00	0	4,281,271	0		1.00
	O		0	4,281,271			

Provider CCN: 15-0069

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

Worksheet A-6

Date/Time Prepared:  
7/22/2022 3:51 pm

		Decreases						
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.			
6.00		7.00	8.00	9.00	10.00			
L - DRUGS								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	30,438	0			1.00
2.00	PHARMACY	15.00	0	8,260,062	0			2.00
3.00	ANESTHESIOLOGY	53.00	0	22,141	0			3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,399	0			4.00
5.00	ULTRASOUND	54.01	0	466	0			5.00
6.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	1,453	0			6.00
7.00	LABORATORY	60.00	0	1,399,396	0			7.00
8.00	RESPIRATORY THERAPY	65.00	0	58,639	0			8.00
9.00	PHYSICAL THERAPY	66.00	0	3,541	0			9.00
10.00	WOUND CARE CLINIC	90.01	0	6,779	0			10.00
11.00	AMBULANCE SERVICES	95.00	0	14,249	0			11.00
			0	9,806,563				
M - INSURANCE								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	365,598	12			1.00
			0	365,598				
N - HOME HEALTH DIRECTOR								
1.00	PHYSICAL THERAPY	66.00	66,333	0	0			1.00
			66,333	0				
O - HOSPICE								
1.00	HOME HEALTH AGENCY	101.00	74,213	0	0			1.00
			74,213	0				
P - VACATION								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	331,407	0			1.00
			0	331,407				
500.00	Grand Total: Decreases		2,099,512	19,502,570				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0069

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
7/22/2022 3:51 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	3,493,206	350,250	0	350,250	60,764	1.00
2.00	Land Improvements	496,350	3,207	0	3,207	0	2.00
3.00	Buildings and Fixtures	118,711,591	704,306	0	704,306	3,350	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	63,566,001	3,950,430	0	3,950,430	2,895,163	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	186,267,148	5,008,193	0	5,008,193	2,959,277	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	186,267,148	5,008,193	0	5,008,193	2,959,277	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	3,782,692	0				1.00
2.00	Land Improvements	499,557	0				2.00
3.00	Buildings and Fixtures	119,412,547	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	64,621,268	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	188,316,064	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	188,316,064	0				10.00



RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0069

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
7/22/2022 3:51 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	8,463,536	24,422	5,048,591	0	18,728	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,463,536	24,422	5,048,591	0	18,728	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	13,555,277				1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0				1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	13,555,277				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0069

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
7/22/2022 3:51 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	123,694,796	0	123,694,796	0.656847	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	0.000000	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	64,621,268	0	64,621,268	0.343153	0	2.00
3.00	Total (sum of lines 1-2)	188,316,064	0	188,316,064	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	8,459,790	5,752	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	3,746	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,463,536	5,752	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 col. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	4,958,970	365,598	18,728	0	13,808,838	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	0	3,746	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,958,970	365,598	18,728	0	13,812,584	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0069

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

Worksheet A-8

Date/Time Prepared:  
7/22/2022 3:51 pm

Line #	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.	Ref.
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-89,621	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01	Investment income - NEW CAP REL COSTS-BLDG & FIXT HHA/HO (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT HHA/HO	1.01	0	1.01
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-18,670	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-1,621	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-21,575	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-6,515,416			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	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-314,963	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	B	-313	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	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	-2,074	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		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 - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAP REL COSTS-BLDG & FIXT HHA/HO			NEW CAP REL COSTS-BLDG & FIXT HHA/HO	1.01	0	26.01
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist	A	-334,024	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant	A	-430,371	ADULTS & PEDIATRICS	30.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00

Line #	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
30.99	Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00		0 32.00
33.00	RADIOLOGY TUITION	B	-43,605		RADIOLOGY SCHOOL	23.00		0 33.00
33.01	AMBULANCE REVENUE	B	-102,799		AMBULANCE SERVICES	95.00		0 33.01
33.02	ADVERTISING	A	-198,543		ADMINISTRATIVE & GENERAL	5.00		0 33.02
33.03	SELF-INSURANCE	A	-1,355,545		EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.03
33.04	HOSPITAL ASSOCIATION FEES	A	-10,688		ADMINISTRATIVE & GENERAL	5.00		0 33.04
33.05	HAF MEDICAID	A	-4,567,032		ADMINISTRATIVE & GENERAL	5.00		0 33.05
33.06	PHYSICIAN RECRUITMENT	A	-477,391		ADMINISTRATIVE & GENERAL	5.00		0 33.06
33.07	PHYSICIAN LAB SALARY OFFSET	A	-116,933		LABORATORY	60.00		0 33.07
33.08	PHYSICIAN LAB BENEFIT OFFSET	A	-21,644		EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.08
33.09	CRNA BENEFIT OFFSET	A	-61,828		EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.09
33.10	PA BENEFIT OFFSET	A	-79,662		EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.10
33.11	DONATIONS	A	-23,579		ADMINISTRATIVE & GENERAL	5.00		0 33.11
33.12	MISC REVENUE MGMT FEES	B	724,699		ADMINISTRATIVE & GENERAL	5.00		0 33.12
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-14,063,198					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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0069

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

Worksheet A-8-2

Date/Time Prepared:  
7/22/2022 3:51 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	22,196	10,311	11,885	211,500	26	1.00
2.00	30.00	ADULTS & PEDIATRICS	558,941	558,941	0	211,500	0	2.00
3.00	53.00	ANESTHESIOLOGY	2,484,519	2,461,136	23,383	239,400	26	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	2,475,692	2,475,692	0	271,900	0	4.00
5.00	55.01	ONCOLOGY	733,792	684,573	49,219	211,500	115	5.00
6.00	60.00	LABORATORY	150,000	0	150,000	260,300	1,773	6.00
7.00	69.01	SLEEP LAB	14,222	0	14,222	211,500	205	7.00
8.00	90.01	WOUND CARE CLINIC	2,149	0	2,149	211,500	15	8.00
9.00	91.00	EMERGENCY	509,635	0	509,635	211,500	2,487	9.00
10.00	95.00	AMBULANCE SERVICES	1,452	0	1,452	211,500	12	10.00
200.00			6,952,598	6,190,653	761,945		4,659	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	2,644	132	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	2,993	150	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	55.01	ONCOLOGY	11,693	585	0	0	0	5.00
6.00	60.00	LABORATORY	221,881	11,094	0	0	0	6.00
7.00	69.01	SLEEP LAB	20,845	1,042	0	0	0	7.00
8.00	90.01	WOUND CARE CLINIC	1,525	76	0	0	0	8.00
9.00	91.00	EMERGENCY	252,885	12,644	0	0	0	9.00
10.00	95.00	AMBULANCE SERVICES	1,220	61	0	0	0	10.00
200.00			515,686	25,784	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	2,644	9,241	19,552	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	558,941	2.00
3.00	53.00	ANESTHESIOLOGY	0	2,993	20,390	2,481,526	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	2,475,692	4.00
5.00	55.01	ONCOLOGY	0	11,693	37,526	722,099	5.00
6.00	60.00	LABORATORY	0	221,881	0	0	6.00
7.00	69.01	SLEEP LAB	0	20,845	0	0	7.00
8.00	90.01	WOUND CARE CLINIC	0	1,525	624	624	8.00
9.00	91.00	EMERGENCY	0	252,885	256,750	256,750	9.00
10.00	95.00	AMBULANCE SERVICES	0	1,220	232	232	10.00
200.00			0	515,686	324,763	6,515,416	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0069

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

Worksheet B  
Part I  
Date/Time Prepared:  
7/22/2022 3:51 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	13,808,838	13,808,838			1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	3,746	0	3,746		1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	13,225,103	0	0	13,225,103	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	16,445,215	1,623,652	0	1,900,958	5.00
7.00 00700	OPERATION OF PLANT	3,620,803	1,534,137	0	116,016	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	395,704	71,119	0	6,542	8.00
9.00 00900	HOUSEKEEPING	1,098,831	124,664	0	157,526	9.00
10.00 01000	DIETARY	376,077	234,813	0	132,698	10.00
11.00 01100	CAFETERIA	437,260	94,962	0	40,656	11.00
13.00 01300	NURSING ADMINISTRATION	475,152	76,045	0	110,167	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	84,530	115,522	0	19,516	14.00
15.00 01500	PHARMACY	1,787,650	85,858	0	175,231	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	838,858	10,895	0	131,837	16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00 02300	RADIOLOGY SCHOOL	107,557	24,664	0	31,905	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	4,079,261	1,411,078	0	1,082,347	30.00
31.00 03100	INTENSIVE CARE UNIT	1,217,956	62,462	0	282,057	31.00
43.00 04300	NURSERY	508,792	72,948	0	114,993	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	3,476,270	687,908	0	542,660	50.00
51.00 05100	RECOVERY ROOM	315,816	51,306	0	71,622	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	633,678	0	0	143,218	52.00
53.00 05300	ANESTHESIOLOGY	211,787	4,851	0	376,840	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,122,572	404,514	0	763,788	54.00
54.01 03630	ULTRA SOUND	197,817	0	0	26,460	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	286,595	18,022	0	14,899	54.02
55.00 05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
55.01 03480	ONCOLOGY	1,670,010	456,976	0	209,036	55.01
57.00 05700	CT SCAN	480,730	33,395	0	53,709	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	303,108	40,298	0	41,654	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	3,296,721	232,798	0	350,666	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	272,090	10,410	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	773,800	44,664	0	169,737	65.00
66.00 06600	PHYSICAL THERAPY	1,352,176	462,722	0	308,858	66.00
67.00 06700	OCCUPATIONAL THERAPY	230,589	52,985	0	52,431	67.00
68.00 06800	SPEECH PATHOLOGY	146,326	12,537	0	33,507	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01 03610	SLEEP LAB	227,645	31,306	0	36,030	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,370,398	0	0	0	71.00
71.01 07101	IV SOLUTIONS	69,689	0	0	0	71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	4,281,271	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	9,806,563	0	0	0	73.00
76.00 03140	CARDIOLOGY	687,437	225,634	0	115,846	76.00
76.97 07697	CARDIAC REHABILITATION	70,955	26,231	0	15,526	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	70,669	28,358	0	16,195	90.00
90.01 09001	WOUND CARE CLINIC	312,269	78,171	0	55,554	90.01
91.00 09100	EMERGENCY	2,199,306	517,872	0	426,132	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	1,711,839	176,567	0	386,703	95.00
101.00 10100	HOME HEALTH AGENCY	1,052,307	0	2,948	222,234	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	257,723	0	798	41,116	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	98,399,489	9,140,344	3,746	8,776,870	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	28,060	0	0	190.00
194.00 07950	OTHER NON-REIMBURSABLE	255,641	0	0	9,925	194.00
194.01 07951	MOB	3,485,459	1,963,987	0	735,680	194.01
194.02 07952	PHYSICIAN CLINICS	6,892,877	1,029,624	0	1,285,776	194.02
194.03 07953	PHYS PRAC BUS OFC	1,412,470	36,903	0	154,641	194.03
194.04 07954	MOB - MAIN CAMPUS	365,596	0	0	85,788	194.04
194.05 07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	194.05
194.06 07956	KDH - MC FAMILY PRACTICE	2,917,085	1,609,920	0	655,879	194.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0069

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

Worksheet B  
Part I  
Date/Time Prepared:  
7/22/2022 3:51 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
194.07 07957 KDH - MC ORTHOPEDICS	3,265,544	0	0	0	675,143	194.07
194.08 07958 KDH - MC GENERAL SURGERY	1,678,016	0	0	0	281,947	194.08
194.09 07959 KDH - MC ENT	617,880	0	0	0	150,840	194.09
194.10 07960 KDH - MC UROLOGY	558,746	0	0	0	22,586	194.10
194.11 07961 KDH - MC OB/GYN	2,394,359	0	0	0	390,028	194.11
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)	122,243,162	13,808,838	3,746	0	13,225,103	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0069

