

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: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/26/2022 10:37 am
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PART I - COST REPORT STATUS

Provider use only

1. Electronically prepared cost report
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended

6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/26/2022 Time: 10:37 am

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 RIVERSIDE MEDICAL CENTER (14-0186) 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	Patricia Vilt	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	Patricia Vilt		2
3	Signatory Title	SENIOR VP & CHIEF ACCOUNTING OFFI		3
4	Date	(Dated when report is electronica		4

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	408,499	-106,762	0	0	1.00
2.00 Subprovider - IPF	0	33,657	0		0	2.00
3.00 Subprovider - IRF	0	17,162	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	-1		0	9.00
10.00 RURAL HEALTH CLINIC I	0		9,645		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	459,318	-97,118	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0186			Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 10:37 am				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 350 NORTH WALL STREET			PO Box:						1.00	
2.00	City: KANKAKEE			State: IL		Zip Code: 60901		County: USA		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
		V		XVIII	XIX						
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		RI VERSI DE MEDI CAL CENTER	140186	28100	1	01/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		RI VERSI DE MEDI CAL CENTER - PSY	14S186	28100	4	01/01/2015	N	P	O	4.00
5.00	Subprovider - IRF		RI VERSI DE MEDI CAL CENTER - RHB	14T186	28100	5	01/01/1984	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		RI VERSI DE MEDI CAL CENTER - HHA	147400	28100		01/01/1984	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospi ce										14.00
15.00	Hospital-Based Health Clinic - RHC		PEMBROKE RURAL HEALTH CLINIC	143976	28100		01/01/1987	N	O	N	15.00
16.00	Hospital-Based Health Clinic - FOHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
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.						1	N		23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0186			Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 10:37 am		
		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.	2,035	1,428	0	0	11,663	194	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.	126	17	0	0	319		25.00	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:		Ending:	
						1.00		2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N		Y/N	
						1.00		2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					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	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
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.					Y	Y		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.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

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

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			Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	6.41	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	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)	INTERNAL MEDICINE		0.00	14.92	0.000000	

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		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y				70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0		76.00
					1.00	
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			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
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		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
Rural Providers						
105.00	Does this hospital qualify as a CAH?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0186		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 10:37 am	
		V 1.00		XIX 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 1.00	Occupational 2.00	Speech 3.00	Respiratory 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.					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	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
				1.00	2.00	3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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 1.00	Losses 2.00	Insurance 3.00			
118.01	List amounts of malpractice premiums and paid losses:	0		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.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0186		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 10:37 am	
		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	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		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC						
161.10	CORF			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	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 10:37 am
			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: 14-0186		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 10:37 am	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		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.			Y			7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			Y			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
					Y/N		
					1.00		
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	04/19/2022	Y	04/19/2022
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 10:37 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been 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
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RI CHARD		SCHI LTZ	41.00
42.00	Enter the employer/company name of the cost report preparer.	RIVERSIDE MEDICAL CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	8159357256 X3492		RPSCHI LTZ@RHC.NET	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 10:37 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF FINANCE		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: 14-0186

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 10:37 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	225	82,125	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)		225	82,125	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,570	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	13	4,745	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		256	93,440	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,110		0	16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,950		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	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						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		300				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: 14-0186

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 10:37 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	12,544	3,029	41,729			1.00
2.00 HMO and other (see instructions)	7,032	11,663				2.00
3.00 HMO IPF Subprovider	5	0				3.00
4.00 HMO IRF Subprovider	0	319				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	12,544	3,029	41,729			7.00
8.00 INTENSIVE CARE UNIT	1,565	302	4,159			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		132	1,818			13.00
14.00 Total (see instructions)	14,109	3,463	47,706	21.33	1,999.57	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,499	257	3,118	0.00	22.10	16.00
17.00 SUBPROVIDER - IRF	6,142	143	8,505	0.00	40.48	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	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	11,432	1,299	19,440	0.00	36.31	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	191	0	1,834	0.00	2.53	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)				21.33	2,100.99	27.00
28.00 Observation Bed Days		501	2,609			28.00
29.00 Ambulance Trips	2,816					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	194	329			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: 14-0186

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 10:37 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,342	2,280	9,521	1.00
2.00	HMO and other (see instructions)			1,343	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,342	2,280	9,521	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	118	11	226	16.00
17.00	SUBPROVIDER - IRF	0.00	0	537	40	753	17.00
18.00	SUBPROVIDER	0.00	0		0	0	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						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0186

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

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 10:37 am

	Wkst. A Line Number	Amount Reported	Reclassifi cation of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	168,712,246	3,761,592	172,473,838	4,257,382.00	40.51
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		440,303	0	440,303	1,911.00	230.40
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		66,011	0	66,011	3,538.00	18.66
7.00	Interns & residents (in an approved program)	21.00	1,739,937	0	1,739,937	55,246.00	31.49
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)		65,550,649	470,025	66,020,674	1,079,264.00	61.17
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		1,280,667	0	1,280,667	13,799.00	92.81
12.00	Contract labor: Top level management and other management and administrative services		381,216	0	381,216	7,616.00	50.05
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		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
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		26,502,082	0	26,502,082		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		9,175,128	0	9,175,128		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		16,244	0	16,244		
24.00	Wage-related costs (RHC/FQHC)		30,075	0	30,075		
25.00	Interns & residents (in an approved program)		469,665	0	469,665		
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: 14-0186

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

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 10:37 am

	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
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	-347,568	1,111,767	764,199	21,788.00	35.07	26.00
27.00	Administrative & General	24,739,512	2,770,668	27,510,180	702,073.00	39.18	27.00
28.00	Administrative & General under contract (see inst.)	421,966	0	421,966	2,417.00	174.58	28.00
29.00	Maintenance & Repairs	1,770,109	31,013	1,801,122	77,409.00	23.27	29.00
30.00	Operation of Plant	704,097	41,277	745,374	33,988.00	21.93	30.00
31.00	Laundry & Linen Service	568,382	8,559	576,941	32,868.00	17.55	31.00
32.00	Housekeeping	2,139,001	33,879	2,172,880	161,877.00	13.42	32.00
33.00	Housekeeping under contract (see instructions)	131,124	0	131,124	2,560.00	51.22	33.00
34.00	Dietary	1,453,345	-749,962	703,383	39,323.00	17.89	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	769,238	769,238	44,216.00	17.40	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,652,009	-1,998,212	653,797	26,940.00	24.27	38.00
39.00	Central Services and Supply	525,650	16,621	542,271	28,106.00	19.29	39.00
40.00	Pharmacy	3,350,086	-3,350,086	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	1,734,059	41,156	1,775,215	63,582.00	27.92	41.00
42.00	Social Service	2,506,895	-976,462	1,530,433	71,346.00	21.45	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0186		Period: From 01/01/2021 To 12/31/2021		Worksheet S-3 Part III Date/Time Prepared: 5/26/2022 10:37 am		
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)			
	1.00	2.00	3.00	4.00	5.00	6.00			
PART III - HOSPITAL WAGE INDEX SUMMARY									
1.00	Net salaries (see instructions)	167,019,085	3,761,592	170,780,677	4,201,664.00	40.65		1.00	
2.00	Excluded area salaries (see instructions)	65,550,649	470,025	66,020,674	1,079,264.00	61.17		2.00	
3.00	Subtotal salaries (line 1 minus line 2)	101,468,436	3,291,567	104,760,003	3,122,400.00	33.55		3.00	
4.00	Subtotal other wages & related costs (see inst.)	1,661,883	0	1,661,883	21,415.00	77.60		4.00	
5.00	Subtotal wage-related costs (see inst.)	26,502,082	0	26,502,082	0.00	25.30		5.00	
6.00	Total (sum of lines 3 thru 5)	129,632,401	3,291,567	132,923,968	3,143,815.00	42.28		6.00	
7.00	Total overhead cost (see instructions)	42,348,667	-2,250,544	40,098,123	1,308,493.00	30.64		7.00	

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2022 10:37 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	5,845,011	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	17,414,397	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	194,513	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	299,148	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)	625,508	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	674,369	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	10,822,784	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	192,000	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	125,464	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	36,193,194	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part V Date/Time Prepared: 5/26/2022 10:37 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		1,280,667	36,193,194
2.00	Hospital		1,280,667	36,193,194
3.00	Subprovider - IPF		0	0
4.00	Subprovider - IRF		0	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA		0	0
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC		0	0
15.00	Hospital-Based Health Clinic FQHC		0	0
16.00	Hospital-Based-CMHC			
16.10	Hospital-Based-CMHC 10		0	0
17.00	Renal Dialysis			
18.00	Other		0	0