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

Worksheet B  
Part I  
Date/Time Prepared:  
7/22/2022 3:51 pm

Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500	19,969,825	19,969,825				5.00
7.00	00700	5,270,956	1,029,202	6,300,158			7.00
8.00	00800	473,365	92,429	41,559	607,353		8.00
9.00	00900	1,381,021	269,657	72,848	0	1,723,526	9.00
10.00	01000	743,588	145,192	137,214	0	0	10.00
11.00	01100	572,878	111,860	55,492	0	0	11.00
13.00	01300	661,364	129,137	44,437	0	0	13.00
14.00	01400	219,568	42,873	67,506	0	4,854	14.00
15.00	01500	2,048,739	400,035	50,172	0	19,415	15.00
16.00	01600	981,590	191,664	6,367	0	0	16.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	164,126	32,047	14,413	0	1,213	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	6,572,686	1,283,376	824,573	215,196	660,936	30.00
31.00	03100	1,562,475	305,087	36,500	0	15,371	31.00
43.00	04300	696,733	136,043	42,627	12,155	5,258	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	4,706,838	919,052	401,984	94,994	264,940	50.00
51.00	05100	438,744	85,669	29,981	15,170	0	51.00
52.00	05200	776,896	151,696	0	15,139	19,011	52.00
53.00	05300	593,478	115,882	2,835	0	0	53.00
54.00	05400	3,290,874	642,573	236,380	38,967	18,606	54.00
54.01	03630	224,277	43,792	0	4,368	6,067	54.01
54.02	03450	319,516	62,388	10,531	2,163	0	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	03480	2,336,022	456,129	267,037	20,350	68,359	55.01
57.00	05700	567,834	110,875	19,515	22,696	36,404	57.00
58.00	05800	385,060	75,186	23,549	4,267	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	3,880,185	757,641	136,037	0	14,966	60.00
62.00	06200	282,500	55,161	6,083	0	0	62.00
65.00	06500	988,201	192,955	26,100	0	0	65.00
66.00	06600	2,123,756	414,682	270,395	17,591	25,078	66.00
67.00	06700	336,005	65,608	30,962	0	0	67.00
68.00	06800	192,370	37,562	7,326	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
69.01	03610	294,981	57,598	18,294	1,430	14,157	69.01
71.00	07100	3,370,398	658,101	0	0	0	71.00
71.01	07101	69,689	13,607	0	0	0	71.01
72.00	07200	4,281,271	835,957	0	0	0	72.00
73.00	07300	9,806,563	1,914,855	0	0	0	73.00
76.00	03140	1,028,917	200,905	131,851	27,574	32,359	76.00
76.97	07697	112,712	22,008	15,328	0	14,157	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	115,222	22,498	16,571	0	404	90.00
90.01	09001	445,994	87,084	45,680	1,171	20,629	90.01
91.00	09100	3,143,310	613,760	302,622	95,165	202,244	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	2,275,109	444,236	103,178	9,177	0	95.00
101.00	10100	1,277,489	249,441	59,918	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
116.00	11600	299,637	58,507	16,222	0	0	116.00
118.00		89,282,762	13,534,010	3,572,087	597,573	1,444,428	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	28,060	5,479	16,397	0	0	190.00
194.00	07950	265,566	51,854	0	0	0	194.00
194.01	07951	6,185,126	1,207,702	1,147,673	1,356	0	194.01
194.02	07952	9,208,277	1,797,999	601,668	2,760	71,999	194.02
194.03	07953	1,604,014	313,198	21,564	0	0	194.03
194.04	07954	451,384	88,137	0	0	404	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	5,182,884	1,012,005	940,769	64	84,134	194.06
194.07	07957	3,940,687	769,455	0	864	30,741	194.07
194.08	07958	1,959,963	382,700	0	1,368	27,910	194.08
194.09	07959	768,720	150,099	0	0	13,753	194.09
194.10	07960	581,332	113,510	0	0	16,989	194.10
194.11	07961	2,784,387	543,677	0	3,368	33,168	194.11



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0069

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

Worksheet B  
Part I  
Date/Time Prepared:  
7/22/2022 3:51 pm

Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
200.00	Cross Foot Adjustments	0					200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	122,243,162	19,969,825	6,300,158	607,353	1,723,526	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0069

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

Worksheet B  
Part I  
Date/Time Prepared:  
7/22/2022 3:51 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,025,994					10.00
11.00	01100	0	740,230				11.00
13.00	01300	0	11,201	846,139			13.00
14.00	01400	0	4,987	0	339,788		14.00
15.00	01500	0	18,744	0	663	2,537,768	15.00
16.00	01600	0	21,999	0	236	0	16.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	0	3,904	0	18	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	964,478	140,379	348,947	9,002	0	30.00
31.00	03100	61,516	28,968	72,007	15	0	31.00
43.00	04300	0	14,425	35,857	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	73,498	182,694	8,154	0	50.00
51.00	05100	0	8,065	20,048	212	0	51.00
52.00	05200	0	17,965	44,657	0	0	52.00
53.00	05300	0	7,065	0	762	0	53.00
54.00	05400	0	54,212	0	1,644	0	54.00
54.01	03630	0	2,687	0	1,192	0	54.01
54.02	03450	0	1,512	0	50	0	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	03480	0	24,895	0	1,842	0	55.01
57.00	05700	0	7,176	0	5,352	0	57.00
58.00	05800	0	4,387	0	591	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	66,637	0	2,085	0	60.00
62.00	06200	0	0	0	0	0	62.00
65.00	06500	0	22,482	0	302	0	65.00
66.00	06600	0	39,115	0	302	0	66.00
67.00	06700	0	4,844	0	2	0	67.00
68.00	06800	0	3,294	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
69.01	03610	0	3,722	0	38	0	69.01
71.00	07100	0	0	0	126,338	0	71.00
71.01	07101	0	0	0	2,614	0	71.01
72.00	07200	0	0	0	160,598	0	72.00
73.00	07300	0	0	0	2,311	2,537,768	73.00
76.00	03140	0	15,921	0	251	0	76.00
76.97	07697	0	3,032	0	40	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	1,897	0	6	0	90.00
90.01	09001	0	7,099	0	196	0	90.01
91.00	09100	0	57,098	141,929	2,682	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	69,020	0	337	0	95.00
101.00	10100	0	0	0	1,571	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	10	0	116.00
118.00		1,025,994	740,230	846,139	329,416	2,537,768	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	6	0	194.00
194.01	07951	0	0	0	991	0	194.01
194.02	07952	0	0	0	3,681	0	194.02
194.03	07953	0	0	0	370	0	194.03
194.04	07954	0	0	0	232	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	1,129	0	194.06
194.07	07957	0	0	0	1,161	0	194.07
194.08	07958	0	0	0	682	0	194.08
194.09	07959	0	0	0	185	0	194.09
194.10	07960	0	0	0	883	0	194.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0069

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

Worksheet B  
Part I  
Date/Time Prepared:  
7/22/2022 3:51 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
194.11	07961 KDH - MC OB/GYN	0	0	0	1,052	0	194.11
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,025,994	740,230	846,139	339,788	2,537,768	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0069

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

Worksheet B  
Part I  
Date/Time Prepared:  
7/22/2022 3:51 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	19.00	23.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,201,856				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
23.00	02300	RADIOLOGY SCHOOL	0	215,721			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	36,073	0	0	11,055,646	30.00
31.00	03100	INTENSIVE CARE UNIT	12,855	0	0	2,094,794	31.00
43.00	04300	NURSERY	4,834	0	0	947,932	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	113,681	0	0	6,765,835	50.00
51.00	05100	RECOVERY ROOM	19,731	0	0	617,620	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,784	0	0	1,031,148	52.00
53.00	05300	ANESTHESIOLOGY	23,707	0	0	743,729	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,419	0	215,721	4,523,396	54.00
54.01	03630	ULTRA SOUND	7,101	0	0	289,484	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	18,004	0	0	414,164	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
55.01	03480	ONCOLOGY	23,728	0	0	3,198,362	55.01
57.00	05700	CT SCAN	71,667	0	0	841,519	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,185	0	0	508,225	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	132,224	0	0	4,989,775	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,049	0	0	351,793	62.00
65.00	06500	RESPIRATORY THERAPY	23,548	0	0	1,253,588	65.00
66.00	06600	PHYSICAL THERAPY	31,852	0	0	2,922,771	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,370	0	0	441,791	67.00
68.00	06800	SPEECH PATHOLOGY	2,783	0	0	243,335	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03610	SLEEP LAB	6,496	0	0	396,716	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	47,296	0	0	4,202,133	71.00
71.01	07101	IV SOLUTIONS	8,128	0	0	94,038	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	60,994	0	0	5,338,820	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	344,115	0	0	14,605,612	73.00
76.00	03140	CARDIOLOGY	42,640	0	0	1,480,418	76.00
76.97	07697	CARDIAC REHABILITATION	2,632	0	0	169,909	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	137	0	0	156,735	90.00
90.01	09001	WOUND CARE CLINIC	6,078	0	0	613,931	90.01
91.00	09100	EMERGENCY	83,067	0	0	4,641,877	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	20,678	0	0	2,921,735	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	1,588,419	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0		0	374,376	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,201,856	0	215,721	79,819,626	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	49,936	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	317,426	194.00
194.01	07951	MOB	0	0	0	8,542,848	194.01
194.02	07952	PHYSICIAN CLINICS	0	0	0	11,686,384	194.02
194.03	07953	PHYS PRAC BUS OFC	0	0	0	1,939,146	194.03
194.04	07954	MOB - MAIN CAMPUS	0	0	0	540,157	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	0	0	7,220,985	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	0	0	4,742,908	194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	0	0	2,372,623	194.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0069

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

Worksheet B  
Part I  
Date/Time Prepared:  
7/22/2022 3:51 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	19.00	23.00	24.00	25.00	
194.09	07959 KDH - MC ENT	0	0	0	932,757	0	194.09
194.10	07960 KDH - MC UROLOGY	0	0	0	712,714	0	194.10
194.11	07961 KDH - MC OB/GYN	0	0	0	3,365,652	0	194.11
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,201,856	0	215,721	122,243,162	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0069

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

Worksheet B  
Part I  
Date/Time Prepared:  
7/22/2022 3:51 pm

Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO		1.01
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300 RADIOLOGY SCHOOL		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	11,055,646	30.00
31.00	03100 INTENSIVE CARE UNIT	2,094,794	31.00
43.00	04300 NURSERY	947,932	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	6,765,835	50.00
51.00	05100 RECOVERY ROOM	617,620	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,031,148	52.00
53.00	05300 ANESTHESIOLOGY	743,729	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,523,396	54.00
54.01	03630 ULTRA SOUND	289,484	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	414,164	54.02
55.00	05500 RADIOLOGY - THERAPEUTIC	0	55.00
55.01	03480 ONCOLOGY	3,198,362	55.01
57.00	05700 CT SCAN	841,519	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	508,225	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	4,989,775	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	351,793	62.00
65.00	06500 RESPIRATORY THERAPY	1,253,588	65.00
66.00	06600 PHYSICAL THERAPY	2,922,771	66.00
67.00	06700 OCCUPATIONAL THERAPY	441,791	67.00
68.00	06800 SPEECH PATHOLOGY	243,335	68.00
69.00	06900 ELECTROCARDIOLOGY	0	69.00
69.01	03610 SLEEP LAB	396,716	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,202,133	71.00
71.01	07101 IV SOLUTIONS	94,038	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	5,338,820	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	14,605,612	73.00
76.00	03140 RADIOLOGY	1,480,418	76.00
76.97	07697 CARDIAC REHABILITATION	169,909	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	156,735	90.00
90.01	09001 WOUND CARE CLINIC	613,931	90.01
91.00	09100 EMERGENCY	4,641,877	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500 AMBULANCE SERVICES	2,921,735	95.00
101.00	10100 HOME HEALTH AGENCY	1,588,419	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE	374,376	116.00
118.00			118.00
	SUBTOTALS (SUM OF LINES 1 through 117)	79,819,626	
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	49,936	190.00
194.00	07950 OTHER NON-REIMBURSABLE	317,426	194.00
194.01	07951 MOB	8,542,848	194.01
194.02	07952 PHYSICIAN CLINICS	11,686,384	194.02
194.03	07953 PHYS PRAC BUS OFC	1,939,146	194.03
194.04	07954 MOB - MAIN CAMPUS	540,157	194.04
194.05	07955 ONCOLOGY - NONREIMBURSABLE	0	194.05
194.06	07956 KDH - MC FAMILY PRACTICE	7,220,985	194.06
194.07	07957 KDH - MC ORTHOPEDICS	4,742,908	194.07
194.08	07958 KDH - MC GENERAL SURGERY	2,372,623	194.08
194.09	07959 KDH - MC ENT	932,757	194.09
194.10	07960 KDH - MC UROLOGY	712,714	194.10
194.11	07961 KDH - MC OB/GYN	3,365,652	194.11
200.00		0	200.00
	Cross Foot Adjustments		

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0069	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 7/22/2022 3:51 pm
-----------------------------------------	--	-----------------------	---------------------------------------------	-------------------------------------------------------------------

Cost Center Description		Total	
		26.00	
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	122,243,162	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0069

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

Worksheet B  
Part II  
Date/Time Prepared:  
7/22/2022 3:51 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,623,652	0	0	5.00
7.00 00700	OPERATION OF PLANT	0	1,534,137	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	71,119	0	0	8.00
9.00 00900	HOUSEKEEPING	0	124,664	0	0	9.00
10.00 01000	DIETARY	0	234,813	0	0	10.00
11.00 01100	CAFETERIA	0	94,962	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	76,045	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	115,522	0	0	14.00
15.00 01500	PHARMACY	0	85,858	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	10,895	0	0	16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00 02300	RADIOLOGY SCHOOL	0	24,664	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,411,078	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	62,462	0	0	31.00
43.00 04300	NURSERY	0	72,948	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	687,908	0	0	50.00
51.00 05100	RECOVERY ROOM	0	51,306	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	4,851	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	404,514	0	0	54.00
54.01 03630	ULTRA SOUND	0	0	0	0	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	18,022	0	0	54.02
55.00 05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
55.01 03480	ONCOLOGY	0	456,976	0	0	55.01
57.00 05700	CT SCAN	0	33,395	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	40,298	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	232,798	0	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	10,410	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	0	44,664	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	462,722	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	52,985	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	12,537	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01 03610	SLEEP LAB	0	31,306	0	0	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.01 07101	IV SOLUTIONS	0	0	0	0	71.01
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
76.00 03140	CARDIOLOGY	0	225,634	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	26,231	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	28,358	0	0	90.00
90.01 09001	WOUND CARE CLINIC	0	78,171	0	0	90.01
91.00 09100	EMERGENCY	0	517,872	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	176,567	0	0	95.00
101.00 10100	HOME HEALTH AGENCY	0	0	2,948	0	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	798	0	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	0	9,140,344	3,746	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	28,060	0	0	190.00
194.00 07950	OTHER NON-REIMBURSABLE	0	0	0	0	194.00
194.01 07951	MOB	0	1,963,987	0	0	194.01
194.02 07952	PHYSICIAN CLINICS	0	1,029,624	0	0	194.02
194.03 07953	PHYS PRAC BUS OFC	0	36,903	0	0	194.03
194.04 07954	MOB - MAIN CAMPUS	0	0	0	0	194.04
194.05 07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	194.05
194.06 07956	KDH - MC FAMILY PRACTICE	0	1,609,920	0	0	194.06
194.07 07957	KDH - MC ORTHOPEDICS	0	0	0	0	194.07



ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0069	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 7/22/2022 3:51 pm
-------------------------------------	--	-----------------------	---------------------------------------------	--------------------------------------------------------------------

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
		0	1.00	1.01		
194.08 07958 KDH - MC GENERAL SURGERY	0	0	0	0	0	194.08
194.09 07959 KDH - MC ENT	0	0	0	0	0	194.09
194.10 07960 KDH - MC UROLOGY	0	0	0	0	0	194.10
194.11 07961 KDH - MC OB/GYN	0	0	0	0	0	194.11
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)	0	13,808,838	3,746	0	13,812,584	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0069	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 7/22/2022 3:51 pm		
Cost Center	Description	EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,623,652			5.00
7.00	00700	OPERATION OF PLANT	0	83,682	1,617,819		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	7,515	10,672	89,306	8.00
9.00	00900	HOUSEKEEPING	0	21,925	18,707	0	9.00
10.00	01000	DIETARY	0	11,805	35,235	0	10.00
11.00	01100	CAFETERIA	0	9,095	14,250	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	10,500	11,411	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,486	17,335	0	14.00
15.00	01500	PHARMACY	0	32,526	12,884	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	15,584	1,635	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	RADIOLOGY SCHOOL	0	2,606	3,701	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	104,348	211,742	31,646	30.00
31.00	03100	INTENSIVE CARE UNIT	0	24,806	9,373	0	31.00
43.00	04300	NURSERY	0	11,061	10,946	1,787	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	74,726	103,226	13,968	50.00
51.00	05100	RECOVERY ROOM	0	6,965	7,699	2,231	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,334	0	2,226	52.00
53.00	05300	ANESTHESIOLOGY	0	9,422	728	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	52,246	60,700	5,730	54.00
54.01	03630	ULTRA SOUND	0	3,561	0	642	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	5,073	2,704	318	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	37,087	68,573	2,992	55.01
57.00	05700	CT SCAN	0	9,015	5,011	3,337	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,113	6,047	627	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	61,602	34,933	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,485	1,562	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	15,689	6,702	0	65.00
66.00	06600	PHYSICAL THERAPY	0	33,717	69,435	2,587	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,334	7,951	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,054	1,881	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03610	SLEEP LAB	0	4,683	4,698	210	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	53,508	0	0	71.00
71.01	07101	IV SOLUTIONS	0	1,106	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	67,969	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	155,652	0	0	73.00
76.00	03140	CARDIOLOGY	0	16,335	33,858	4,054	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,789	3,936	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	1,829	4,255	0	90.00
90.01	09001	WOUND CARE CLINIC	0	7,081	11,730	172	90.01
91.00	09100	EMERGENCY	0	49,903	77,710	13,993	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0				92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	36,120	26,495	1,349	95.00
101.00	10100	HOME HEALTH AGENCY	0	20,281	15,386	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE	0				113.00
116.00	11600	HOSPICE	0	4,757	4,166	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,100,375	917,277	87,869	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	445	4,211	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	4,216	0	0	194.00
194.01	07951	MOB	0	98,195	294,711	199	194.01
194.02	07952	PHYSICIAN CLINICS	0	146,191	154,502	406	194.02
194.03	07953	PHYS PRAC BUS OFC	0	25,465	5,538	0	194.03
194.04	07954	MOB - MAIN CAMPUS	0	7,166	0	0	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	82,283	241,580	9	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	62,562	0	127	194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	31,116	0	201	194.08
194.09	07959	KDH - MC ENT	0	12,204	0	0	194.09
194.10	07960	KDH - MC UROLOGY	0	9,229	0	0	194.10

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0069		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 7/22/2022 3:51 pm	
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
194.11	07961	KDH - MC OB/GYN	0	44,205	0	495	3,181	194.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,623,652	1,617,819	89,306	165,296	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0069		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 7/22/2022 3:51 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	281,853					10.00
11.00	01100	CAFETERIA	0	118,307				11.00
13.00	01300	NURSING ADMINISTRATION	0	1,790	99,746			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	797	0	137,606		14.00
15.00	01500	PHARMACY	0	2,996	0	268	136,394	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,516	0	95	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	RADIOLOGY SCHOOL	0	624	0	7	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	264,954	22,436	41,136	3,646	0	30.00
31.00	03100	INTENSIVE CARE UNIT	16,899	4,630	8,488	6	0	31.00
43.00	04300	NURSERY	0	2,306	4,227	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	11,747	21,537	3,302	0	50.00
51.00	05100	RECOVERY ROOM	0	1,289	2,363	86	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,871	5,264	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,129	0	309	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,664	0	666	0	54.00
54.01	03630	ULTRA SOUND	0	429	0	483	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	242	0	20	0	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	3,979	0	746	0	55.01
57.00	05700	CT SCAN	0	1,147	0	2,167	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	701	0	239	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	10,650	0	844	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	3,593	0	122	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,252	0	122	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	774	0	1	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	526	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03610	SLEEP LAB	0	595	0	15	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	51,162	0	71.00
71.01	07101	IV SOLUTIONS	0	0	0	1,059	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	65,044	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	936	136,394	73.00
76.00	03140	CARDIOLOGY	0	2,544	0	102	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	485	0	16	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	303	0	2	0	90.00
90.01	09001	WOUND CARE CLINIC	0	1,135	0	79	0	90.01
91.00	09100	EMERGENCY	0	9,126	16,731	1,086	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	11,031	0	137	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	636	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	4	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	281,853	118,307	99,746	133,407	136,394	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	2	0	194.00
194.01	07951	MOB	0	0	0	401	0	194.01
194.02	07952	PHYSICIAN CLINICS	0	0	0	1,491	0	194.02
194.03	07953	PHYS PRAC BUS OFC	0	0	0	150	0	194.03
194.04	07954	MOB - MAIN CAMPUS	0	0	0	94	0	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	0	0	457	0	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	0	0	470	0	194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	0	0	276	0	194.08
194.09	07959	KDH - MC ENT	0	0	0	75	0	194.09
194.10	07960	KDH - MC UROLOGY	0	0	0	357	0	194.10

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0069	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 7/22/2022 3:51 pm			
Cost Center Description		DI ETARY	CAFETERIA	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
194.11	07961 KDH - MC OB/GYN	0	0	0	426	0	194.11
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)	281,853	118,307	99,746	137,606	136,394	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0069

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

Worksheet B  
Part II  
Date/Time Prepared:  
7/22/2022 3:51 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	19.00	23.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	31,725				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
23.00	02300	RADIOLOGY SCHOOL	0		31,718		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	957		2,155,333	0	30.00
31.00	03100	INTENSIVE CARE UNIT	341		128,479	0	31.00
43.00	04300	NURSERY	128		103,907	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	3,016		944,839	0	50.00
51.00	05100	RECOVERY ROOM	524		72,463	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	153		24,671	0	52.00
53.00	05300	ANESTHESIOLOGY	629		17,068	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	648		534,952	0	54.00
54.01	03630	ULTRA SOUND	188		5,885	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	478		26,857	0	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0		0	0	55.00
55.01	03480	ONCOLOGY	630		577,539	0	55.01
57.00	05700	CT SCAN	1,901		59,464	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	403		54,428	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	59.00
60.00	06000	LABORATORY	3,508		345,770	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	214		16,671	0	62.00
65.00	06500	RESPIRATORY THERAPY	625		71,395	0	65.00
66.00	06600	PHYSICAL THERAPY	845		578,085	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	116		67,161	0	67.00
68.00	06800	SPEECH PATHOLOGY	74		18,072	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	69.00
69.01	03610	SLEEP LAB	172		43,037	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,255		105,925	0	71.00
71.01	07101	IV SOLUTIONS	216		2,381	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,618		134,631	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,967		301,949	0	73.00
76.00	03140	CARDIOLOGY	1,131		286,761	0	76.00
76.97	07697	CARDIAC REHABILITATION	70		33,885	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	4		34,790	0	90.00
90.01	09001	WOUND CARE CLINIC	161		100,507	0	90.01
91.00	09100	EMERGENCY	2,204		708,021	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	549		252,248	0	95.00
101.00	10100	HOME HEALTH AGENCY	0		39,251	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0		9,725	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,725	0	7,856,150	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0		32,716	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0		4,218	0	194.00
194.01	07951	MOB	0		2,357,493	0	194.01
194.02	07952	PHYSICIAN CLINICS	0		1,339,119	0	194.02
194.03	07953	PHYS PRAC BUS OFC	0		68,056	0	194.03
194.04	07954	MOB - MAIN CAMPUS	0		7,299	0	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0		0	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0		1,942,318	0	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0		66,107	0	194.07
194.08	07958	KDH - MC GENERAL SURGERY	0		34,270	0	194.08

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0069		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 7/22/2022 3:51 pm	
Cost Center Description		MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	19.00	23.00	24.00	25.00	
194.09	07959 KDH - MC ENT	0			13,598	0	194.09
194.10	07960 KDH - MC UROLOGY	0			11,215	0	194.10
194.11	07961 KDH - MC OB/GYN	0			48,307	0	194.11
200.00	Cross Foot Adjustments		0	31,718	31,718	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	31,725	0	31,718	13,812,584	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0069	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 7/22/2022 3:51 pm
-------------------------------------	--	-----------------------	---------------------------------------------	--------------------------------------------------------------------

Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO		1.01
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300 RADIOLOGY SCHOOL		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	2,155,333	30.00
31.00	03100 INTENSIVE CARE UNIT	128,479	31.00
43.00	04300 NURSERY	103,907	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	944,839	50.00
51.00	05100 RECOVERY ROOM	72,463	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	24,671	52.00
53.00	05300 ANESTHESIOLOGY	17,068	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	534,952	54.00
54.01	03630 ULTRA SOUND	5,885	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	26,857	54.02
55.00	05500 RADIOLOGY - THERAPEUTIC	0	55.00
55.01	03480 ONCOLOGY	577,539	55.01
57.00	05700 CT SCAN	59,464	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	54,428	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	345,770	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	16,671	62.00
65.00	06500 RESPIRATORY THERAPY	71,395	65.00
66.00	06600 PHYSICAL THERAPY	578,085	66.00
67.00	06700 OCCUPATIONAL THERAPY	67,161	67.00
68.00	06800 SPEECH PATHOLOGY	18,072	68.00
69.00	06900 ELECTROCARDIOLOGY	0	69.00
69.01	03610 SLEEP LAB	43,037	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	105,925	71.00
71.01	07101 I.V. SOLUTIONS	2,381	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	134,631	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	301,949	73.00
76.00	03140 RADIOLOGY	286,761	76.00
76.97	07697 CARDIAC REHABILITATION	33,885	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	34,790	90.00
90.01	09001 WOUND CARE CLINIC	100,507	90.01
91.00	09100 EMERGENCY	708,021	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500 AMBULANCE SERVICES	252,248	95.00
101.00	10100 HOME HEALTH AGENCY	39,251	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE	9,725	116.00
118.00			118.00
	SUBTOTALS (SUM OF LINES 1 through 117)	7,856,150	
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	32,716	190.00
194.00	07950 OTHER NON-REIMBURSABLE	4,218	194.00
194.01	07951 MOB	2,357,493	194.01
194.02	07952 PHYSICIAN CLINICS	1,339,119	194.02
194.03	07953 PHYS PRAC BUS OFC	68,056	194.03
194.04	07954 MOB - MAIN CAMPUS	7,299	194.04
194.05	07955 ONCOLOGY - NONREIMBURSABLE	0	194.05
194.06	07956 KDH - MC FAMILY PRACTICE	1,942,318	194.06
194.07	07957 KDH - MC ORTHOPEDICS	66,107	194.07
194.08	07958 KDH - MC GENERAL SURGERY	34,270	194.08
194.09	07959 KDH - MC ENT	13,598	194.09
194.10	07960 KDH - MC UROLOGY	11,215	194.10
194.11	07961 KDH - MC OB/GYN	48,307	194.11
200.00			200.00
	Cross Foot Adjustments	31,718	



ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0069	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 7/22/2022 3:51 pm
Cost Center Description		Total		
		26.00		
201.00	Negative Cost Centers	0		201.00
202.00	TOTAL (sum lines 118 through 201)	13,812,584		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0069

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

Worksheet B-1

Date/Time Prepared:  
7/22/2022 3:51 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
		NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)			
		1.00	1.01	2.00	4.00	5A	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	370,078				1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	3,492			1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			0		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	56,941,755	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	43,514	0	0	8,184,791	-19,969,825
7.00	00700	OPERATION OF PLANT	41,115	0	0	499,516	0
8.00	00800	LAUNDRY & LINEN SERVICE	1,906	0	0	28,168	0
9.00	00900	HOUSEKEEPING	3,341	0	0	678,242	0
10.00	01000	DIETARY	6,293	0	0	571,341	0
11.00	01100	CAFETERIA	2,545	0	0	175,047	0
13.00	01300	NURSING ADMINISTRATION	2,038	0	0	474,331	0
14.00	01400	CENTRAL SERVICES & SUPPLY	3,096	0	0	84,026	0
15.00	01500	PHARMACY	2,301	0	0	754,470	0
16.00	01600	MEDICAL RECORDS & LIBRARY	292	0	0	567,636	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	RADIOLOGY SCHOOL	661	0	0	137,369	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	37,817	0	0	4,660,128	0
31.00	03100	INTENSIVE CARE UNIT	1,674	0	0	1,214,419	0
43.00	04300	NURSERY	1,955	0	0	495,110	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	18,436	0	0	2,336,463	0
51.00	05100	RECOVERY ROOM	1,375	0	0	308,372	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	616,638	0
53.00	05300	ANESTHESIOLOGY	130	0	0	1,622,512	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,841	0	0	3,288,546	0
54.01	03630	ULTRA SOUND	0	0	0	113,926	0
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	483	0	0	64,147	0
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0
55.01	03480	ONCOLOGY	12,247	0	0	900,022	0
57.00	05700	CT SCAN	895	0	0	231,250	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,080	0	0	179,344	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	6,239	0	0	1,509,820	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	279	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,197	0	0	730,815	0
66.00	06600	PHYSICAL THERAPY	12,401	0	0	1,329,812	0
67.00	06700	OCCUPATIONAL THERAPY	1,420	0	0	225,745	0
68.00	06800	SPEECH PATHOLOGY	336	0	0	144,268	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	03610	SLEEP LAB	839	0	0	155,128	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
71.01	07101	IV SOLUTIONS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03140	CARDIOLOGY	6,047	0	0	498,782	0
76.97	07697	CARDIAC REHABILITATION	703	0	0	66,849	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	760	0	0	69,728	0
90.01	09001	WOUND CARE CLINIC	2,095	0	0	239,194	0
91.00	09100	EMERGENCY	13,879	0	0	1,834,744	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	4,732	0	0	1,664,980	0
101.00	10100	HOME HEALTH AGENCY	0	2,748	0	956,845	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	0	744	0	177,029	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	244,962	3,492	0	37,789,553	-19,969,825
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	752	0	0	0	0
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	42,733	0
194.01	07951	MOB	52,635	0	0	3,167,527	0
194.02	07952	PHYSICIAN CLINICS	27,594	0	0	5,536,006	0
194.03	07953	PHYS PRAC BUS OFC	989	0	0	665,820	0
194.04	07954	MOB - MAIN CAMPUS	0	0	0	369,365	0
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0
194.06	07956	KDH - MC FAMILY PRACTICE	43,146	0	0	2,823,937	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0069

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

Worksheet B-1

Date/Time Prepared:  
7/22/2022 3:51 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)			
	1.00	1.01	2.00			
194.07 07957 KDH - MC ORTHOPEDICS	0	0	0	2,906,879	0	194.07
194.08 07958 KDH - MC GENERAL SURGERY	0	0	0	1,213,942	0	194.08
194.09 07959 KDH - MC ENT	0	0	0	649,453	0	194.09
194.10 07960 KDH - MC UROLOGY	0	0	0	97,245	0	194.10
194.11 07961 KDH - MC OB/GYN	0	0	0	1,679,295	0	194.11
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)	13,808,838	3,746	0	13,225,103		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	37.313318	1.072738	0.000000	0.232257		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.000000		205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0069

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

Worksheet B-1

Date/Time Prepared:  
7/22/2022 3:51 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	102,273,337				5.00
7.00	00700	OPERATION OF PLANT	5,270,956	288,941			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	473,365	1,906	351,608		8.00
9.00	00900	HOUSEKEEPING	1,381,021	3,341	0	4,261	9.00
10.00	01000	DIETARY	743,588	6,293	0	0	49,318
11.00	01100	CAFETERIA	572,878	2,545	0	0	0
13.00	01300	NURSING ADMINISTRATION	661,364	2,038	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	219,568	3,096	0	12	0
15.00	01500	PHARMACY	2,048,739	2,301	0	48	0
16.00	01600	MEDICAL RECORDS & LIBRARY	981,590	292	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	RADIOLOGY SCHOOL	164,126	661	0	3	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	6,572,686	37,817	124,580	1,634	46,361
31.00	03100	INTENSIVE CARE UNIT	1,562,475	1,674	0	38	2,957
43.00	04300	NURSERY	696,733	1,955	7,037	13	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	4,706,838	18,436	54,994	655	0
51.00	05100	RECOVERY ROOM	438,744	1,375	8,782	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	776,896	0	8,764	47	0
53.00	05300	ANESTHESIOLOGY	593,478	130	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,290,874	10,841	22,559	46	0
54.01	03630	ULTRA SOUND	224,277	0	2,529	15	0
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	319,516	483	1,252	0	0
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0
55.01	03480	ONCOLOGY	2,336,022	12,247	11,781	169	0
57.00	05700	CT SCAN	567,834	895	13,139	90	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	385,060	1,080	2,470	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	3,880,185	6,239	0	37	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	282,500	279	0	0	0
65.00	06500	RESPIRATORY THERAPY	988,201	1,197	0	0	0
66.00	06600	PHYSICAL THERAPY	2,123,756	12,401	10,184	62	0
67.00	06700	OCCUPATIONAL THERAPY	336,005	1,420	0	0	0
68.00	06800	SPEECH PATHOLOGY	192,370	336	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	03610	SLEEP LAB	294,981	839	828	35	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,370,398	0	0	0	0
71.01	07101	IV SOLUTIONS	69,689	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,281,271	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	9,806,563	0	0	0	0
76.00	03140	CARDIOLOGY	1,028,917	6,047	15,963	80	0
76.97	07697	CARDIAC REHABILITATION	112,712	703	0	35	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	115,222	760	0	1	0
90.01	09001	WOUND CARE CLINIC	445,994	2,095	678	51	0
91.00	09100	EMERGENCY	3,143,310	13,879	55,093	500	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	2,275,109	4,732	5,313	0	0
101.00	10100	HOME HEALTH AGENCY	1,277,489	2,748	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	299,637	744	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	69,312,937	163,825	345,946	3,571	49,318
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GI FT, FLOWER, COFFEE SHOP, & CANTEEN	28,060	752	0	0	0
194.00	07950	OTHER NON-REIMBURSABLE	265,566	0	0	0	0
194.01	07951	MOB	6,185,126	52,635	785	0	0
194.02	07952	PHYSICIAN CLINICS	9,208,277	27,594	1,598	178	0
194.03	07953	PHYS PRAC BUS OFC	1,604,014	989	0	0	0
194.04	07954	MOB - MAIN CAMPUS	451,384	0	0	1	0
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	0	0
194.06	07956	KDH - MC FAMILY PRACTICE	5,182,884	43,146	37	208	0
194.07	07957	KDH - MC ORTHOPEDICS	3,940,687	0	500	76	0
194.08	07958	KDH - MC GENERAL SURGERY	1,959,963	0	792	69	0
194.09	07959	KDH - MC ENT	768,720	0	0	34	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0069

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

Worksheet B-1

Date/Time Prepared:  
7/22/2022 3:51 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
194.10	07960 KDH - MC UROLOGY	581,332	0	0	42	0	194.10
194.11	07961 KDH - MC OB/GYN	2,784,387	0	1,950	82	0	194.11
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)	19,969,825	6,300,158	607,353	1,723,526	1,025,994	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.195259	21.804306	1.727358	404.488618	20.803642	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,623,652	1,617,819	89,306	165,296	281,853	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.015876	5.599133	0.253993	38.792772	5.715013	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: 15-0069