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0186 Component CCN: 14-7400		Period: From 01/01/2021 To 12/31/2021		Worksheet S-4 Date/Time Prepared: 5/26/2022 10:37 am		
				Home Health Agency I		PPS		
				1.00				
0.00	County	KANKAKEE				0.00		
		Title V	Title XVIII	Title XIX	Other	Total		
		1.00	2.00	3.00	4.00	5.00		
HOME HEALTH AGENCY STATISTICAL DATA								
1.00	Home Health Aide Hours	0	1,364	109	159	1,632	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	710.00	94.00	311.00	1,115.00	2.00	
		Number of Employees (Full Time Equivalent)						
		Enter the number of hours in your normal work week			Staff	Contract	Total	
		0			1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES								
3.00	Administrator and Assistant Administrator(s)	0.00			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				11.19	0.00	11.19	5.00
6.00	Direct Nursing Service				12.83	0.00	12.83	6.00
7.00	Nursing Supervisor				0.00	0.00	0.00	7.00
8.00	Physical Therapy Service				9.44	0.00	9.44	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service				1.50	0.00	1.50	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00
12.00	Speech Pathology Service				0.03	0.00	0.03	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00
14.00	Medical Social Service				0.54	0.00	0.54	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00
16.00	Home Health Aide				0.78	0.00	0.78	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.					3		19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).					16984		20.00
20.01						28100		20.01
20.02						99914		20.02
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
		Without Outliers	With Outliers	2.00	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	4,568	462	174	15	5,219	21.00	
22.00	Skilled Nursing Visit Charges	1,291,269	125,838	51,022	3,975	1,472,104	22.00	
23.00	Physical Therapy Visits	3,972	753	58	5	4,788	23.00	
24.00	Physical Therapy Visit Charges	1,197,671	225,119	17,462	1,460	1,441,712	24.00	
25.00	Occupational Therapy Visits	353	246	3	0	602	25.00	
26.00	Occupational Therapy Visit Charges	107,364	72,768	903	0	181,035	26.00	
27.00	Speech Pathology Visits	14	34	0	0	48	27.00	
28.00	Speech Pathology Visit Charges	4,196	10,081	0	0	14,277	28.00	
29.00	Medical Social Service Visits	13	1	0	0	14	29.00	
30.00	Medical Social Service Visit Charges	3,859	292	0	0	4,151	30.00	
31.00	Home Health Aide Visits	543	215	2	1	761	31.00	
32.00	Home Health Aide Visit Charges	66,224	26,100	244	120	92,688	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	9,463	1,711	237	21	11,432	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)	2,670,583	460,198	69,631	5,555	3,205,967	35.00	
36.00	Total Number of Episodes (standard/non outlier)	1,103		137	5	1,245	36.00	
37.00	Total Number of Outlier Episodes		86		0	86	37.00	
38.00	Total Non-Routine Medical Supply Charges	12,656	762	985	44	14,447	38.00	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-0186 Component CCN: 14-3976		Period: From 01/01/2021 To 12/31/2021		Worksheet S-8 Date/Time Prepared: 5/26/2022 10:37 am	
		RHC I		Cost			
				1.00			
1.00	1.00	Clinic Address and Identification Street		3400 SOUTH MAIN ST		1.00	
		City		State		ZIP Code	
		1.00		2.00		3.00	
2.00	2.00	City, State, ZIP Code, County		HOPKINS PARK IL 60944		2.00	
				1.00			
3.00	3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban		0		3.00	
				Grant Award		Date	
				1.00		2.00	
4.00	4.00	Source of Federal Funds Community Health Center (Section 330(d), PHS Act)				4.00	
5.00	5.00	Migrant Health Center (Section 329(d), PHS Act)				5.00	
6.00	6.00	Health Services for the Homeless (Section 340(d), PHS Act)				6.00	
7.00	7.00	Appalachian Regional Commission				7.00	
8.00	8.00	Look-Alikes				8.00	
9.00	9.00	OTHER (SPECIFY)				9.00	
				1.00		2.00	
10.00	10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)		N		0	
				Sunday		Monday	
				Tuesday			
				from		to	
				1.00		2.00	
				3.00		4.00	
				5.00			
11.00	11.00	Facility hours of operations (1) CLINIC		08:30		17:00	
				08:30			
				1.00		2.00	
12.00	12.00	Have you received an approval for an exception to the productivity standard?		N		12.00	
13.00	13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.		N		0	
				Provider name		CCN number	
				1.00		2.00	
14.00	14.00	RHC/FQHC name, CCN number					
				Y/N		V	
				XVIII		XIX	
				Total Visits			
				1.00		2.00	
				3.00		4.00	
				5.00			
15.00	15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)					
				County			
				4.00			
2.00	2.00	City, State, ZIP Code, County		KANKAKEE		2.00	
				Tuesday		Wednesday	
				Thursday			
				to		to	
				6.00		7.00	
				8.00		9.00	
				10.00			
11.00	11.00	Facility hours of operations (1) CLINIC		17:00		08:30	
						17:00	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-0186 Component CCN: 14-3976		Period: From 01/01/2021 To 12/31/2021		Worksheet S-8 Date/Time Prepared: 5/26/2022 10:37 am	
				RHC I		Cost	
		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
11.00	Facility hours of operations (1) CLINIC	08:30	17:00				11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/26/2022 10:37 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.202808	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		44,894,407	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		230,047,187	6.00	
7.00	Medicaid cost (line 1 times line 6)		46,655,410	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)		1,761,003	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)		1,761,003	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)	11,286,642	4,454,582	15,741,224	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,289,021	4,454,582	6,743,603	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)	2,289,021	4,454,582	6,743,603	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)			17,754,158	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,181,416	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,817,563	27.01
28.00	Non-Medicare bad debt expense (see instructions)			15,936,595	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,868,216	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			10,611,819	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			12,372,822	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0186		Period: From 01/01/2021 To 12/31/2021		Worksheet A		
Date/Time Prepared: 5/26/2022 10:37 am									
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)			
		1.00	2.00	3.00	4.00	5.00			
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT		20,336,438		20,336,438	543,185	20,879,623	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		9,447,747		9,447,747	153,303	9,601,050	2.00
3.00	00300	OTHER CAP REL COSTS		0		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-347,568	39,506,623	39,159,055	-1,804,462		37,354,593	4.00
5.01	01160	COMMUNICATIONS	0	0	0	942,765		942,765	5.01
5.02	00550	DATA PROCESSING	3,672,905	7,037,994	10,710,899	133,367		10,844,266	5.02
5.03	00591	PURCHASING	959,243	1,553,526	2,512,769	-562,388		1,950,381	5.03
5.05	00590	BUSINESS OFFICE	6,150,408	1,443,792	7,594,200	88,083		7,682,283	5.05
5.06	00592	OTHER ADMIN & GENERAL	13,956,956	38,597,424	52,554,380	-1,000,443		51,553,937	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,770,109	8,740,638	10,510,747	-275,036		10,235,711	6.00
7.00	00700	OPERATION OF PLANT	704,097	82,717	786,814	41,277		828,091	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	568,382	44,013	612,395	8,559		620,954	8.00
9.00	00900	HOUSEKEEPING	2,139,001	925,180	3,064,181	-47,649		3,016,532	9.00
10.00	01000	DIETARY	1,453,345	2,215,537	3,668,882	-2,307,684		1,361,198	10.00
11.00	01100	CAFETERIA	0	0	0	1,941,892		1,941,892	11.00
13.00	01300	NURSING ADMINISTRATION	2,652,009	195,469	2,847,478	-1,998,212		849,266	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	525,650	528,577	1,054,227	16,621		1,070,848	14.00
15.00	01500	PHARMACY	3,350,086	7,263,942	10,614,028	-9,613,881		1,000,147	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,734,059	984,033	2,718,092	-575,485		2,142,607	16.00
17.00	01700	SOCIAL SERVICE	2,506,895	136,386	2,643,281	-976,462		1,666,819	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,739,937	0	1,739,937	0		1,739,937	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	371,447	615,565	987,012	39,951		1,026,963	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	247,539	6,104	253,643	14,422		268,065	23.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	14,039,386	2,248,228	16,287,614	75,918		16,363,532	30.00
31.00	03100	INTENSIVE CARE UNIT	3,145,380	859,953	4,005,333	2,154		4,007,487	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0		0	32.00
40.00	04000	SUBPROVIDER - I PF	1,413,354	77,441	1,490,795	15,860		1,506,655	40.00
41.00	04100	SUBPROVIDER - I RF	2,452,315	1,148,288	3,600,603	62,706		3,663,309	41.00
42.00	04200	SUBPROVIDER	0	0	0	0		0	42.00
43.00	04300	NURSERY	963,305	207,412	1,170,717	66,866		1,237,583	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	3,688,217	7,034,424	10,722,641	4,836,105		15,558,746	50.00
51.00	05100	RECOVERY ROOM	2,978,761	234,205	3,212,966	360,088		3,573,054	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,609,135	152,059	1,761,194	78,513		1,839,707	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,051,191	5,329,902	10,381,093	-3,539,442		6,841,651	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	225,138	319,628	544,766	6,050		550,816	54.01
54.02	05404	ULTRASOUND	887,284	132,633	1,019,917	27,306		1,047,223	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,853,493	12,070,376	13,923,869	-10,652,061		3,271,808	55.00
57.00	05700	CT SCAN	818,801	382,559	1,201,360	23,121		1,224,481	57.00
58.00	05800	MRI	318,354	131,882	450,236	12,386		462,622	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,674,654	6,522,200	8,196,854	18,345		8,215,199	59.00
60.00	06000	LABORATORY	2,752,504	7,414,606	10,167,110	39,189		10,206,299	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0		0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0		0	62.00
64.00	06400	INTRAVENOUS THERAPY	199,851	80,214	280,065	1,722,314		2,002,379	64.00
65.00	06500	RESPIRATORY THERAPY	1,632,219	615,561	2,247,780	35,960		2,283,740	65.00
66.00	06600	PHYSICAL THERAPY	4,801,417	1,000,444	5,801,861	145,995		5,947,856	66.00
69.00	06900	ELECTROCARDIOLOGY	1,305,537	474,457	1,779,994	63,000		1,842,994	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	870,680		870,680	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,008,592	12,008,592	0		12,008,592	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	30,806,670		30,806,670	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	892,437	892,437	0		892,437	75.01
76.00	03956	CARDIAC REHAB	359,486	19,948	379,434	5,604		385,038	76.00
76.01	03950	OP PSY/CDU	948,368	23,879	972,247	9,833		982,080	76.01
76.02	03957	RIMMS	1,315,903	310,042	1,625,945	-84,737		1,541,208	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0		0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0		0	76.04
76.05	03953	DIABETES	1,479,596	296,536	1,776,132	-98,078		1,678,054	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	641,568	247,417	888,985	3,714		892,699	76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	209,345	60,442	269,787	-6,737		263,050	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		0	89.00
91.00	09100	EMERGENCY	4,728,964	1,080,928	5,809,892	38,532		5,848,424	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		0	92.01
93.00	04951	INFUSION	441,794	7,333,061	7,774,855	-7,110,775		664,080	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	1,184,985	81,034	1,266,019	-1,128,385		137,634	93.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	4,736,692	655,969	5,392,661	201,691		5,594,352	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0186		Period: From 01/01/2021 To 12/31/2021		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	2,975,966	351,291	3,327,257	43,706	3,370,963	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		5,894,591	5,894,591	-1,765,033	4,129,558	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	114,987,463	215,354,344	330,341,807	-51,219	330,290,588	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	4,957	0	4,957	0	4,957	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	53,719,826	10,117,477	63,837,303	51,219	63,888,522	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	168,712,246	225,471,821	394,184,067	0	394,184,067	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0186

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

Worksheet A
Date/Time Prepared:
5/26/2022 10:37 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	20,879,623	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	9,601,050	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-152,074	37,202,519	4.00
5.01	01160	COMMUNICATIONS	0	942,765	5.01
5.02	00550	DATA PROCESSING	0	10,844,266	5.02
5.03	00591	PURCHASING	0	1,950,381	5.03
5.05	00590	BUSINESS OFFICE	0	7,682,283	5.05
5.06	00592	OTHER ADMIN & GENERAL	-17,225,161	34,328,776	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	10,235,711	6.00
7.00	00700	OPERATION OF PLANT	0	828,091	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	620,954	8.00
9.00	00900	HOUSEKEEPING	0	3,016,532	9.00
10.00	01000	DIETARY	-741	1,360,457	10.00
11.00	01100	CAFETERIA	-1,690,236	251,656	11.00
13.00	01300	NURSING ADMINISTRATION	179	849,445	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,070,848	14.00
15.00	01500	PHARMACY	0	1,000,147	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-26,100	2,116,507	16.00
17.00	01700	SOCIAL SERVICE	-2,810	1,664,009	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,739,937	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-8,884	1,018,079	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	268,065	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-74,226	16,289,306	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,007,487	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	1,506,655	40.00
41.00	04100	SUBPROVIDER - I RF	0	3,663,309	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,237,583	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-4,728,784	10,829,962	50.00
51.00	05100	RECOVERY ROOM	0	3,573,054	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,839,707	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,636	6,839,015	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	550,816	54.01
54.02	05404	ULTRASOUND	0	1,047,223	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,271,808	55.00
57.00	05700	CT SCAN	0	1,224,481	57.00
58.00	05800	MRI	0	462,622	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,215,199	59.00
60.00	06000	LABORATORY	0	10,206,299	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	2,002,379	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,283,740	65.00
66.00	06600	PHYSICAL THERAPY	0	5,947,856	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,842,994	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	870,680	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,008,592	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-674	30,805,996	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	892,437	75.01
76.00	03956	CARDIAC REHAB	0	385,038	76.00
76.01	03950	OP PSY/CDU	-66,979	915,101	76.01
76.02	03957	RIMMS	-704,647	836,561	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	76.04
76.05	03953	DIABETES	-227,062	1,450,992	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	892,699	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	-107,489	155,561	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100	EMERGENCY	-23,979	5,824,445	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04951	INFUSION	0	664,080	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	-26,338	111,296	93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-385,583	5,208,769	95.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	3,370,963	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0186

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

Worksheet A
Date/Time Prepared:
5/26/2022 10:37 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	-4,129,558	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-29,583,782	300,706,806	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	191.01
191.02	19102	CARE-A-VAN	0	4,957	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	63,888,522	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-29,583,782	364,600,285	200.00

RECLASSI FI CATI ONS

Provi der CCN: 14-0186

Peri od:
From 01/01/2021
To 12/31/2021

Worksheet A-6
Date/Time Prepared:
5/26/2022 10:37 am

		Increases				
Cost Center		Li ne #	Salary	Other		
2.00		3.00	4.00	5.00		
A - PROFESSIONAL FEES						
1.00	OPERATING ROOM	50.00		4,728,784	1.00	
2.00	EMERGENCY	91.00		22,693	2.00	
3.00	INFUSION	93.00		35,475	3.00	
	O		0	4,786,952		
B - BONUSES AND VACATION ACCRUAL						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	11,767	0	1.00	
2.00	DATA PROCESSING	5.02	133,367	0	2.00	
3.00	PURCHASING	5.03	28,962	0	3.00	
4.00	BUSINESS OFFICE	5.05	89,485	0	4.00	
5.00	OTHER ADMIN & GENERAL	5.06	1,495,795	0	5.00	
6.00	MAINTENANCE & REPAIRS	6.00	31,013	0	6.00	
7.00	OPERATION OF PLANT	7.00	41,277	0	7.00	
8.00	LAUNDRY & LINEN SERVICE	8.00	8,559	0	8.00	
9.00	HOUSEKEEPING	9.00	33,879	0	9.00	
10.00	DIETARY	10.00	19,276	0	10.00	
11.00	NURSING ADMINISTRATION	13.00	22,756	0	11.00	
12.00	CENTRAL SERVICES & SUPPLY	14.00	6,405	0	12.00	
13.00	MEDICAL RECORDS & LIBRARY	16.00	41,156	0	13.00	
14.00	SOCIAL SERVICE	17.00	46,597	0	14.00	
15.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	39,951	0	15.00	
16.00	PARAMED EDUCATION PROGRAM	23.00	14,422	0	16.00	
17.00	ADULTS & PEDIATRICS	30.00	191,299	0	17.00	
18.00	INTENSIVE CARE UNIT	31.00	45,388	0	18.00	
19.00	SUBPROVIDER - IPF	40.00	18,444	0	19.00	
20.00	SUBPROVIDER - IRF	41.00	37,697	0	20.00	
21.00	NURSERY	43.00	18,091	0	21.00	
22.00	OPERATING ROOM	50.00	60,288	0	22.00	
23.00	RECOVERY ROOM	51.00	53,760	0	23.00	
24.00	RADIOLOGY-DIAGNOSTIC	54.00	65,283	0	24.00	
25.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	3,656	0	25.00	
26.00	ULTRASOUND	54.02	17,842	0	26.00	
27.00	RADIOLOGY-THERAPEUTIC	55.00	29,851	0	27.00	
28.00	CT SCAN	57.00	15,414	0	28.00	
29.00	MRI	58.00	8,894	0	29.00	
30.00	CARDIAC CATHETERIZATION	59.00	19,608	0	30.00	
31.00	LABORATORY	60.00	52,423	0	31.00	
32.00	INTRAVENOUS THERAPY	64.00	4,626	0	32.00	
33.00	RESPIRATORY THERAPY	65.00	24,278	0	33.00	
34.00	PHYSICAL THERAPY	66.00	66,631	0	34.00	
35.00	ELECTROCARDIOLOGY	69.00	70,883	0	35.00	
36.00	DRUGS CHARGED TO PATIENTS	73.00	73,107	0	36.00	
37.00	CARDIAC REHAB	76.00	5,604	0	37.00	
38.00	OP PSY/CDU	76.01	9,853	0	38.00	
39.00	RI MMS	76.02	11,633	0	39.00	
40.00	DIABETES	76.05	9,122	0	40.00	
41.00	HYPERBARIC OXYGEN THERAPY	76.98	9,599	0	41.00	
42.00	RURAL HEALTH CLINIC	88.00	1,785	0	42.00	
43.00	EMERGENCY	91.00	77,662	0	43.00	
44.00	INFUSION	93.00	10,421	0	44.00	
45.00	COMMUNITY HEALTH CENTERS	93.01	111,516	0	45.00	
46.00	AMBULANCE SERVICES	95.00	53,945	0	46.00	
47.00	HOME HEALTH AGENCY	101.00	58,564	0	47.00	
48.00	PHYSICIANS' PRIVATE OFFICES	192.00	459,758	0	48.00	
	O		3,761,592	0		
C - CAFETERIA						
1.00	CAFETERIA	11.00	769,238	1,172,654	1.00	
	O		769,238	1,172,654		
D - NURSING ADMINISTRATION						
1.00	CENTRAL SERVICES & SUPPLY	14.00	10,216	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	13,971	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	19,889	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	25,582	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00	32,714	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	36,226	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00	5	0	7.00	
8.00	INTENSIVE CARE UNIT	31.00	31,819	0	8.00	
9.00	SUBPROVIDER - IRF	41.00	40,952	0	9.00	
10.00	NURSERY	43.00	48,798	0	10.00	
11.00	OPERATING ROOM	50.00	57,047	0	11.00	
12.00	OPERATING ROOM	50.00	14,634	0	12.00	
13.00	RECOVERY ROOM	51.00	33,440	0	13.00	
14.00	RECOVERY ROOM	51.00	15,611	0	14.00	

RECLASSI FI CATI ONS

Provi der CCN: 14-0186

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 10:37 am

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
15.00	RECOVERY ROOM	51.00	8,841	0	15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	81,514	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	13,782	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	2,928	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	16,414	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	3,575	0	20.00
21.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	2,476	0	21.00
22.00	ULTRASOUND	54.02	9,759	0	22.00
23.00	CT SCAN	57.00	9,006	0	23.00
24.00	MRI	58.00	3,501	0	24.00
25.00	CARDIAC CATHETERIZATION	59.00	32,547	0	25.00
26.00	RESPIRATORY THERAPY	65.00	13,021	0	26.00
27.00	PHYSICAL THERAPY	66.00	31,442	0	27.00
28.00	PHYSICAL THERAPY	66.00	48,739	0	28.00
29.00	EMERGENCY	91.00	3,514	0	29.00
30.00	AMBULANCE SERVICES	95.00	154,940	0	30.00
	O		816,903	0	
E - COST OF GOODS SOLD					
1.00	INTRAVENOUS THERAPY	64.00	0	1,018,322	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	870,680	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,251,622	3.00
	O		0	7,140,624	
F - UTILIZATION REVIEW					
1.00	OTHER ADMIN & GENERAL	5.06	1,023,059	0	1.00
	O		1,023,059	0	
G - RECOVERY ROOM					
1.00	RECOVERY ROOM	51.00	254,061	0	1.00
	O		254,061	0	
H - IV THERAPY					
1.00	INTRAVENOUS THERAPY	64.00	699,479	0	1.00
	O		699,479	0	
I - INSURANCE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	865,819	1.00
	O		0	865,819	
J - INTEREST					
1.00	OTHER ADMIN & GENERAL	5.06	0	1,765,033	1.00
	O		0	1,765,033	
K - RADIOLOGY					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	423,703	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
6.00		0.00	0	0	6.00
	O		423,703	0	
L - ESTABLISH OTHER CRC					
1.00	OTHER CAP REL COSTS	3.00	0	696,488	1.00
	O		0	696,488	
N - RX SALARIES					
1.00	DRUGS CHARGED TO PATIENTS	73.00	3,350,086	0	1.00
	O		3,350,086	0	
O - FLOAT NURSING					
1.00	ADULTS & PEDIATRICS	30.00	1,204,065	0	1.00
	O		1,204,065	0	
P - CHC DIRECTORS					
1.00	RURAL HEALTH CLINIC	88.00	4,501	477	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	1,155,006	79,917	2.00
	O		1,159,507	80,394	
Q - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	22,131,855	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
0			0	22,131,855		
R - A&G CONTRACT LABOR						
1.00	OTHER ADMIN & GENERAL	5.06	0	1,403,381		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
0			0	1,403,381		
S - UTILITIES						
1.00	MAINTENANCE & REPAIRS	6.00	0	636,716		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
0			0	636,716		
T - POSTAGE						
1.00	PURCHASING	5.03	0	287,954		1.00
0			0	287,954		
V - COMMUNICATIONS						
1.00	COMMUNICATIONS	5.01	0	942,765		1.00
0			0	942,765		
W - PHYSICIAN COMPENSATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,100,000	0		1.00
500.00	TOTALS		1,100,000	0		
500.00	Grand Total: Increases		14,561,693	41,910,635		500.00

RECLASSIFICATIONS

Provider CCN: 14-0186

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 10:37 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - PROFESSIONAL FEES						
1.00	OTHER ADMIN & GENERAL	5.06	0	4,786,952	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	O		0	4,786,952		
B - BONUSES AND VACATION ACCRUAL						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,761,592	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
38.00		0.00	0	0	0	38.00
39.00		0.00	0	0	0	39.00
40.00		0.00	0	0	0	40.00
41.00		0.00	0	0	0	41.00
42.00		0.00	0	0	0	42.00
43.00		0.00	0	0	0	43.00
44.00		0.00	0	0	0	44.00
45.00		0.00	0	0	0	45.00
46.00		0.00	0	0	0	46.00
47.00		0.00	0	0	0	47.00
48.00		0.00	0	0	0	48.00
	O		0	3,761,592		
C - CAFETERIA						
1.00	DIETARY	10.00	769,238	1,172,654	0	1.00
	O		769,238	1,172,654		
D - NURSING ADMINISTRATION						
1.00	NURSING ADMINISTRATION	13.00	816,903	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00