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

Worksheet B-1  
Date/Time Prepared:  
7/22/2022 3:51 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION  (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	810,876					11.00
13.00	01300	12,270	372,887				13.00
14.00	01400	5,463	0	9,058,177			14.00
15.00	01500	20,533	0	17,670	100		15.00
16.00	01600	24,098	0	6,283	0	328,694,200	16.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	4,277	0	487	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	153,778	153,778	239,984	0	9,866,902	30.00
31.00	03100	31,733	31,733	408	0	3,516,162	31.00
43.00	04300	15,802	15,802	0	0	1,322,247	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	80,512	80,512	217,374	0	31,094,315	50.00
51.00	05100	8,835	8,835	5,645	0	5,397,001	51.00
52.00	05200	19,680	19,680	0	0	1,582,089	52.00
53.00	05300	7,739	0	20,318	0	6,484,497	53.00
54.00	05400	59,386	0	43,827	0	6,679,053	54.00
54.01	03630	2,943	0	31,773	0	1,942,418	54.01
54.02	03450	1,656	0	1,322	0	4,924,432	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	03480	27,271	0	49,104	0	6,490,175	55.01
57.00	05700	7,861	0	142,665	0	19,602,573	57.00
58.00	05800	4,806	0	15,747	0	4,153,461	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	72,997	0	55,570	0	36,166,304	60.00
62.00	06200	0	0	0	0	2,201,508	62.00
65.00	06500	24,628	0	8,059	0	6,440,942	65.00
66.00	06600	42,848	0	8,062	0	8,712,302	66.00
67.00	06700	5,306	0	41	0	1,195,222	67.00
68.00	06800	3,608	0	6	0	761,229	68.00
69.00	06900	0	0	0	0	0	69.00
69.01	03610	4,077	0	1,019	0	1,776,892	69.01
71.00	07100	0	0	3,367,941	0	12,936,489	71.00
71.01	07101	0	0	69,689	0	2,223,228	71.01
72.00	07200	0	0	4,281,271	0	16,683,130	72.00
73.00	07300	0	0	61,607	100	94,082,344	73.00
76.00	03140	17,440	0	6,691	0	11,663,060	76.00
76.97	07697	3,321	0	1,058	0	719,861	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	2,078	0	153	0	37,346	90.00
90.01	09001	7,776	0	5,227	0	1,662,363	90.01
91.00	09100	62,547	62,547	71,495	0	22,720,652	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	75,607	0	8,993	0	5,656,003	95.00
101.00	10100	0	0	41,887	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
116.00	11600	0	0	254	0	0	116.00
118.00		810,876	372,887	8,781,630	100	328,694,200	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	163	0	0	194.00
194.01	07951	0	0	26,428	0	0	194.01
194.02	07952	0	0	98,135	0	0	194.02
194.03	07953	0	0	9,857	0	0	194.03
194.04	07954	0	0	6,192	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	30,108	0	0	194.06
194.07	07957	0	0	30,954	0	0	194.07
194.08	07958	0	0	18,184	0	0	194.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0069

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

Worksheet B-1

Date/Time Prepared:  
7/22/2022 3:51 pm

Cost Center Description			CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION  (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
194.09	07959	KDH - MC ENT	0	0	4,939	0	0	194.09
194.10	07960	KDH - MC UROLOGY	0	0	23,530	0	0	194.10
194.11	07961	KDH - MC OB/GYN	0	0	28,057	0	0	194.11
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)	740,230	846,139	339,788	2,537,768	1,201,856	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.912877	2.269157	0.037512	25,377.680000	0.003656	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	118,307	99,746	137,606	136,394	31,725	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.145900	0.267497	0.015191	1,363.940000	0.000097	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: 15-0069

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

Worksheet B-1  
Date/Time Prepared:  
7/22/2022 3:51 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	
		19.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	19.00
23.00	02300	RADIOLOGY SCHOOL		23.00
			100	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
43.00	04300	NURSERY	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	03630	ULTRA SOUND	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	55.00
55.01	03480	ONCOLOGY	0	55.01
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	03610	SLEEP LAB	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
71.01	07101	IV SOLUTIONS	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
76.00	03140	CARDIOLOGY	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0	90.00
90.01	09001	WOUND CARE CLINIC	0	90.01
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500	AMBULANCE SERVICES	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
100			100	
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	194.00
194.01	07951	MOB	0	194.01
194.02	07952	PHYSICIAN CLINICS	0	194.02
194.03	07953	PHYS PRAC BUS OFC	0	194.03
194.04	07954	MOB - MAIN CAMPUS	0	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	194.05
194.06	07956	KDH - MC FAMILY PRACTICE	0	194.06
194.07	07957	KDH - MC ORTHOPEDICS	0	194.07
194.08	07958	KDH - MC GENERAL SURGERY	0	194.08
194.09	07959	KDH - MC ENT	0	194.09



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0069

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

Worksheet B-1

Date/Time Prepared:  
7/22/2022 3:51 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	
		19.00	23.00	
194.10	07960 KDH - MC UROLOGY	0	0	194.10
194.11	07961 KDH - MC OB/GYN	0	0	194.11
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	215,721	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	2,157.210000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	31,718	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	317.180000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0069

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

Worksheet C  
Part I  
Date/Time Prepared:  
7/22/2022 3:51 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		11,055,646	0	11,055,646	30.00	
31.00	03100 INTENSIVE CARE UNIT		2,094,794	0	2,094,794	31.00	
43.00	04300 NURSERY		947,932	0	947,932	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		6,765,835	0	6,765,835	50.00	
51.00	05100 RECOVERY ROOM		617,620	0	617,620	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,031,148	0	1,031,148	52.00	
53.00	05300 ANESTHESIOLOGY		743,729	20,390	764,119	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,523,396	0	4,523,396	54.00	
54.01	03630 ULTRA SOUND		289,484	0	289,484	54.01	
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC		414,164	0	414,164	54.02	
55.00	05500 RADIOLOGY - THERAPEUTIC		0	0	0	55.00	
55.01	03480 ONCOLOGY		3,198,362	37,526	3,235,888	55.01	
57.00	05700 CT SCAN		841,519	0	841,519	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		508,225	0	508,225	58.00	
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	06000 LABORATORY		4,989,775	0	4,989,775	60.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		351,793	0	351,793	62.00	
65.00	06500 RESPIRATORY THERAPY	0	1,253,588	0	1,253,588	65.00	
66.00	06600 PHYSICAL THERAPY	0	2,922,771	0	2,922,771	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	441,791	0	441,791	67.00	
68.00	06800 SPEECH PATHOLOGY	0	243,335	0	243,335	68.00	
69.00	06900 ELECTROCARDIOLOGY		0	0	0	69.00	
69.01	03610 SLEEP LAB		396,716	0	396,716	69.01	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,202,133	0	4,202,133	71.00	
71.01	07101 IV SOLUTIONS		94,038	0	94,038	71.01	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		5,338,820	0	5,338,820	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		14,605,612	0	14,605,612	73.00	
76.00	03140 RADIOLOGY		1,480,418	0	1,480,418	76.00	
76.97	07697 CARDIAC REHABILITATION		169,909	0	169,909	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC		156,735	0	156,735	90.00	
90.01	09001 WOUND CARE CLINIC		613,931	624	614,555	90.01	
91.00	09100 EMERGENCY		4,641,877	256,750	4,898,627	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,557,109	0	2,557,109	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES		2,921,735	232	2,921,967	95.00	
101.00	10100 HOME HEALTH AGENCY		1,588,419	0	1,588,419	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE		0	0	0	113.00	
116.00	11600 HOSPICE		374,376	0	374,376	116.00	
200.00	Subtotal (see instructions)	0	82,376,735	315,522	82,692,257	200.00	
201.00	Less Observation Beds		2,557,109	0	2,557,109	201.00	
202.00	Total (see instructions)	0	79,819,626	315,522	80,135,148	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0069

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

Worksheet C  
Part I  
Date/Time Prepared:  
7/22/2022 3:51 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	9,865,028		9,865,028		30.00
31.00	03100	INTENSIVE CARE UNIT	3,425,255		3,425,255		31.00
43.00	04300	NURSERY	1,322,128		1,322,128		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	6,445,161	24,649,154	31,094,315	0.217591	50.00
51.00	05100	RECOVERY ROOM	1,075,985	4,321,016	5,397,001	0.114438	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,582,464	1,499	1,583,963	0.650992	52.00
53.00	05300	ANESTHESIOLOGY	2,122,462	4,362,035	6,484,497	0.114693	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,167,995	5,511,058	6,679,053	0.677251	54.00
54.01	03630	ULTRA SOUND	149,304	1,793,114	1,942,418	0.149033	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	190,630	4,733,802	4,924,432	0.084104	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0.000000	55.00
55.01	03480	ONCOLOGY	34,328	6,455,847	6,490,175	0.492801	55.01
57.00	05700	CT SCAN	2,816,638	16,785,935	19,602,573	0.042929	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	290,036	3,863,425	4,153,461	0.122362	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	5,552,682	30,613,622	36,166,304	0.137968	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,078,157	1,123,351	2,201,508	0.159796	62.00
65.00	06500	RESPIRATORY THERAPY	4,379,821	2,061,121	6,440,942	0.194628	65.00
66.00	06600	PHYSICAL THERAPY	681,549	8,030,753	8,712,302	0.335476	66.00
67.00	06700	OCCUPATIONAL THERAPY	336,973	858,249	1,195,222	0.369631	67.00
68.00	06800	SPEECH PATHOLOGY	130,345	630,884	761,229	0.319661	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
69.01	03610	SLEEP LAB	0	1,776,892	1,776,892	0.223264	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,995,259	7,941,230	12,936,489	0.324828	71.00
71.01	07101	IV SOLUTIONS	851,726	1,371,502	2,223,228	0.042298	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,916,591	11,766,539	16,683,130	0.320013	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,661,690	64,420,654	94,082,344	0.155243	73.00
76.00	03140	CARDIOLOGY	1,789,059	9,874,001	11,663,060	0.126932	76.00
76.97	07697	CARDIAC REHABILITATION	0	719,861	719,861	0.236030	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	37,346	37,346	4.196835	90.00
90.01	09001	WOUND CARE CLINIC	7,111	1,655,252	1,662,363	0.369312	90.01
91.00	09100	EMERGENCY	3,999,141	18,812,536	22,811,677	0.203487	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	540,610	3,204,231	3,744,841	0.682835	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	5,656,003	5,656,003	0.516572	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,615,046	1,615,046		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	595,128	595,128		116.00
200.00		Subtotal (see instructions)	89,408,128	245,241,086	334,649,214		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	89,408,128	245,241,086	334,649,214		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0069	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 7/22/2022 3:51 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.217591		50.00
51.00	05100 RECOVERY ROOM	0.114438		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.650992		52.00
53.00	05300 ANESTHESIOLOGY	0.117838		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.677251		54.00
54.01	03630 ULTRA SOUND	0.149033		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.084104		54.02
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000		55.00
55.01	03480 ONCOLOGY	0.498583		55.01
57.00	05700 CT SCAN	0.042929		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.122362		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.137968		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.159796		62.00
65.00	06500 RESPIRATORY THERAPY	0.194628		65.00
66.00	06600 PHYSICAL THERAPY	0.335476		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.369631		67.00
68.00	06800 SPEECH PATHOLOGY	0.319661		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	03610 SLEEP LAB	0.223264		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.324828		71.00
71.01	07101 IV SOLUTIONS	0.042298		71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.320013		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.155243		73.00
76.00	03140 RADIOLOGY	0.126932		76.00
76.97	07697 CARDIAC REHABILITATION	0.236030		76.97
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	4.196835		90.00
90.01	09001 WOUND CARE CLINIC	0.369688		90.01
91.00	09100 EMERGENCY	0.214742		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.682835		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.516613		95.00
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
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: 15-0069