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Provi der CCN: 14-0186

Peri od:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
5/26/2022 10:37 am

		Decreases					
	Cost Center	Li ne #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
0			816,903	0			
E - COST OF GOODS SOLD							
1.00	PURCHASING	5.03	0	879,304	0		1.00
2.00	PHARMACY	15.00	0	6,261,320	0		2.00
3.00		0.00	0	0	0		3.00
0			0	7,140,624			
F - UTI LI ZATI ON REVI EW							
1.00	SOCI AL SERVI CE	17.00	1,023,059	0	0		1.00
0			1,023,059	0			
G - RECOVERY ROOM							
1.00	ADULTS & PEDI ATRI CS	30.00	254,061	0	0		1.00
0			254,061	0			
H - I V THERAPY							
1.00	ADULTS & PEDI ATRI CS	30.00	699,479	0	0		1.00
0			699,479	0			
I - INSURANCE							
1.00	OTHER ADMI N & GENERAL	5.06	0	865,819	0		1.00
0			0	865,819			
J - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	1,765,033	0		1.00
0			0	1,765,033			
K - RADIOLOGY							
1.00	PHYSI CI ANS' PRI VATE OFFI CES	192.00	119,719	0	0		1.00
2.00	PHYSI CI ANS' PRI VATE OFFI CES	192.00	86,323	0	0		2.00
3.00	PHYSI CI ANS' PRI VATE OFFI CES	192.00	141,290	0	0		3.00
4.00	PHYSI CI ANS' PRI VATE OFFI CES	192.00	75,893	0	0		4.00
5.00	PHYSI CI ANS' PRI VATE OFFI CES	192.00	119	0	0		5.00
6.00	PHYSI CI ANS' PRI VATE OFFI CES	192.00	359	0	0		6.00
0			423,703	0			
L - ESTABLI SH OTHER CRC							
1.00	OTHER ADMI N & GENERAL	5.06	0	696,488	0		1.00
0			0	696,488			
N - RX SALARI ES							
1.00	PHARMACY	15.00	3,350,086	0	0		1.00
0			3,350,086	0			
O - FLOAT NURSI NG							
1.00	NURSI NG ADMI NI STRATI ON	13.00	1,204,065	0	0		1.00
0			1,204,065	0			
P - CHC DI RECTORS							
1.00	COMMUNI TY HEALTH CENTERS	93.01	1,159,507	80,394	0		1.00
2.00		0.00	0	0	0		2.00
0			1,159,507	80,394			
Q - BI LLABLE DRUGS							
1.00	BUSI NESS OFFI CE	5.05	0	1,402	0		1.00
2.00	OTHER ADMI N & GENERAL	5.06	0	50,498	0		2.00
3.00	PHARMACY	15.00	0	2,475	0		3.00
4.00	ADULTS & PEDI ATRI CS	30.00	0	113,072	0		4.00
5.00	I NTENSI VE CARE UNI T	31.00	0	75,058	0		5.00
6.00	SUBPROVI DER - I PF	40.00	0	2,584	0		6.00
7.00	SUBPROVI DER - I RF	41.00	0	15,943	0		7.00
8.00	NURSERY	43.00	0	23	0		8.00
9.00	OPERATI NG ROOM	50.00	0	24,648	0		9.00
10.00	RECOVERY ROOM	51.00	0	5,625	0		10.00
11.00	DELI VERY ROOM & LABOR ROOM	52.00	0	3,001	0		11.00
12.00	RADI OLOGY-DI AGNOSTI C	54.00	0	3,756,871	0		12.00
13.00	NUCLEAR MEDI CI NE-DI AGNOSTI C	54.01	0	82	0		13.00
14.00	ULTRASOUND	54.02	0	295	0		14.00
15.00	RADI OLOGY-THERAPEUTI C	55.00	0	10,598,057	0		15.00
16.00	CT SCAN	57.00	0	1,299	0		16.00

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Provider CCN: 14-0186

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 10:37 am

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
17.00	MRI	58.00	0	9	0		17.00
18.00	CARDI AC CATHETERI ZATI ON	59.00	0	33,810	0		18.00
19.00	LABORATORY	60.00	0	13,234	0		19.00
20.00	INTRAVENOUS THERAPY	64.00	0	113	0		20.00
21.00	RESPI RATORY THERAPY	65.00	0	1,339	0		21.00
22.00	PHYSI CAL THERAPY	66.00	0	817	0		22.00
23.00	ELECTROCARDI OLOGY	69.00	0	7,883	0		23.00
24.00	OP PSY/CDU	76.01	0	20	0		24.00
25.00	RI MMS	76.02	0	88,845	0		25.00
26.00	DI ABETES	76.05	0	107,200	0		26.00
27.00	HYPERBARI C OXYGEN THERAPY	76.98	0	5,644	0		27.00
28.00	EMERGENCY	91.00	0	65,337	0		28.00
29.00	INFUSI ON	93.00	0	7,156,671	0		29.00
			0	22,131,855			
R - A&G CONTRACT LABOR							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	20,456	0		1.00
2.00	DI ETARY	10.00	0	385,068	0		2.00
3.00	MEDI CAL RECORDS & LI BRARY	16.00	0	616,641	0		3.00
4.00	ADULTS & PEDI ATRI CS	30.00	0	381,216	0		4.00
			0	1,403,381			
S - UTI LI TI ES							
1.00	HOUSEKEEPI NG	9.00	0	81,528	0		1.00
2.00	RADI OLOGY-DI AGNOSTI C	54.00	0	308,256	0		2.00
3.00	RADI OLOGY-THERAPEUTI C	55.00	0	83,855	0		3.00
4.00	RI MMS	76.02	0	7,525	0		4.00
5.00	HYPERBARI C OXYGEN THERAPY	76.98	0	241	0		5.00
6.00	RURAL HEALTH CLI NI C	88.00	0	13,500	0		6.00
7.00	AMBULANCE SERVI CES	95.00	0	7,194	0		7.00
8.00	HOME HEALTH AGENCY	101.00	0	14,858	0		8.00
9.00	PHYSI CI ANS' PRI VATE OFFI CES	192.00	0	119,759	0		9.00
			0	636,716			
T - POSTAGE							
1.00	OTHER ADMI N & GENERAL	5.06	0	287,954	0		1.00
			0	287,954			
V - COMMUNI CATI ONS							
1.00	MAI NTENANCE & REPAI RS	6.00	0	942,765	0		1.00
			0	942,765			
W - PHYSI CI AN COMPENSATI ON							
1.00	PHYSI CI ANS' PRI VATE OFFI CES	192.00	1,100,000	0	0		1.00
	TOTALS		1,100,000	0			
500.00	Grand Total: Decreases		10,800,101	45,672,227			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0186

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

Worksheet A-7
Part I
Date/Time Prepared:
5/26/2022 10:37 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,974,131	129,241	0	129,241	0	1.00
2.00	Land Improvements	348,835	6,917,179	0	6,917,179	0	2.00
3.00	Buildings and Fixtures	132,388,115	165,476,762	0	165,476,762	0	3.00
4.00	Building Improvements	8,484,575	79,170,529	0	79,170,529	0	4.00
5.00	Fixed Equipment	465,399	1,503,485	0	1,503,485	0	5.00
6.00	Movable Equipment	9,865,542	103,833,134	0	103,833,134	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	159,526,597	357,030,330	0	357,030,330	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	159,526,597	357,030,330	0	357,030,330	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,103,372	0				1.00
2.00	Land Improvements	7,266,014	0				2.00
3.00	Buildings and Fixtures	297,864,877	0				3.00
4.00	Building Improvements	87,655,104	0				4.00
5.00	Fixed Equipment	1,968,884	0				5.00
6.00	Movable Equipment	113,698,676	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	516,556,927	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	516,556,927	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0186

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

Worksheet A-7
Part II
Date/Time Prepared:
5/26/2022 10:37 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	20,336,438	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	9,447,747	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	29,784,185	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	20,336,438				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	9,447,747				2.00
3.00	Total (sum of lines 1-2)	0	29,784,185				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0186

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

Worksheet A-7
Part III
Date/Time Prepared:
5/26/2022 10:37 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	402,858,251	0	402,858,251	0.779891	543,185	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	113,698,676	0	113,698,676	0.220109	153,303	2.00
3.00	Total (sum of lines 1-2)	516,556,927	0	516,556,927	1.000000	696,488	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	543,185	20,336,438	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	153,303	9,447,747	0	2.00
3.00	Total (sum of lines 1-2)	0	0	696,488	29,784,185	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	543,185	0	0	20,879,623	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	153,303	0	0	9,601,050	2.00
3.00	Total (sum of lines 1-2)	0	696,488	0	0	30,480,673	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0186

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

Worksheet A-8

Date/Time Prepared:
5/26/2022 10:37 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-5,192,186				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-2,636		RADIOLOGY-DIAGNOSTIC	54.00	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	-1,403,999		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			MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16.00
17.00 Sale of drugs to other than patients	B	-674		DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-26,100		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	B	-741		DIETARY	10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)				ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 GOURMET COFFEE	B	-286,237		CAFETERIA	11.00	0	33.00

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
33.01	AMBULANCE REVENUE	B	-385,583	AMBULANCE SERVICES	95.00	0	33.01
33.02	MISCELLANEOUS INCOME	B	-204,031	OTHER ADMIN & GENERAL	5.06	0	33.02
33.03	IHA DUES	A	-40,980	OTHER ADMIN & GENERAL	5.06	0	33.03
33.04	VOCATIONAL TRAINING	A	-62,424	ADULTS & PEDIATRICS	30.00	0	33.04
33.05	VOCATIONAL TRAINING	A	-66,979	OP PSY/CDU	76.01	0	33.05
33.06	NON-ALLOWABLE MARKETING	A	-387,970	OTHER ADMIN & GENERAL	5.06	0	33.06
33.07	NON-ALLOWABLE ADMIN	A	-247,132	OTHER ADMIN & GENERAL	5.06	0	33.07
33.08	CHARITY CARE	A	-5,250	OTHER ADMIN & GENERAL	5.06	0	33.08
33.09	NON-ALLOWABLE INTEREST	A	-3,995,989	INTEREST EXPENSE	113.00	0	33.09
33.10	MEDI CAID ASSESSMENT	A	-15,747,018	OTHER ADMIN & GENERAL	5.06	0	33.10
33.11	INTEREST INCOME	B	-133,569	INTEREST EXPENSE	113.00	0	33.11
33.12	REAL ESTATE TAX	A	-578,732	OTHER ADMIN & GENERAL	5.06	0	33.12
33.13	NON OPERATING INC UNRESTRICT DONOR	B	-14,048	OTHER ADMIN & GENERAL	5.06	0	33.13
33.14	NURSE PRACTITIONER PART B BENEFITS	A	-152,074	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.14
33.15	NURSE PRACTITIONER PART B SALARIES	A	-388,598	RIMMS	76.02	0	33.15
33.16	NURSE PRACTITIONER PART B SALARIES	A	-107,489	RURAL HEALTH CLINIC	88.00	0	33.16
33.17	NURSE PRACTITIONER PART B SALARIES	A	-26,338	COMMUNITY HEALTH CENTERS	93.01	0	33.17
33.18	NURSE PRACTITIONER PART B SALARIES	A	-11,396	ADULTS & PEDIATRICS	30.00	0	33.18
33.19	NURSE PRACTITIONER PART B SALARIES	A	179	NURSING ADMINISTRATION	13.00	0	33.19
33.20	NURSE PRACTITIONER PART B SALARIES	A	-1,286	EMERGENCY	91.00	0	33.20
33.21	NURSE PRACTITIONER PART B SALARIES	A	-2,810	SOCIAL SERVICE	17.00	0	33.21
33.22	NURSE PRACTITIONER PART B SALARIES	A	-111,692	DIABETES	76.05	0	33.22
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-29,583,782				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: 14-0186