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

Worksheet C  
Part I  
Date/Time Prepared:  
7/22/2022 3:51 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	11,055,646		11,055,646	0	11,055,646	30.00
31.00	03100 INTENSIVE CARE UNIT	2,094,794		2,094,794	0	2,094,794	31.00
43.00	04300 NURSERY	947,932		947,932	0	947,932	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	6,765,835		6,765,835	0	6,765,835	50.00
51.00	05100 RECOVERY ROOM	617,620		617,620	0	617,620	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,031,148		1,031,148	0	1,031,148	52.00
53.00	05300 ANESTHESIOLOGY	743,729		743,729	20,390	764,119	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,523,396		4,523,396	0	4,523,396	54.00
54.01	03630 ULTRA SOUND	289,484		289,484	0	289,484	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	414,164		414,164	0	414,164	54.02
55.00	05500 RADIOLOGY - THERAPEUTIC	0		0	0	0	55.00
55.01	03480 ONCOLOGY	3,198,362		3,198,362	37,526	3,235,888	55.01
57.00	05700 CT SCAN	841,519		841,519	0	841,519	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	508,225		508,225	0	508,225	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	4,989,775		4,989,775	0	4,989,775	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	351,793		351,793	0	351,793	62.00
65.00	06500 RESPIRATORY THERAPY	1,253,588	0	1,253,588	0	1,253,588	65.00
66.00	06600 PHYSICAL THERAPY	2,922,771	0	2,922,771	0	2,922,771	66.00
67.00	06700 OCCUPATIONAL THERAPY	441,791	0	441,791	0	441,791	67.00
68.00	06800 SPEECH PATHOLOGY	243,335	0	243,335	0	243,335	68.00
69.00	06900 ELECTROCARDIOLOGY	0		0	0	0	69.00
69.01	03610 SLEEP LAB	396,716		396,716	0	396,716	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,202,133		4,202,133	0	4,202,133	71.00
71.01	07101 IV SOLUTIONS	94,038		94,038	0	94,038	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	5,338,820		5,338,820	0	5,338,820	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	14,605,612		14,605,612	0	14,605,612	73.00
76.00	03140 CARDIOLOGY	1,480,418		1,480,418	0	1,480,418	76.00
76.97	07697 CARDIAC REHABILITATION	169,909		169,909	0	169,909	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	156,735		156,735	0	156,735	90.00
90.01	09001 WOUND CARE CLINIC	613,931		613,931	624	614,555	90.01
91.00	09100 EMERGENCY	4,641,877		4,641,877	256,750	4,898,627	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,557,109		2,557,109		2,557,109	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	2,921,735		2,921,735	232	2,921,967	95.00
101.00	10100 HOME HEALTH AGENCY	1,588,419		1,588,419		1,588,419	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	374,376		374,376		374,376	116.00
200.00	Subtotal (see instructions)	82,376,735	0	82,376,735	315,522	82,692,257	200.00
201.00	Less Observation Beds	2,557,109		2,557,109		2,557,109	201.00
202.00	Total (see instructions)	79,819,626	0	79,819,626	315,522	80,135,148	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0069

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

Worksheet C  
Part I  
Date/Time Prepared:  
7/22/2022 3:51 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	9,865,028		9,865,028		30.00
31.00	03100	INTENSIVE CARE UNIT	3,425,255		3,425,255		31.00
43.00	04300	NURSERY	1,322,128		1,322,128		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	6,445,161	24,649,154	31,094,315	0.217591	50.00
51.00	05100	RECOVERY ROOM	1,075,985	4,321,016	5,397,001	0.114438	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,582,464	1,499	1,583,963	0.650992	52.00
53.00	05300	ANESTHESIOLOGY	2,122,462	4,362,035	6,484,497	0.114693	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,167,995	5,511,058	6,679,053	0.677251	54.00
54.01	03630	ULTRA SOUND	149,304	1,793,114	1,942,418	0.149033	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	190,630	4,733,802	4,924,432	0.084104	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0.000000	55.00
55.01	03480	ONCOLOGY	34,328	6,455,847	6,490,175	0.492801	55.01
57.00	05700	CT SCAN	2,816,638	16,785,935	19,602,573	0.042929	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	290,036	3,863,425	4,153,461	0.122362	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	5,552,682	30,613,622	36,166,304	0.137968	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,078,157	1,123,351	2,201,508	0.159796	62.00
65.00	06500	RESPIRATORY THERAPY	4,379,821	2,061,121	6,440,942	0.194628	65.00
66.00	06600	PHYSICAL THERAPY	681,549	8,030,753	8,712,302	0.335476	66.00
67.00	06700	OCCUPATIONAL THERAPY	336,973	858,249	1,195,222	0.369631	67.00
68.00	06800	SPEECH PATHOLOGY	130,345	630,884	761,229	0.319661	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
69.01	03610	SLEEP LAB	0	1,776,892	1,776,892	0.223264	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,995,259	7,941,230	12,936,489	0.324828	71.00
71.01	07101	IV SOLUTIONS	851,726	1,371,502	2,223,228	0.042298	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,916,591	11,766,539	16,683,130	0.320013	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,661,690	64,420,654	94,082,344	0.155243	73.00
76.00	03140	CARDIOLOGY	1,789,059	9,874,001	11,663,060	0.126932	76.00
76.97	07697	CARDIAC REHABILITATION	0	719,861	719,861	0.236030	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	37,346	37,346	4.196835	90.00
90.01	09001	WOUND CARE CLINIC	7,111	1,655,252	1,662,363	0.369312	90.01
91.00	09100	EMERGENCY	3,999,141	18,812,536	22,811,677	0.203487	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	540,610	3,204,231	3,744,841	0.682835	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	5,656,003	5,656,003	0.516572	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,615,046	1,615,046		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	595,128	595,128		116.00
200.00		Subtotal (see instructions)	89,408,128	245,241,086	334,649,214		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	89,408,128	245,241,086	334,649,214		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0069	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 7/22/2022 3:51 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
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
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
54.01	03630	ULTRA SOUND	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	54.02
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	55.00
55.01	03480	ONCOLOGY	0.000000	55.01
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	62.00
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
69.01	03610	SLEEP LAB	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
71.01	07101	IV SOLUTIONS	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
76.00	03140	CARDIOLOGY	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	WOUND CARE CLINIC	0.000000	90.01
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
<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: 15-0069		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part I Date/Time Prepared: 7/22/2022 3:51 pm	
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)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,155,333	0	2,155,333	11,548	186.64	30.00
31.00	INTENSIVE CARE UNIT	128,479		128,479	1,626	79.02	31.00
43.00	NURSERY	103,907		103,907	997	104.22	43.00
200.00	Total (Lines 30 through 199)	2,387,719		2,387,719	14,171		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	3,448	643,535				
31.00	INTENSIVE CARE UNIT	538	42,513				
43.00	NURSERY	0	0				
200.00	Total (Lines 30 through 199)	3,986	686,048				



APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0069	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 7/22/2022 3:51 pm
---------------------------------------------------------------------	-----------------------	---------------------------------------------	---------------------------------------------------------------------

Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	11,548	0.00	3,448	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	1,626	0.00	538	31.00	
43.00	04300	NURSERY		0	997	0.00	0	43.00	
200.00		Total (lines 30 through 199)		0	14,171		3,986	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0069	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 7/22/2022 3:51 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)		6,134,032	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		1,979,294	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)		82,671	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		6,330	2.04
3.00	Managed Care Simulated Payments		4,141,358	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		53.68	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)		4.58	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.38	31.00
32.00	Sum of lines 30 and 31		27.96	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.28	33.00
34.00	Disproportionate share adjustment (see instructions)		249,079	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0069	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 7/22/2022 3:51 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)	0.000099755	0.000086892	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	826,970	624,928	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	618,528	157,516	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	776,044		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)	9,227,450		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	9,092,902		48.00
		<b>Amount</b>		
		1.00		
49.00	Total payment for inpatient operating costs (see instructions)		9,227,450	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		638,823	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		17,640	53.00
54.00	Special add-on payments for new technologies		131,158	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		18,198	58.00
59.00	Total (sum of amounts on lines 49 through 58)		10,033,269	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		10,033,269	61.00
62.00	Deductibles billed to program beneficiaries		1,059,844	62.00
63.00	Coinurance billed to program beneficiaries		1,484	63.00
64.00	Allowable bad debts (see instructions)		140,498	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		91,324	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		29,913	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		9,063,265	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)		-3,196	70.93
70.94	HRR adjustment amount (see instructions)		-39,689	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0069	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 7/22/2022 3:51 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)	2021	477,194	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	2022	200,611	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		9,698,185	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		9,779,792	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)		-81,607	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		446,258	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	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	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0069

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
7/22/2022 3:51 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	6,134,032	0	6,134,032		6,134,032	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	1,979,294	0		1,979,294	1,979,294	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	82,671	0	82,671		82,671	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	6,330	0		6,330	6,330	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	4,141,358	0	4,141,358	0	4,141,358	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1228	0.1228	0.1228	0.1228		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	249,079	0	188,315	60,764	249,079	11.00
11.01	Uncompensated care payments	36.00	776,044	0	618,528	157,516	776,044	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	9,227,450	0	7,023,546	2,203,904	9,227,450	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	9,227,450	0	7,023,546	2,203,904	9,227,450	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	638,823	0	489,611	149,212	638,823	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0069

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
7/22/2022 3:51 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	131,158	0	94,309	36,849	131,158	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	7,607,466	2,389,965	9,997,431	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	609,891	0	462,806	147,085	609,891	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	28,932	0	26,805	2,127	28,932	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	638,823	0	489,611	149,212	638,823	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.062727	0.083939		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			477,194		477,194	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				200,611	200,611	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0069

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
7/22/2022 3:51 pm

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00				1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	6,134,032	6,134,032		6,134,032	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	1,979,294		1,979,294	1,979,294	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	82,671	82,671		82,671	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	6,330		6,330	6,330	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	
4.00	Managed care simulated payments	3.00	4,141,358	0	0	0	
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1228	0.1228	0.1228		
11.00	Disproportionate share adjustment (see instructions)	34.00	249,079	188,315	60,764	249,079	
11.01	Uncompensated care payments	36.00	776,044	618,528	157,516	776,044	
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	
13.00	Subtotal (see instructions)	47.00	9,227,450	7,023,546	2,203,904	9,227,450	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	9,227,450	7,023,546	2,203,904	9,227,450	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	638,823	489,611	149,212	638,823	
17.00	Special add-on payments for new technologies	54.00	131,158	94,309	36,849	131,158	
17.01	Net organ acquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	
19.00	SUBTOTAL			7,607,466	2,389,965	9,997,431	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0069

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
7/22/2022 3:51 pm

		Title XVIII				Hospital	PPS
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	609,891	462,806	147,085	609,891	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	28,932	26,805	2,127	28,932	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	638,823	489,611	149,212	638,823	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	477,194	477,194		477,194	28.00
29.00	Low volume adjustment on or after October 1	70.97	200,611		200,611	200,611	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-3,196	-3,196	0	-3,196	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-39,689	-19,931	-19,758	-39,689	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0069	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 7/22/2022 3:51 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		1,565	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		12,085,602	2.00
3.00	OPPS payments		12,218,659	3.00
4.00	Outlier payment (see instructions)		14,947	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		39,695	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,565	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		9,572	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)		9,572	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)		9,572	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		8,007	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		1,565	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)		12,273,301	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		92	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,286,946	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)		9,987,828	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)		9,987,828	30.00
31.00	Primary payer payments		1,435	31.00
32.00	Subtotal (line 30 minus line 31)		9,986,393	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)		251,465	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		163,452	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		111,487	36.00
37.00	Subtotal (see instructions)		10,149,845	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)		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)		10,149,845	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		10,130,119	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)		19,726	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		1,281,619	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: 15-0069	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 7/22/2022 3:51 pm
Title XVIII		Hospital	PPS
			1.00
200.00	MEDI CARE PART B ANCI LLARY COSTS Part B Combined Billed Days		0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0069		Period: From 01/01/2021 To 12/31/2021		Worksheet E-1 Part I Date/Time Prepared: 7/22/2022 3:51 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		9,779,792		10,130,119	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)		9,779,792		10,130,119	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		19,726	6.01	
6.02	SETTLEMENT TO PROGRAM		81,607		0	6.02	
7.00	Total Medicare program liability (see instructions)		9,698,185		10,149,845	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: 15-0069	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 7/22/2022 3:51 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

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

Provider CCN: 15-0069

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

Worksheet G

Date/Time Prepared:  
7/22/2022 3:51 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	25,190,331	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	14,771,078	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,253,610	0	0	0	7.00
8.00	Prepaid expenses	1,708,255	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	44,923,274	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	4,282,249	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	-839,753	0	0	0	14.00
15.00	Buildings	119,477,932	0	0	0	15.00
16.00	Accumulated depreciation	-48,370,445	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	1,264,113	0	0	0	21.00
22.00	Accumulated depreciation	-1,022,307	0	0	0	22.00
23.00	Major movable equipment	63,291,771	0	0	0	23.00
24.00	Accumulated depreciation	-51,451,070	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	86,632,490	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	228,440,141	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	228,440,141	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	359,995,905	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	841,340	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	375,778	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	13,110,811	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	14,327,929	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	85,548,729	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	869,305	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	86,418,034	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	100,745,963	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	259,249,942				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)	259,249,942	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	359,995,905	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0069

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

Worksheet G-1

Date/Time Prepared:  
7/22/2022 3:51 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		226,518,992		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		32,730,950			2.00
3.00	Total (sum of line 1 and line 2)		259,249,942		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)		259,249,942		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)		259,249,942		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: 15-0069