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

Worksheet A-8-2

Date/Time Prepared:
5/26/2022 10:37 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	17.00	SOCIAL SERVICE	0	0	0	197,500	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	406	406	0	197,500	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	197,500	0	3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	197,500	0	4.00
5.00	50.00	OPERATING ROOM	4,728,784	4,728,784	0	246,400	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	239,400	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	239,400	0	7.00
8.00	60.00	LABORATORY	0	0	0	197,500	0	8.00
9.00	65.00	RESPIRATORY THERAPY	0	0	0	260,300	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	197,500	0	10.00
11.00	76.01	OP PSY/CDU	0	0	0	197,500	0	11.00
12.00	76.02	RIMMS	316,049	316,049	0	197,500	0	12.00
13.00	76.05	DIABETES	115,370	115,370	0	197,500	0	13.00
14.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	197,500	0	14.00
15.00	91.00	EMERGENCY	22,693	22,693	0	197,500	0	15.00
16.00	93.00	INFUSION	0	0	0	197,500	0	16.00
17.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	8,884	8,884	0	197,500	0	17.00
18.00	59.00	CARDIAC CATHETERIZATION	0	0	0	197,500	0	18.00
19.00	5.06	OTHER ADMIN & GENERAL	0	0	0	197,500	0	19.00
200.00			5,192,186	5,192,186	0		0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0186

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

Worksheet A-8-2

Date/Time Prepared:
5/26/2022 10:37 am

	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	17.00	SOCIAL SERVICE	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	10.00
11.00	76.01	OP PSY/CDU	0	0	0	0	0	11.00
12.00	76.02	RIMMS	0	0	0	0	0	12.00
13.00	76.05	DIABETES	0	0	0	0	0	13.00
14.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	0	0	0	0	0	15.00
16.00	93.00	INFUSION	0	0	0	0	0	16.00
17.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	17.00
18.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	18.00
19.00	5.06	OTHER ADMIN & GENERAL	0	0	0	0	0	19.00
200.00			0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0186

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

Worksheet A-8-2

Date/Time Prepared:
5/26/2022 10:37 am

	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	17.00	SOCIAL SERVICE	0	0	0	0		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	406		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0		3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	0		4.00
5.00	50.00	OPERATING ROOM	0	0	0	4,728,784		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0		6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0		7.00
8.00	60.00	LABORATORY	0	0	0	0		8.00
9.00	65.00	RESPIRATORY THERAPY	0	0	0	0		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	0		10.00
11.00	76.01	OP PSY/CDU	0	0	0	0		11.00
12.00	76.02	RIMMS	0	0	0	316,049		12.00
13.00	76.05	DIABETES	0	0	0	115,370		13.00
14.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0		14.00
15.00	91.00	EMERGENCY	0	0	0	22,693		15.00
16.00	93.00	INFUSION	0	0	0	0		16.00
17.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	8,884		17.00
18.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0		18.00
19.00	5.06	OTHER ADMIN & GENERAL	0	0	0	0		19.00
200.00			0	0	0	5,192,186		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 10:37 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	20,879,623	20,879,623			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	9,601,050		9,601,050		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	37,202,519	95,817	7,752	37,306,088	4.00
5.01 01160	COMMUNICATIONS	942,765	5,712	0	0	948,477 5.01
5.02 00550	DATA PROCESSING	10,844,266	310,198	979,493	969,491	66,038 5.02
5.03 00591	PURCHASING	1,950,381	635,969	154,667	342,384	12,382 5.03
5.05 00590	BUSINESS OFFICE	7,682,283	367,083	29,174	2,014,811	37,972 5.05
5.06 00592	OTHER ADMIN & GENERAL	34,328,776	1,731,165	1,193,696	3,360,452	196,464 5.06
6.00 00600	MAINTENANCE & REPAIRS	10,235,711	500,676	617,972	631,714	32,194 6.00
7.00 00700	OPERATION OF PLANT	828,091	4,500,948	882,326	309,686	14,033 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	620,954	135,701	14,584	185,736	825 8.00
9.00 00900	HOUSEKEEPING	3,016,532	82,556	28,879	855,103	6,604 9.00
10.00 01000	DIETARY	1,360,457	347,362	39,391	192,396	11,557 10.00
11.00 01100	CAFETERIA	251,656	317,848	0	216,172	0 11.00
13.00 01300	NURSING ADMINISTRATION	849,445	0	135,496	93,885	13,208 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,070,848	216,659	26,495	181,221	3,302 14.00
15.00 01500	PHARMACY	1,000,147	80,448	275,716	0	8,255 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,116,507	192,960	2,717	515,059	42,100 16.00
17.00 01700	SOCIAL SERVICE	1,664,009	18,055	1,334	392,780	7,429 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	1,739,937	0	0	13,443	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,018,079	8,840	7,469	497,932	825 22.00
23.00 02301	PARAMED EDUCATION PROGRAM	268,065	11,833	0	51,740	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	16,289,306	2,168,461	117,044	3,365,157	135,379 30.00
31.00 03100	INTENSIVE CARE UNIT	4,007,487	310,334	131,447	789,988	15,684 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00 04000	SUBPROVIDER - I/PF	1,506,655	0	14,307	297,208	0 40.00
41.00 04100	SUBPROVIDER - I/RF	3,663,309	271,980	20,151	638,242	11,557 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	1,237,583	58,823	24,892	268,120	3,302 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	10,829,962	547,462	1,753,336	1,079,378	23,113 50.00
51.00 05100	RECOVERY ROOM	3,573,054	302,582	26,794	860,899	17,335 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,839,707	178,951	32,448	485,907	4,953 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,839,015	338,793	587,329	1,226,765	13,208 54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	550,816	16,661	13,448	40,935	1,651 54.01
54.02 05404	ULTRASOUND	1,047,223	15,369	142,274	204,185	3,302 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	3,271,808	0	159,454	442,575	13,208 55.00
57.00 05700	CT SCAN	1,224,481	19,551	366,323	170,985	4,953 57.00
58.00 05800	MRI	462,622	40,530	66,387	57,310	4,953 58.00
59.00 05900	CARDIAC CATHETERIZATION	8,215,199	118,156	323,597	442,652	4,127 59.00
60.00 06000	LABORATORY	10,206,299	221,385	239,469	746,198	27,241 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
64.00 06400	INTRAVENOUS THERAPY	2,002,379	0	6,032	198,840	1,651 64.00
65.00 06500	RESPIRATORY THERAPY	2,283,740	42,570	99,660	389,623	5,778 65.00
66.00 06600	PHYSICAL THERAPY	5,947,856	623,048	47,190	1,148,864	23,939 66.00
69.00 06900	ELECTROCARDIOLOGY	1,842,994	94,593	219,205	317,431	13,208 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	870,680	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	12,008,592	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	30,805,996	0	0	708,945	0 73.00
75.01 03955	RENAL DIALYSIS (IP)	892,437	0	0	0	0 75.01
76.00 03956	CARDIAC REHAB	385,038	62,291	26,560	110,337	3,302 76.00
76.01 03950	OP PSY/CDU	915,101	398,840	1,924	229,668	0 76.01
76.02 03957	RIMMS	836,561	134,341	16,607	324,261	9,906 76.02
76.03 03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0 76.03
76.04 03952	PAIN CLINIC	0	0	0	0	0 76.04
76.05 03953	DIABETES	1,450,992	16,797	895	257,086	3,302 76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	892,699	51,275	11,348	178,383	0 76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	155,561	197,652	942	54,744	3,302 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
91.00 09100	EMERGENCY	5,824,445	295,305	109,240	1,201,784	43,750 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
93.00 04951	INFUSION	664,080	0	10,761	119,439	0 93.00
93.01 04950	COMMUNITY HEALTH CENTERS	111,296	1,005,398	696	10,431	1,651 93.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 10:37 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS			
		BLDG & FIXT	MVBLE EQUIP					
		0	1.00				2.00	4.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	5,208,769	206,187	366,639	1,317,545	3,302	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	3,370,963	96,837	7,318	736,456	15,684	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	300,706,806	17,394,002	9,340,878	29,244,346	865,929	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	43,658	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	4,957	0	0	860	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	63,888,522	2,192,535	260,172	8,060,882	39,623	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	1,249,428	0	0	42,925	193.00
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)	364,600,285	20,879,623	9,601,050	37,306,088	948,477	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 10:37 am

Cost Center Description			DATA PROCESSING	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMIN & GENERAL	
			5.02	5.03	5.05	5A.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING	13,169,486					5.02
5.03	00591	PURCHASING	209,705	3,305,488				5.03
5.05	00590	BUSINESS OFFICE	2,027,150	5,388	12,163,861			5.05
5.06	00592	OTHER ADMIN & GENERAL	2,055,112	8,643	0	42,874,308	42,874,308	5.06
6.00	00600	MAINTENANCE & REPAIRS	293,587	21,053	0	12,332,907	1,643,520	6.00
7.00	00700	OPERATION OF PLANT	237,666	635	0	6,773,385	902,642	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	14,773	0	972,573	129,608	8.00
9.00	00900	HOUSEKEEPING	83,882	26,428	0	4,099,984	546,376	9.00
10.00	01000	DIETARY	139,803	15,967	0	2,106,933	280,776	10.00
11.00	01100	CAFETERIA	0	0	0	785,676	104,702	11.00
13.00	01300	NURSING ADMINISTRATION	153,784	391	0	1,246,209	166,074	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	69,902	21,054	0	1,589,481	211,819	14.00
15.00	01500	PHARMACY	265,627	78,489	0	1,708,682	227,704	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	405,430	113	0	3,274,886	436,421	16.00
17.00	01700	SOCIAL SERVICE	293,587	380	0	2,377,574	316,843	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	1,753,380	233,661	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,041	0	1,534,186	204,450	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	37	0	331,675	44,200	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,356,094	77,271	563,361	24,072,073	3,207,917	30.00
31.00	03100	INTENSIVE CARE UNIT	237,666	37,447	72,092	5,602,145	746,559	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	1,945	35,743	1,855,858	247,317	40.00
41.00	04100	SUBPROVIDER - IRF	209,705	10,400	69,794	4,895,138	652,341	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	41,941	7,464	14,569	1,656,694	220,776	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	349,509	914,651	1,151,754	16,649,165	2,218,718	50.00
51.00	05100	RECOVERY ROOM	195,725	16,931	138,988	5,132,308	683,947	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	55,921	10,793	8,726	2,617,406	348,803	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	321,548	42,373	841,146	10,210,177	1,360,639	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	13,980	25,064	79,284	741,839	98,860	54.01
54.02	05404	ULTRASOUND	83,882	10,439	165,986	1,672,660	222,904	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	153,784	19,093	417,907	4,477,829	596,729	55.00
57.00	05700	CT SCAN	111,843	25,016	859,648	2,782,800	370,844	57.00
58.00	05800	MRI	125,823	10,274	231,710	999,609	133,211	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,961	1,027,780	681,410	10,840,882	1,444,688	59.00
60.00	06000	LABORATORY	866,781	611,587	1,598,864	14,517,824	1,934,689	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	41,941	6,657	3,463	2,260,963	301,303	64.00
65.00	06500	RESPIRATORY THERAPY	111,843	29,850	196,627	3,159,691	421,070	65.00
66.00	06600	PHYSICAL THERAPY	866,781	22,099	431,150	9,110,927	1,214,149	66.00
69.00	06900	ELECTROCARDIOLOGY	167,764	32,956	287,769	2,975,920	396,580	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	107,828	978,508	130,399	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	625,373	12,633,965	1,683,640	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,337,400	33,852,341	4,511,265	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	73	13,265	905,775	120,706	75.01
76.00	03956	CARDIAC REHAB	97,862	719	18,071	704,180	93,841	76.00
76.01	03950	OP PSY/CDU	167,764	563	44,243	1,758,103	234,290	76.01
76.02	03957	RIMMS	0	11,496	24,282	1,357,454	180,898	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	69,902	3,503	24,138	1,826,615	243,420	76.05
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	19,023	43,801	1,196,529	159,453	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	511	3,518	416,230	55,468	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	349,509	65,302	553,412	8,442,747	1,125,106	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	INFUSION	0	8,766	298,274	1,101,320	146,765	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	240	85,168	1,214,880	161,899	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	97,862	5,079	93,258	7,298,641	972,639	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	489,312	10,097	41,839	4,768,506	635,465	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 10:37 am

Cost Center Description		DATA PROCESSING	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMIN & GENERAL	
		5.02	5.03	5.05	5A.05	5.06	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,847,938	3,259,854	12,163,861	288,449,541	32,726,094
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	43,658	5,818
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	5,817	775
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	45,634	0	74,487,368	9,926,548
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	321,548	0	0	1,613,901	215,073
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	13,169,486	3,305,488	12,163,861	364,600,285	42,874,308

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 5/26/2022 10:37 am
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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		6.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00591	PURCHASING					5.03	
5.05	00590	BUSINESS OFFICE					5.05	
5.06	00592	OTHER ADMIN & GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS	13,976,427				6.00	
7.00	00700	OPERATION OF PLANT	0	7,676,027			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,102,181		8.00	
9.00	00900	HOUSEKEEPING	0	70,085	0	4,716,445	9.00	
10.00	01000	DIETARY	0	294,889	6,885	209,696	2,899,179	10.00
11.00	01100	CAFETERIA	0	269,834	0	191,880	1,534,219	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,601	183,930	52,080	130,793	0	14.00
15.00	01500	PHARMACY	0	68,295	0	48,565	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	163,811	0	116,487	0	16.00
17.00	01700	SOCIAL SERVICE	0	15,328	0	10,899	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	7,505	0	5,337	0	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	10,045	0	7,143	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	962,484	1,840,891	501,991	1,309,064	1,162,919	30.00
31.00	03100	INTENSIVE CARE UNIT	456,040	263,454	72,790	187,343	45,287	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	19,202	0	60,598	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	67,206	230,894	74,963	164,190	141,778	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	158,414	49,937	0	35,510	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,755,443	464,762	50,381	330,494	0	50.00
51.00	05100	RECOVERY ROOM	1,027,290	256,873	43,500	182,663	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	182,416	151,919	0	108,030	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,224,107	215,769	65,813	153,434	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	86,408	14,144	0	10,058	0	54.01
54.02	05404	ULTRASOUND	276,024	13,047	0	9,278	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	297,626	0	0	0	0	55.00
57.00	05700	CT SCAN	72,006	16,598	0	11,803	0	57.00
58.00	05800	MRI	60,005	34,408	0	24,467	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	784,869	100,307	17,341	71,329	0	59.00
60.00	06000	LABORATORY	568,850	194,293	0	138,162	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	1,087,295	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	700,862	36,139	2,955	25,699	0	65.00
66.00	06600	PHYSICAL THERAPY	338,430	528,929	20,551	376,123	0	66.00
69.00	06900	ELECTROCARDIOLOGY	398,435	80,303	6,182	57,104	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	103,209	0	0	0	0	75.01
76.00	03956	CARDIAC REHAB	208,818	52,881	0	37,604	0	76.00
76.01	03950	OP PSY/CDU	19,202	338,591	0	240,773	0	76.01
76.02	03957	RIMMS	48,004	114,047	1,984	81,099	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	2,400	14,259	0	10,140	0	76.05
76.98	07698	HYPERTENSIVE OXYGEN THERAPY	26,402	43,529	1,130	30,954	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	28,803	167,794	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	568,850	250,696	86,276	178,271	14,976	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	INFUSION	98,409	0	5,311	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	182,416	175,040	6,442	124,471	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	2,400	82,209	0	58,459	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B
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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,821,926	6,815,435	1,077,173	4,677,322	2,899,179
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	37,063	0	26,356	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,154,501	805,575	25,008	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	17,954	0	12,767	193.00
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)	13,976,427	7,676,027	1,102,181	4,716,445	2,899,179

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0186		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part I Date/Time Prepared: 5/26/2022 10:37 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING						5.03
5.05	00590	BUSINESS OFFICE						5.05
5.06	00592	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,886,311					11.00
13.00	01300	NURSING ADMINISTRATION	54,554	1,466,837				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	38,997	23,624	2,240,325			14.00
15.00	01500	PHARMACY	100,842	0	0	2,154,088		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,991,605	16.00
17.00	01700	SOCIAL SERVICE	86,801	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	90,207	54,648	0	0	0	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	13,641	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	618,575	374,737	0	0	184,889	30.00
31.00	03100	INTENSIVE CARE UNIT	157,164	73,310	0	0	23,660	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	62,203	37,683	0	0	11,730	40.00
41.00	04100	SUBPROVIDER - I RF	114,878	69,593	0	0	22,905	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	30,584	18,528	0	0	4,781	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	133,823	81,071	0	0	377,993	50.00
51.00	05100	RECOVERY ROOM	128,654	77,939	0	0	45,614	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	64,838	39,279	0	0	2,864	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	121,433	0	0	0	276,055	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	6,771	0	0	0	26,020	54.01
54.02	05404	ULTRASOUND	29,054	0	0	0	54,475	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	46,415	0	0	0	137,152	55.00
57.00	05700	CT SCAN	38,133	0	0	0	282,127	57.00
58.00	05800	MRI	12,306	0	0	0	76,045	58.00
59.00	05900	CARDIAC CATHETERIZATION	55,542	33,647	0	0	223,631	59.00
60.00	06000	LABORATORY	122,974	0	0	0	524,729	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	27,479	16,647	0	0	1,137	64.00
65.00	06500	RESPIRATORY THERAPY	55,949	33,894	0	0	64,531	65.00
66.00	06600	PHYSICAL THERAPY	68,433	110,952	0	0	141,499	66.00
69.00	06900	ELECTROCARDIOLOGY	56,166	34,025	0	0	94,443	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	2,240,325	0	35,388	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	205,240	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,154,088	766,670	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	4,353	75.01
76.00	03956	CARDIAC REHAB	15,782	9,561	0	0	5,931	76.00
76.01	03950	OP PSY/CDU	15,873	24,456	0	0	14,520	76.01
76.02	03957	RIMMS	0	0	0	0	7,969	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	0	7,922	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,464	0	0	0	14,375	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	1,155	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	195,050	119,928	0	0	181,624	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	INFUSION	15,337	0	0	0	97,890	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	27,951	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	152,339	0	0	30,606	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	13,731	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

Period:
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To 12/31/2021

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,584,922	1,385,861	2,240,325	2,154,088	3,991,605
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	301,389	80,976	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
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)	2,886,311	1,466,837	2,240,325	2,154,088	3,991,605

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

Period:
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED EDUCATION PROGRAM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		17.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100						1.00
2.00 00200						2.00
4.00 00400						4.00
5.01 01160						5.01
5.02 00550						5.02
5.03 00591						5.03
5.05 00590						5.05
5.06 00592						5.06
6.00 00600						6.00
7.00 00700						7.00
8.00 00800						8.00
9.00 00900						9.00
10.00 01000						10.00
11.00 01100						11.00
13.00 01300						13.00
14.00 01400						14.00
15.00 01500						15.00
16.00 01600						16.00
17.00 01700						17.00
21.00 02100	2,807,445	1,987,041				21.00
22.00 02200	0		1,896,333			22.00
23.00 02301	0			406,704		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	1,669,490	333,513	318,288	283,354	36,840,185	30.00
31.00 03100	111,006	271,505	259,111	123,350	8,392,724	31.00
32.00 03200	0	0	0	0	0	32.00
40.00 04000	0	0	0	0	2,294,591	40.00
41.00 04100	964,398	0	0	0	7,398,284	41.00
42.00 04200	0	0	0	0	0	42.00
43.00 04300	0	0	0	0	2,175,224	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	50,804	78,083	74,519	0	23,265,256	50.00
51.00 05100	0	0	0	0	7,578,788	51.00
52.00 05200	0	0	0	0	3,515,555	52.00
53.00 05300	0	0	0	0	0	53.00
54.00 05400	0	38,021	36,285	0	13,701,733	54.00
54.01 05401	0	38,531	36,772	0	1,059,403	54.01
54.02 05404	0	0	0	0	2,277,442	54.02
55.00 05500	0	40,573	38,721	0	5,635,045	55.00
57.00 05700	0	0	0	0	3,574,311	57.00
58.00 05800	0	0	0	0	1,340,051	58.00
59.00 05900	0	178,367	170,224	0	13,920,827	59.00
60.00 06000	0	0	0	0	18,001,521	60.00
60.01 06001	0	0	0	0	0	60.01
62.00 06200	0	0	0	0	0	62.00
64.00 06400	0	0	0	0	3,694,824	64.00
65.00 06500	0	0	0	0	4,500,790	65.00
66.00 06600	0	0	0	0	11,909,993	66.00
69.00 06900	0	31,131	29,710	0	4,159,999	69.00
71.00 07100	0	0	0	0	3,384,620	71.00
72.00 07200	0	0	0	0	14,522,845	72.00
73.00 07300	0	0	0	0	41,284,364	73.00
75.01 03955	0	0	0	0	1,134,043	75.01
76.00 03956	0	0	0	0	1,128,598	76.00
76.01 03950	0	0	0	0	2,645,808	76.01
76.02 03957	0	0	0	0	1,791,455	76.02
76.03 03951	0	0	0	0	0	76.03
76.04 03952	0	0	0	0	0	76.04
76.05 03953	0	0	0	0	2,104,756	76.05
76.98 07698	0	0	0	0	1,478,836	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	0	0	0	0	669,450	88.00
89.00 08900	0	0	0	0	0	89.00
91.00 09100	0	42,869	40,912	0	11,247,305	91.00
92.00 09200	0	0	0	0	0	92.00
92.01 09202	0	0	0	0	0	92.01
93.00 04951	0	0	0	0	1,465,032	93.00
93.01 04950	0	0	0	0	1,404,730	93.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	0	0	0	0	8,942,594	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

Period:
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Cost Center Description			INTERNS & RESIDENTS				Subtotal	
			SOCIAL SERVICE	SERVICES-SALAR	SERVICES-OTHER	PARAMED EDUCATION PROGRAM		
				Y & FRINGES APPRV	PRGM COSTS APPRV			
			17.00	21.00	22.00	23.00	24.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	5,560,770	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,795,698	1,052,593	1,004,542	406,704	274,001,752	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	112,895	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	6,592	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	934,448	891,791	0	88,607,604	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	11,747	0	0	0	1,871,442	193.00
200.00		Cross Foot Adjustments		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)	2,807,445	1,987,041	1,896,333	406,704	364,600,285	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