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
7/22/2022 3:51 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	12,471,498		12,471,498	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	12,471,498		12,471,498	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,619,437		3,619,437	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	3,619,437		3,619,437	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	16,090,935		16,090,935	17.00
18.00	Ancillary services	75,231,810	260,795,224	336,027,034	18.00
19.00	Outpatient services	0	68,696,754	68,696,754	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	1,615,046	1,615,046	22.00
23.00	AMBULANCE SERVICES	0	5,687,341	5,687,341	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	595,128	595,128	26.00
27.00	OTHER OUTPATIENT	0	1,699,528	1,699,528	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	91,322,745	339,089,021	430,411,766	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		136,306,360		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)		136,306,360		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0069

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

Worksheet G-3

Date/Time Prepared:  
7/22/2022 3:51 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	430,411,766	1.00
2.00	Less contractual allowances and discounts on patients' accounts	286,908,983	2.00
3.00	Net patient revenues (line 1 minus line 2)	143,502,783	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	136,306,360	4.00
5.00	Net income from service to patients (line 3 minus line 4)	7,196,423	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	192,814	6.00
7.00	Income from investments	3,901,398	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	314,963	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	313	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	2,074	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	55,814	23.00
24.00	OTHER OPERATING INCOME	17,107,980	24.00
24.50	COVID-19 PHE Funding	3,959,171	24.50
25.00	Total other income (sum of lines 6-24)	25,534,527	25.00
26.00	Total (line 5 plus line 25)	32,730,950	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)	32,730,950	29.00



ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0069

Period: From 01/01/2021

Worksheet H

HHA CCN: 15-7141

To 12/31/2021

Date/Time Prepared: 7/22/2022 3:51 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		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	964,725	0	403	0	8,806	973,934	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	0	0	26,849	0	0	26,849	6.00
7.00	0	0	20,730	0	0	20,730	7.00
8.00	0	0	0	0	0	0	8.00
9.00	0	0	0	0	0	0	9.00
10.00	0	0	0	0	0	0	10.00
11.00	0	0	1,349	0	0	1,349	11.00
12.00	0	0	0	0	36,685	36,685	12.00
13.00	0	0	0	0	640	640	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	0	0	23.00
23.50	0	0	0	0	0	0	23.50
24.00	964,725	0	49,331	0	46,131	1,060,187	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	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-674,718	299,216	0	299,216			5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	369,212	396,061	0	396,061			6.00
7.00	225,654	246,384	0	246,384			7.00
8.00	57,229	57,229	0	57,229			8.00
9.00	1,336	1,336	0	1,336			9.00
10.00	0	0	0	0			10.00
11.00	13,407	14,756	0	14,756			11.00
12.00	0	36,685	0	36,685			12.00
13.00	0	640	0	640			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	0	0	0			23.00
23.50	0	0	0	0			23.50
24.00	-7,880	1,052,307	0	1,052,307			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: 15-0069	Period: From 01/01/2021 To 12/31/2021	Worksheet H-1 Part I Date/Time Prepared: 7/22/2022 3:51 pm
		HHA CCN: 15-7141	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					
		1.00	2.00					3.00
<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	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	299,216	0	0	0	299,216	5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	396,061	0	0	0	396,061	6.00	
7.00	Physical Therapy	246,384	0	0	0	246,384	7.00	
8.00	Occupational Therapy	57,229	0	0	0	57,229	8.00	
9.00	Speech Pathology	1,336	0	0	0	1,336	9.00	
10.00	Medical Social Services	0	0	0	0	0	10.00	
11.00	Home Health Aide	14,756	0	0	0	14,756	11.00	
12.00	Supplies (see instructions)	36,685	0	0	0	36,685	12.00	
13.00	Drugs	640	0	0	0	640	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)	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	1,052,307	0	0	0	1,052,307	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	299,216					5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	157,361	553,422				6.00	
7.00	Physical Therapy	97,893	344,277				7.00	
8.00	Occupational Therapy	22,738	79,967				8.00	
9.00	Speech Pathology	531	1,867				9.00	
10.00	Medical Social Services	0	0				10.00	
11.00	Home Health Aide	5,863	20,619				11.00	
12.00	Supplies (see instructions)	14,576	51,261				12.00	
13.00	Drugs	254	894				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)	0	0				23.00	
23.50	Telemedicine	0	0				23.50	
24.00	Total (sum of lines 1-23)		1,052,307				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0069

Period: From 01/01/2021

Worksheet H-1

HHA CCN: 15-7141

To 12/31/2021

Part II  
Date/Time Prepared:  
7/22/2022 3:51 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					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-299,216	753,091
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	396,061
7.00	Physical Therapy	0	0	0	0	0	246,384
8.00	Occupational Therapy	0	0	0	0	0	57,229
9.00	Speech Pathology	0	0	0	0	0	1,336
10.00	Medical Social Services	0	0	0	0	0	0
11.00	Home Health Aide	0	0	0	0	0	14,756
12.00	Supplies (see instructions)	0	0	0	0	0	36,685
13.00	Drugs	0	0	0	0	0	640
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-299,216	753,091
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		299,216
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.397317

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0069

Period: From 01/01/2021

Worksheet H-2 Part I

HHA CCN: 15-7141

To 12/31/2021

Date/Time Prepared: 7/22/2022 3:51 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP			
		1.00	1.01	2.00			
	0				4.00	4A	
1.00 Administrative and General	0	0	2,948	0	222,234	225,182	1.00
2.00 Skilled Nursing Care	553,422	0	0	0	0	553,422	2.00
3.00 Physical Therapy	344,277	0	0	0	0	344,277	3.00
4.00 Occupational Therapy	79,967	0	0	0	0	79,967	4.00
5.00 Speech Pathology	1,867	0	0	0	0	1,867	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	20,619	0	0	0	0	20,619	7.00
8.00 Supplies (see instructions)	51,261	0	0	0	0	51,261	8.00
9.00 Drugs	894	0	0	0	0	894	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	1,052,307	0	2,948	0	222,234	1,277,489	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.000000	21.00
Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	5.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	43,969	59,918	0	0	0	0	1.00
2.00 Skilled Nursing Care	108,060	0	0	0	0	0	2.00
3.00 Physical Therapy	67,223	0	0	0	0	0	3.00
4.00 Occupational Therapy	15,614	0	0	0	0	0	4.00
5.00 Speech Pathology	365	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	4,026	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	10,009	0	0	0	0	0	8.00
9.00 Drugs	175	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)	249,441	59,918	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: 15-0069

Period: From 01/01/2021

Worksheet H-2

HHA CCN: 15-7141

To 12/31/2021

Part I  
Date/Time Prepared:  
7/22/2022 3:51 pm

Home Health Agency I

PPS

Cost Center Description		NURSING	CENTRAL	PHARMACY	MEDICAL	NONPHYSICIAN	RADIOLOGY	
		ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY	ANESTHETISTS	SCHOOL	
		13.00	14.00	15.00	16.00	19.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	1,571	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	1,571	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		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	329,069	0	329,069				1.00
2.00	Skilled Nursing Care	661,482	0	661,482	172,847	834,329		2.00
3.00	Physical Therapy	411,500	0	411,500	107,525	519,025		3.00
4.00	Occupational Therapy	95,581	0	95,581	24,975	120,556		4.00
5.00	Speech Pathology	2,232	0	2,232	583	2,815		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	24,645	0	24,645	6,440	31,085		7.00
8.00	Supplies (see instructions)	62,841	0	62,841	16,420	79,261		8.00
9.00	Drugs	1,069	0	1,069	279	1,348		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	1,588,419	0	1,588,419	329,069	1,588,419		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.				0.261301			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: 15-0069

Period: From 01/01/2021

Worksheet H-2

HHA CCN: 15-7141

To 12/31/2021

Part II  
Date/Time Prepared: 7/22/2022 3:51 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	1.01	2.00				
1.00 Administrative and General	0	2,748	0	956,845	0	225,182	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	553,422	2.00
3.00 Physical Therapy	0	0	0	0	0	344,277	3.00
4.00 Occupational Therapy	0	0	0	0	0	79,967	4.00
5.00 Speech Pathology	0	0	0	0	0	1,867	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	20,619	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	51,261	8.00
9.00 Drugs	0	0	0	0	0	894	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	2,748	0	956,845	0	1,277,489	20.00
21.00 Total cost to be allocated	0	2,948	0	222,234	0	249,441	21.00
22.00 Unit cost multiplier	0.000000	1.072780	0.000000	0.232257	0	0.195259	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
	7.00	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	2,748	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	2,748	0	0	0	0	0	20.00
21.00 Total cost to be allocated	59,918	0	0	0	0	0	21.00
22.00 Unit cost multiplier	21.804221	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0069

HHA CCN: 15-7141

Period:

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

Worksheet H-2

Part II  
Date/Time Prepared:  
7/22/2022 3:51 pm

Home Health Agency I

PPS

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)		
		14.00	15.00	16.00	19.00	23.00		
1.00	Administrative and General	0	0	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	41,887	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Tel emedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19)	41,887	0	0	0	0		20.00
21.00	Total cost to be allocated	1,571	0	0	0	0		21.00
22.00	Unit cost multiplier	0.037506	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0069	Period: From 01/01/2021 To 12/31/2021	Worksheet H-3 Part I Date/Time Prepared: 7/22/2022 3:51 pm
		HHA CCN: 15-7141	Title XVIII	Home Health Agency I PPS

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	834,329		834,329	3,249	256.80	1.00
2.00	Physical Therapy	3.00	519,025	0	519,025	1,973	263.06	2.00
3.00	Occupational Therapy	4.00	120,556	0	120,556	533	226.18	3.00
4.00	Speech Pathology	5.00	2,815	0	2,815	16	175.94	4.00
5.00	Medical Social Services	6.00	0		0	1	0.00	5.00
6.00	Home Health Aide	7.00	31,085		31,085	133	233.72	6.00
7.00	Total (sum of lines 1-6)		1,507,810	0	1,507,810	5,905		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				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		99915	0	1,506		8.00
9.00	Physical Therapy		99915	0	936		9.00
10.00	Occupational Therapy		99915	0	249		10.00
11.00	Speech Pathology		99915	0	7		11.00
12.00	Medical Social Services		99915	0	0		12.00
13.00	Home Health Aide		99915	0	80		13.00
14.00	Total (sum of lines 8-13)			0	2,778		14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	79,261	0	79,261	127,558	0.621372	15.00
16.00	Cost of Drugs	9.00	1,348	0	1,348	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services	Part B	Ratio (col. 3 ÷ col. 4)
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	6.00	7.00	8.00	9.00	10.00	11.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	1,506		0	386,741	1.00
2.00	Physical Therapy	0	936		0	246,224	2.00
3.00	Occupational Therapy	0	249		0	56,319	3.00
4.00	Speech Pathology	0	7		0	1,232	4.00
5.00	Medical Social Services	0	0		0	0	5.00
6.00	Home Health Aide	0	80		0	18,698	6.00
7.00	Total (sum of lines 1-6)	0	2,778		0	709,214	7.00

Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00
-------------------------	------	------	------	------	-------	-------

Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00



APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0069 HHA CCN: 15-7141		Period: From 01/01/2021 To 12/31/2021		Worksheet H-3 Part I Date/Time Prepared: 7/22/2022 3:51 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	15.00	
16.00	Cost of Drugs		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	386,741						1.00	
2.00	Physical Therapy	246,224						2.00	
3.00	Occupational Therapy	56,319						3.00	
4.00	Speech Pathology	1,232						4.00	
5.00	Medical Social Services	0						5.00	
6.00	Home Health Aide	18,698						6.00	
7.00	Total (sum of lines 1-6)	709,214						7.00	
<b>Cost Center Description</b>									
		12.00							
<b>Limitation Cost Computation</b>									
8.00	Skilled Nursing Care						8.00		
9.00	Physical Therapy						9.00		
10.00	Occupational Therapy						10.00		
11.00	Speech Pathology						11.00		
12.00	Medical Social Services						12.00		
13.00	Home Health Aide						13.00		
14.00	Total (sum of lines 8-13)						14.00		