Period:
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To 12/31/2021

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00591	PURCHASING		5.03
5.05	00590	BUSINESS OFFICE		5.05
5.06	00592	OTHER ADMIN & GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02301	PARAMED EDUCATION PROGRAM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-651,801	30.00
31.00	03100	INTENSIVE CARE UNIT	-530,616	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-152,602	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	-74,306	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	-75,303	54.01
54.02	05404	ULTRASOUND	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-79,294	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-348,591	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
69.00	06900	ELECTROCARDIOLOGY	-60,841	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	75.01
76.00	03956	CARDIAC REHAB	0	76.00
76.01	03950	OP PSY/CDU	0	76.01
76.02	03957	RIMMS	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	76.03
76.04	03952	PAIN CLINIC	0	76.04
76.05	03953	DIABETES	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
91.00	09100	EMERGENCY	-83,781	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	92.01
93.00	04951	INFUSION	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	93.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 10:37 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	5,560,770	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-2,057,135	271,944,617	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	112,895	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	191.01
191.02	19102	CARE-A-VAN	0	6,592	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-1,826,239	86,781,365	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	192.02
193.00	19300	NONPAID WORKERS	0	1,871,442	193.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	-3,883,374	360,716,911	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2022 10:37 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	95,817	7,752	103,569	103,569 4.00
5.01 01160	COMMUNICATIONS	0	5,712	0	5,712	0 5.01
5.02 00550	DATA PROCESSING	0	310,198	979,493	1,289,691	2,691 5.02
5.03 00591	PURCHASING	0	635,969	154,667	790,636	950 5.03
5.05 00590	BUSINESS OFFICE	0	367,083	29,174	396,257	5,593 5.05
5.06 00592	OTHER ADMIN & GENERAL	0	1,731,165	1,193,696	2,924,861	9,328 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	500,676	617,972	1,118,648	1,754 6.00
7.00 00700	OPERATION OF PLANT	0	4,500,948	882,326	5,383,274	860 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	135,701	14,584	150,285	516 8.00
9.00 00900	HOUSEKEEPING	0	82,556	28,879	111,435	2,374 9.00
10.00 01000	DIETARY	0	347,362	39,391	386,753	534 10.00
11.00 01100	CAFETERIA	0	317,848	0	317,848	600 11.00
13.00 01300	NURSING ADMINISTRATION	0	0	135,496	135,496	261 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	216,659	26,495	243,154	503 14.00
15.00 01500	PHARMACY	0	80,448	275,716	356,164	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	192,960	2,717	195,677	1,430 16.00
17.00 01700	SOCIAL SERVICE	0	18,055	1,334	19,389	1,090 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	37 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	8,840	7,469	16,309	1,382 22.00
23.00 02301	PARAMED EDUCATION PROGRAM	0	11,833	0	11,833	144 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,168,461	117,044	2,285,505	9,341 30.00
31.00 03100	INTENSIVE CARE UNIT	0	310,334	131,447	441,781	2,193 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00 04000	SUBPROVIDER - IPF	0	0	14,307	14,307	825 40.00
41.00 04100	SUBPROVIDER - IRF	0	271,980	20,151	292,131	1,772 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	58,823	24,892	83,715	744 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	547,462	1,753,336	2,300,798	2,996 50.00
51.00 05100	RECOVERY ROOM	0	302,582	26,794	329,376	2,390 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	178,951	32,448	211,399	1,349 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	338,793	587,329	926,122	3,405 54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	16,661	13,448	30,109	114 54.01
54.02 05404	ULTRASOUND	0	15,369	142,274	157,643	567 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	159,454	159,454	1,229 55.00
57.00 05700	CT SCAN	0	19,551	366,323	385,874	475 57.00
58.00 05800	MRI	0	40,530	66,387	106,917	159 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	118,156	323,597	441,753	1,229 59.00
60.00 06000	LABORATORY	0	221,385	239,469	460,854	2,071 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
64.00 06400	INTRAVENOUS THERAPY	0	0	6,032	6,032	552 64.00
65.00 06500	RESPIRATORY THERAPY	0	42,570	99,660	142,230	1,082 65.00
66.00 06600	PHYSICAL THERAPY	0	623,048	47,190	670,238	3,189 66.00
69.00 06900	ELECTROCARDIOLOGY	0	94,593	219,205	313,798	881 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,968 73.00
75.01 03955	RENAL DIALYSIS (IP)	0	0	0	0	0 75.01
76.00 03956	CARDIAC REHAB	0	62,291	26,560	88,851	306 76.00
76.01 03950	OP PSY/CDU	0	398,840	1,924	400,764	638 76.01
76.02 03957	RIMMS	0	134,341	16,607	150,948	900 76.02
76.03 03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0 76.03
76.04 03952	PAIN CLINIC	0	0	0	0	0 76.04
76.05 03953	DIABETES	0	16,797	895	17,692	714 76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	51,275	11,348	62,623	495 76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	197,652	942	198,594	152 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
91.00 09100	EMERGENCY	0	295,305	109,240	404,545	3,336 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
93.00 04951	INFUSION	0	0	10,761	10,761	332 93.00
93.01 04950	COMMUNITY HEALTH CENTERS	0	1,005,398	696	1,006,094	29 93.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2022 10:37 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
	0	1.00	2.00	2A	4.00			
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	206,187	366,639	572,826	3,657	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	96,837	7,318	104,155	2,044	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	17,394,002	9,340,878	26,734,880	81,181	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	43,658	0	43,658	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	2	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,192,535	260,172	2,452,707	22,386	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	1,249,428	0	1,249,428	0	193.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	20,879,623	9,601,050	30,480,673	103,569	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/26/2022 10:37 am
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Cost Center Description		COMMUNICATIONS	DATA PROCESSING	PURCHASING	BUSINESS OFFICE	OTHER ADMIN & GENERAL	
		5.01	5.02	5.03	5.05	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160	5,712					5.01
5.02	00550	398	1,292,780				5.02
5.03	00591	75	20,586	812,247			5.03
5.05	00590	229	198,995	1,324	602,398		5.05
5.06	00592	1,177	201,740	2,124	0	3,139,230	5.06
6.00	00600	194	28,820	5,173	0	120,332	6.00
7.00	00700	85	23,330	156	0	66,088	7.00
8.00	00800	5	0	3,630	0	9,489	8.00
9.00	00900	40	8,234	6,494	0	40,004	9.00
10.00	01000	70	13,724	3,923	0	20,557	10.00
11.00	01100	0	0	0	0	7,666	11.00
13.00	01300	80	15,096	96	0	12,159	13.00
14.00	01400	20	6,862	5,174	0	15,509	14.00
15.00	01500	50	26,075	19,287	0	16,672	15.00
16.00	01600	254	39,799	28	0	31,953	16.00
17.00	01700	45	28,820	93	0	23,198	17.00
21.00	02100	0	0	0	0	17,108	21.00
22.00	02200	5	0	256	0	14,969	22.00
23.00	02301	0	0	9	0	3,236	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	815	133,121	18,987	27,885	234,871	30.00
31.00	03100	94	23,330	9,202	3,568	54,660	31.00
32.00	03200	0	0	0	0	0	32.00
40.00	04000	0	0	478	1,769	18,108	40.00
41.00	04100	70	20,586	2,556	3,455	47,762	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	20	4,117	1,834	721	16,164	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	139	34,309	224,753	57,010	162,446	50.00
51.00	05100	104	19,213	4,160	6,880	50,076	51.00
52.00	05200	30	5,490	2,652	432	25,538	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	80	31,565	10,412	41,635	99,621	54.00
54.01	05401	10	1,372	6,159	3,924	7,238	54.01
54.02	05404	20	8,234	2,565	8,216	16,320	54.02
55.00	05500	80	15,096	4,692	20,686	43,690	55.00
57.00	05700	30	10,979	6,147	42,551	27,152	57.00
58.00	05800	30	12,351	2,525	11,469	9,753	58.00
59.00	05900	25	2,745	252,557	33,729	105,774	59.00
60.00	06000	164	85,087	150,283	79,141	141,650	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
64.00	06400	10	4,117	1,636	171	22,060	64.00
65.00	06500	35	10,979	7,335	9,733	30,829	65.00
66.00	06600	144	85,087	5,430	21,341	88,895	66.00
69.00	06900	80	16,469	8,098	14,244	29,036	69.00
71.00	07100	0	0	0	5,337	9,547	71.00
72.00	07200	0	0	0	30,955	123,270	72.00
73.00	07300	0	0	0	116,006	330,297	73.00
75.01	03955	0	0	18	657	8,838	75.01
76.00	03956	20	9,607	177	894	6,871	76.00
76.01	03950	0	16,469	138	2,190	17,154	76.01
76.02	03957	60	0	2,825	1,202	13,245	76.02
76.03	03951	0	0	0	0	0	76.03
76.04	03952	0	0	0	0	0	76.04
76.05	03953	20	6,862	861	1,195	17,822	76.05
76.98	07698	0	0	4,674	2,168	11,675	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	20	0	125	174	4,061	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	263	34,309	16,046	27,393	82,376	91.00
92.00	09200						92.00
92.01	09202	0	0	0	0	0	92.01
93.00	04951	0	0	2,154	14,764	10,746	93.00
93.01	04950	10	0	59	4,216	11,854	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	20	9,607	1,248	4,616	71,213	95.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	94	48,033	2,481	2,071	46,526	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2022 10:37 am

Cost Center Description		COMMUNICATIONS	DATA PROCESSING	PURCHASING	BUSINESS OFFICE	OTHER ADMIN & GENERAL	
		5.01	5.02	5.03	5.05	5.06	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,214	1,261,215	801,034	602,398	2,396,078
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	426	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	57	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	239	0	11,213	726,922	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	259	31,565	0	15,747	193.00
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)	5,712	1,292,780	812,247	602,398	3,139,230