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0069

Period: From 01/01/2021

Worksheet H-3

HHA CCN: 15-7141

To 12/31/2021

Part II  
Date/Time Prepared:  
7/22/2022 3:51 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	0.335476	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.369631	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.319661	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.324828	0	0	col. 2, line 15.00		4.00
4.01 Cost of Medical Supplies 1	71.01	0.042298	0	0	col. 2, line 15.01		4.01
5.00 Cost of Drugs	73.00	0.155243	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0069 HHA CCN: 15-7141	Period: From 01/01/2021 To 12/31/2021	Worksheet H-4 Part I-II Date/Time Prepared: 7/22/2022 3:51 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
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	515,301
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	13,451
13.00	Total PPS Reimbursement - LUPA Episodes		0	10,261
14.00	Total PPS Reimbursement - PEP Episodes		0	0
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	6,134
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	545,147
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	545,147
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	545,147
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	545,147
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	545,147
31.01	Sequestration adjustment (see instructions)		0	0
31.02	Demonstration payment adjustment amount after sequestration		0	0
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0
32.00	Interim payments (see instructions)		0	545,147
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 15-0069

HHA CCN: 15-7141

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

Home Health Agency I

Worksheet H-5

Date/Time Prepared: 7/22/2022 3:51 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		545,147	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		545,147	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		545,147	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: 15-0069

Period: From 01/01/2021

Worksheet 0

Hospice CCN: 15-1535

To 12/31/2021

Date/Time Prepared: 7/22/2022 3:51 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	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 1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0 2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0 3.00
4.00	ADMINISTRATIVE & GENERAL*	102,816	5,422	108,238	42,735	150,973 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	0 9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0 10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0 11.00
12.00	STAFF TRANSPORTATION*	0	458	458	0	458 12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	1,180	1,180 13.00
14.00	PHARMACY*	0	11,590	11,590	0	11,590 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0 15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>						
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**	0	10,452	10,452	4,155	14,607 28.00
29.00	LPN/LVN**	0	0	0	0	0 29.00
30.00	PHYSICAL THERAPY**	0	1,605	1,605	3,844	5,449 30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	228	228 31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0 32.00
33.00	MEDICAL SOCIAL SERVICES**	0	2,903	2,903	10,122	13,025 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	5,087	5,087	11,949	17,036 37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	42,923	42,923	0	42,923 38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0 39.00
40.00	SUBPROVIDER - I PF**	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	254	254	0	254 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
<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*	0	0	0	0	0 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0 71.00
100.00	TOTAL	102,816	80,694	183,510	74,213	257,723 100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0069

Period: From 01/01/2021

Worksheet 0

Hospice CCN: 15-1535

To 12/31/2021

Date/Time Prepared: 7/22/2022 3:51 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	150,973	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	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	458	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	1,180	13.00
14.00	PHARMACY*	0	11,590	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	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	14,607	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	5,449	30.00
31.00	OCCUPATIONAL THERAPY**	0	228	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	13,025	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	17,036	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	42,923	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	SUBPROVIDER - I PF**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	254	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
<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	257,723	100.00

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

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

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

Provider CCN: 15-0069

Period: From 01/01/2021

Worksheet 0-2

Hospice CCN: 15-1535

To 12/31/2021

Date/Time Prepared: 7/22/2022 3:51 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	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	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	10,218	10,218	4,062	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	1,569	1,569	3,758	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	223	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	2,838	2,838	9,895	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 & HOMEMAKER SERVICES	0	4,974	4,974	11,682	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	42,923	42,923	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	39.00
40.00	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	248	248	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 *	0	62,770	62,770	29,620	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	
<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	14,280	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	5,327	30.00
31.00	OCCUPATIONAL THERAPY	0	223	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	12,733	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 & HOMEMAKER SERVICES	0	16,656	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	42,923	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	SUBPROVIDER - I PF	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	248	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	92,390	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: 15-0069

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

Worksheet 0-3

Hospice CCN: 15-1535

Date/Time Prepared: 7/22/2022 3:51 pm

		SALARIES	OTHER	SubTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI - CATIONS	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		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	0	44	44	18	62	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	7	7	16	23	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	1	1	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	12	12	43	55	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	21	21	50	71	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	SUBPROVIDER - IPF	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	1	1	0	1	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	85	85	128	213	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	
<b>DI RECT 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	62	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	23	30.00
31.00	OCCUPATIONAL THERAPY	0	1	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	55	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	71	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	1	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	213	100.00

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



ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 15-0069 Hospice CCN: 15-1535	Period: From 01/01/2021 To 12/31/2021	Worksheet 0-4 Date/Time Prepared: 7/22/2022 3:51 pm
--------------------------------------------------------------------------------	-----------------------------------------------	---------------------------------------------	-----------------------------------------------------------

		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	0	190	190	75	265	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	29	29	70	99	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	4	4	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	53	53	184	237	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 & HOMEMAKER SERVICES	0	92	92	217	309	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	SUBPROVIDER - IPF	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	5	5	0	5	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	369	369	550	919	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	265	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	99	30.00
31.00	OCCUPATIONAL THERAPY	0	4	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	237	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 & HOMEMAKER SERVICES	0	309	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	5	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	919	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: 15-0069

Period: From 01/01/2021

Worksheet 0-5

Hospice CCN: 15-1535

To 12/31/2021

Date/Time Prepared: 7/22/2022 3:51 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	798	798	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	41,116	41,116	3.00
4.00	ADMINISTRATIVE & GENERAL	150,973	58,507	209,480	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	16,222	16,222	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	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	10	10	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	458	0	458	12.00
13.00	VOLUNTEER SERVICE COORDINATION	1,180	0	1,180	13.00
14.00	PHARMACY	11,590	0	11,590	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	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	92,390	0	92,390	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	213	0	213	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	919	0	919	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	257,723	116,653	374,376	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0069

Period: From 01/01/2021

Worksheet 0-6

Hospice CCN: 15-1535

To 12/31/2021

Part I  
Date/Time Prepared:  
7/22/2022 3:51 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 & FIXT	798	798			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	41,116	0	0	41,116	3.00
4.00	ADMINISTRATIVE & GENERAL	209,480	798	0	28,528	4.00
5.00	PLANT OPERATION & MAINTENANCE	16,222	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	10	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	458	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	1,180	0	0	472	13.00
14.00	PHARMACY	11,590	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	17.00
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	50.00
51.00	HOSPICE ROUTINE HOME CARE	92,390			11,845	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	213	0	0	51	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	919	0	0	220	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	374,376	798	0	41,116	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0069

Period: From 01/01/2021

Worksheet 0-6

Hospice CCN: 15-1535

To 12/31/2021

Part I  
Date/Time Prepared:  
7/22/2022 3:51 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 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	238,806					4.00
5.00 PLANT OPERATION & MAINTENANCE	28,575	44,797				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	0	8.00
9.00 NURSING ADMINISTRATION	0	0		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	18	0		0		10.00
11.00 MEDICAL RECORDS	0	0		0		11.00
12.00 STAFF TRANSPORTATION	807	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	2,910	0		0		13.00
14.00 PHARMACY	20,416	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	183,609					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	465	8,511	0	0	0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	2,006	36,286	0	0	0	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 THIRFT STORE	0	0		0		69.00
70.00 NURSING FACILITY ROOM & BOARD						70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00 TOTAL	238,806	44,797	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0069

Period: From 01/01/2021

Worksheet 0-6

Hospice CCN: 15-1535

To 12/31/2021

Part I  
Date/Time Prepared:  
7/22/2022 3:51 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	0					9.00
10.00	0	28				10.00
11.00	0		0			11.00
12.00	0			1,265		12.00
13.00	0			0	4,562	13.00
14.00	0			0	0	14.00
15.00	0			0	0	15.00
16.00	0			0	0	16.00
17.00	0			0	0	17.00
<b>LEVEL OF CARE</b>						
50.00	0	0	0	0	0	50.00
51.00	0	28	0	1,237	4,462	51.00
52.00	0	0	0	5	19	52.00
53.00	0	0	0	23	81	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	0			0	0	70.00
71.00	0			0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	0	28	0	1,265	4,562	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0069

Period: From 01/01/2021

Worksheet 0-6

Hospice CCN: 15-1535

To 12/31/2021

Part I  
Date/Time Prepared:  
7/22/2022 3:51 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	32,006					14.00
15.00	0	0				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	31,304	0	0		324,875	51.00
52.00	133	0	0	0	9,397	52.00
53.00	569	0	0	0	40,104	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	32,006	0	0	0	374,376	100.00

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

Provider CCN: 15-0069

Period: From 01/01/2021

Worksheet 0-6

Hospice CCN: 15-1535

To 12/31/2021

Part II  
Date/Time Prepared:  
7/22/2022 3:51 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	744					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	102,817			3.00
4.00	ADMINISTRATIVE & GENERAL	744	0	71,339	-238,806	135,570	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	16,222	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	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	10	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	458	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	1,180	0	1,652	13.00
14.00	PHARMACY	0	0	0	0	11,590	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	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			29,620	0	104,235	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	128	0	264	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	550	0	1,139	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	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	798	0	41,116		238,806	100.00
101.00	UNIT COST MULTIPLIER	1.072581	0.000000	0.399895		1.761496	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPI CE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 15-0069  
Hospice CCN: 15-1535

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

Worksheet 0-6  
Part II  
Date/Time Prepared:  
7/22/2022 3:51 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	100					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		0	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 RESPI TE CARE	19	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	81	0	0	0	0	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)	44,797	0	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	447.970000	0.000000	0.000000	0.000000	0.000000	101.00



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

Provider CCN: 15-0069

Period: From 01/01/2021

Worksheet 0-6

Hospice CCN: 15-1535

To 12/31/2021

Part II  
Date/Time Prepared:  
7/22/2022 3:51 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	3,143					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			20,048			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	1,180		13.00
14.00	PHARMACY			0	0	11,589	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	3,074	0	19,608	1,154	11,335	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	13	0	83	5	48	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	56	0	357	21	206	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)	28	0	1,265	4,562	32,006	100.00
101.00	UNIT COST MULTIPLIER	0.008909	0.000000	0.063099	3.866102	2.761757	101.00

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

Provider CCN: 15-0069

Hospice CCN: 15-1535

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

Worksheet 0-6  
Part II  
Date/Time Prepared:  
7/22/2022 3:51 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	0				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	0	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	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		0			99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000		101.00

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

Provider CCN: 15-0069

Period: From 01/01/2021

Worksheet 0-7

Hospice CCN: 15-1535

To 12/31/2021

Date/Time Prepared: 7/22/2022 3:51 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	0.335476	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.369631	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.319661	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.155243	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.137968	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.324828	0	0	0	7.00
7.01	IV SOLUTIONS	71.01	0.042298	0	0	0	7.01
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY - THERAPEUTIC	55.00	0.000000	0	0	0	9.00
9.01	ONCOLOGY	55.01	0.492801	0	0	0	9.01
10.00	CARDIOLOGY	76.00	0.126932	0	0	0	10.00
10.97	CARDIAC REHABILITATION	76.97	0.236030	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	7.00
7.01	IV SOLUTIONS	0	0	0	0	0	7.01
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	9.00
9.01	ONCOLOGY	0	0	0	0	0	9.01
10.00	CARDIOLOGY	0	0	0	0	0	10.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0069

Period: From 01/01/2021

Worksheet 0-8

Hospice CCN: 15-1535

To 12/31/2021

Date/Time Prepared: 7/22/2022 3:51 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)			324,875
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			3,074
8.00	Total average cost per diem (line 6 divided by line 7)			105.68
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	3,015	0	3,015
10.00	Program cost (line 8 times line 9)	318,625	0	318,625
<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)			9,397
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			13
13.00	Total average cost per diem (line 11 divided by line 12)			722.85
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	13	0	13
15.00	Program cost (line 13 times line 14)	9,397	0	9,397
<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)			40,104
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			56
18.00	Total average cost per diem (line 16 divided by line 17)			716.14
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	56	0	56
20.00	Program cost (line 18 times line 19)	40,104	0	40,104
<b>TOTAL HOSPICE CARE</b>				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			374,376
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			3,143
23.00	Average cost per diem (line 21 divided by line 22)			119.11

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0069	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 7/22/2022 3:51 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		609,891	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		28,932	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)		29.44	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		638,823	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