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0186		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/26/2022 10:37 am	
Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING						5.03
5.05	00590	BUSINESS OFFICE						5.05
5.06	00592	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	1,274,921					6.00
7.00	00700	OPERATION OF PLANT	0	5,473,793				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	163,925			8.00
9.00	00900	HOUSEKEEPING	0	49,978	0	218,559		9.00
10.00	01000	DIETARY	0	210,286	1,024	9,717	646,588	10.00
11.00	01100	CAFETERIA	0	192,419	0	8,892	342,169	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	876	131,161	7,746	6,061	0	14.00
15.00	01500	PHARMACY	0	48,702	0	2,250	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	116,814	0	5,398	0	16.00
17.00	01700	SOCIAL SERVICE	0	10,930	0	505	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	5,352	0	247	0	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	7,163	0	331	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	87,797	1,312,742	74,661	60,663	259,359	30.00
31.00	03100	INTENSIVE CARE UNIT	41,600	187,870	10,826	8,681	10,100	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	1,752	0	9,013	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	6,130	164,651	11,149	7,609	31,620	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	14,450	35,610	0	1,646	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	251,351	331,423	7,493	15,315	0	50.00
51.00	05100	RECOVERY ROOM	93,709	183,177	6,470	8,465	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,640	108,333	0	5,006	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	111,662	153,865	9,788	7,110	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	7,882	10,086	0	466	0	54.01
54.02	05404	ULTRASOUND	25,179	9,304	0	430	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	27,149	0	0	0	0	55.00
57.00	05700	CT SCAN	6,568	11,836	0	547	0	57.00
58.00	05800	MRI	5,474	24,536	0	1,134	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	71,595	71,529	2,579	3,305	0	59.00
60.00	06000	LABORATORY	51,890	138,551	0	6,402	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	99,182	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	63,932	25,771	439	1,191	0	65.00
66.00	06600	PHYSICAL THERAPY	30,871	377,181	3,056	17,429	0	66.00
69.00	06900	ELECTROCARDIOLOGY	36,345	57,265	919	2,646	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	9,415	0	0	0	0	75.01
76.00	03956	CARDIAC REHAB	19,048	37,710	0	1,743	0	76.00
76.01	03950	OP PSY/CDU	1,752	241,450	0	11,157	0	76.01
76.02	03957	RIMMS	4,379	81,327	295	3,758	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	219	10,168	0	470	0	76.05
76.98	07698	HYPERBARI C OXYGEN THERAPY	2,408	31,041	168	1,434	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	2,627	119,655	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	51,890	178,772	12,832	8,261	3,340	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	INFUSION	8,977	0	790	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	16,640	124,821	958	5,768	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	219	58,623	0	2,709	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2022 10:37 am

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		6.00	7.00	8.00	9.00	10.00		
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,169,608	4,860,102	160,206	216,746	646,588	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	26,430	0	1,221	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	105,313	574,458	3,719	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	12,803	0	592	0	193.00
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)	1,274,921	5,473,793	163,925	218,559	646,588	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0186		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/26/2022 10:37 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING						5.03
5.05	00590	BUSINESS OFFICE						5.05
5.06	00592	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	869,594					11.00
13.00	01300	NURSING ADMINISTRATION	16,436	179,624				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,749	2,893	431,708			14.00
15.00	01500	PHARMACY	30,382	0	0	499,582		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	391,353	16.00
17.00	01700	SOCIAL SERVICE	26,152	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	27,178	6,692	0	0	0	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	4,110	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	186,364	45,888	0	0	18,135	30.00
31.00	03100	INTENSIVE CARE UNIT	47,351	8,977	0	0	2,321	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	18,741	4,615	0	0	1,151	40.00
41.00	04100	SUBPROVIDER - I RF	34,611	8,522	0	0	2,247	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	9,214	2,269	0	0	469	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,319	9,928	0	0	37,076	50.00
51.00	05100	RECOVERY ROOM	38,761	9,544	0	0	4,474	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,535	4,810	0	0	281	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,585	0	0	0	27,077	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	2,040	0	0	0	2,552	54.01
54.02	05404	ULTRASOUND	8,753	0	0	0	5,343	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	13,984	0	0	0	13,453	55.00
57.00	05700	CT SCAN	11,489	0	0	0	27,672	57.00
58.00	05800	MRI	3,707	0	0	0	7,459	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,734	4,120	0	0	21,935	59.00
60.00	06000	LABORATORY	37,050	0	0	0	51,468	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	8,279	2,038	0	0	111	64.00
65.00	06500	RESPIRATORY THERAPY	16,856	4,151	0	0	6,330	65.00
66.00	06600	PHYSICAL THERAPY	20,618	13,587	0	0	13,879	66.00
69.00	06900	ELECTROCARDIOLOGY	16,922	4,167	0	0	9,263	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	431,708	0	3,471	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	20,131	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	499,582	75,032	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	427	75.01
76.00	03956	CARDIAC REHAB	4,755	1,171	0	0	582	76.00
76.01	03950	OP PSY/CDU	4,782	2,995	0	0	1,424	76.01
76.02	03957	RIMMS	0	0	0	0	782	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	0	777	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,948	0	0	0	1,410	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	113	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	58,765	14,686	0	0	17,815	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	INFUSION	4,621	0	0	0	9,602	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	2,742	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	18,655	0	0	3,002	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	1,347	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

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

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Part II
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	778,791	169,708	431,708	499,582	391,353 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	90,803	9,916	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
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)	869,594	179,624	431,708	499,582	391,353 202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/26/2022 10:37 am
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Cost Center Description	INTERNS & RESIDENTS				PARAMED EDUCATION PROGRAM	Subtotal
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		APPRV	APPRV			
	17.00	21.00	22.00	23.00	24.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 01160	COMMUNICATIONS					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00591	PURCHASING					5.03
5.05 00590	BUSINESS OFFICE					5.05
5.06 00592	OTHER ADMIN & GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	110,222				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	17,145			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		72,390		22.00
23.00 02301	PARAMED EDUCATION PROGRAM	0			26,826	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	65,545			4,821,679	30.00
31.00 03100	INTENSIVE CARE UNIT	4,358			856,912	31.00
32.00 03200	CORONARY CARE UNIT	0			0	32.00
40.00 04000	SUBPROVIDER - I PF	0			70,759	40.00
41.00 04100	SUBPROVIDER - I RF	37,863			672,734	41.00
42.00 04200	SUBPROVIDER	0			0	42.00
43.00 04300	NURSERY	0			170,973	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,995			3,477,351	50.00
51.00 05100	RECOVERY ROOM	0			756,799	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0			401,495	52.00
53.00 05300	ANESTHESIOLOGY	0			0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0			1,458,927	54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	0			71,952	54.01
54.02 05404	ULTRASOUND	0			242,574	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0			299,513	55.00
57.00 05700	CT SCAN	0			531,320	57.00
58.00 05800	MRI	0			185,514	58.00
59.00 05900	CARDIAC CATHETERIZATION	0			1,029,609	59.00
60.00 06000	LABORATORY	0			1,204,611	60.00
60.01 06001	BLOOD LABORATORY	0			0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0			0	62.00
64.00 06400	INTRAVENOUS THERAPY	0			144,188	64.00
65.00 06500	RESPIRATORY THERAPY	0			320,893	65.00
66.00 06600	PHYSICAL THERAPY	0			1,350,945	66.00
69.00 06900	ELECTROCARDIOLOGY	0			510,133	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0			450,063	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0			174,356	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0			1,022,885	73.00
75.01 03955	RENAL DIALYSIS (IP)	0			19,355	75.01
76.00 03956	CARDIAC REHAB	0			171,735	76.00
76.01 03950	OP PSY/CDU	0			700,913	76.01
76.02 03957	RIMMS	0			259,721	76.02
76.03 03951	GENETIC/OAK PLAZA CLINICS	0			0	76.03
76.04 03952	PAIN CLINIC	0			0	76.04
76.05 03953	DIABETES	0			56,800	76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	0			120,044	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0			325,521	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0			0	89.00
91.00 09100	EMERGENCY	0			914,629	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			0	92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0			0	92.01
93.00 04951	INFUSION	0			62,747	93.00
93.01 04950	COMMUNITY HEALTH CENTERS	0			1,025,004	93.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0			833,031	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

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

Worksheet B
Part II
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Cost Center Description			INTERNS & RESIDENTS				Subtotal	
			SOCIAL SERVICE	SERVICES-SALAR	SERVICES-OTHER	PARAMED EDUCATION PROGRAM		
				Y & FRINGES APPRV	PRGM COSTS APPRV			
			17.00	21.00	22.00	23.00	24.00	
99.10	09910	CORF	0				0	99.10
101.00	10100	HOME HEALTH AGENCY	0				268,302	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0				0	109.00
110.00	11000	INTESTINAL ACQUISITION	0				0	110.00
111.00	11100	ISLET ACQUISITION	0				0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	109,761	0	0	0	24,983,987	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				71,735	190.00
191.00	19100	RESEARCH	0				0	191.00
191.01	19101	SENIOR ADVAN	0				0	191.01
191.02	19102	CARE-A-VAN	0				59	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0				3,997,676	192.00
192.01	19201	REFERENCE LAB	0				0	192.01
192.02	19202	MEALS ON WHEELS	0				0	192.02
193.00	19300	NONPAID WORKERS	461				1,310,855	193.00
200.00		Cross Foot Adjustments		17,145	72,390	26,826	116,361	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	110,222	17,145	72,390	26,826	30,480,673	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/26/2022 10:37 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00591	PURCHASING		5.03
5.05	00590	BUSINESS OFFICE		5.05
5.06	00592	OTHER ADMIN & GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02301	PARAMED EDUCATION PROGRAM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,821,679	31.00
32.00	03200	CORONARY CARE UNIT	856,912	32.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	70,759	41.00
42.00	04200	SUBPROVIDER	672,734	42.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	3,477,351	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	756,799	52.00
53.00	05300	ANESTHESIOLOGY	401,495	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,458,927	54.01
54.02	05404	ULTRASOUND	71,952	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	242,574	55.00
57.00	05700	CT SCAN	299,513	57.00
58.00	05800	MRI	531,320	58.00
59.00	05900	CARDIAC CATHETERIZATION	185,514	59.00
60.00	06000	LABORATORY	1,029,609	60.00
60.01	06001	BLOOD LABORATORY	1,204,611	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	144,188	65.00
66.00	06600	PHYSICAL THERAPY	320,893	66.00
69.00	06900	ELECTROCARDIOLOGY	1,350,945	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	510,133	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	450,063	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	174,356	73.00
75.01	03955	RENAL DIALYSIS (IP)	1,022,885	75.01
76.00	03956	CARDIAC REHAB	19,355	76.00
76.01	03950	OP PSY/CDU	171,735	76.01
76.02	03957	RIMMS	700,913	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	259,721	76.03
76.04	03952	PAIN CLINIC	0	76.04
76.05	03953	DIABETES	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	56,800	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	325,521	89.00
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	914,629	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	92.01
93.00	04951	INFUSION	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	62,747	93.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	1,025,004	95.00
			833,031	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2022 10:37 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	268,302	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	24,983,987	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	71,735	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	191.01
191.02	19102	CARE-A-VAN	0	59	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,997,676	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	192.02
193.00	19300	NONPAID WORKERS	0	1,310,855	193.00
200.00		Cross Foot Adjustments	0	116,361	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	30,480,673	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 10:37 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	614,075				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		9,543,113			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,818	7,705	24,366,543		4.00
5.01	01160	COMMUNICATIONS	168	0		1,149	5.01
5.02	00550	DATA PROCESSING	9,123	973,582	633,225	80	942 5.02
5.03	00591	PURCHASING	18,704	153,734	223,629	15	15 5.03
5.05	00590	BUSINESS OFFICE	10,796	28,998	1,315,978	46	145 5.05
5.06	00592	OTHER ADMIN & GENERAL	50,914	1,186,493	2,194,886	238	147 5.06
6.00	00600	MAINTENANCE & REPAIRS	14,725	614,243	412,605	39	21 6.00
7.00	00700	OPERATION OF PLANT	132,374	877,002	202,272	17	17 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,991	14,496	121,314	1	0 8.00
9.00	00900	HOUSEKEEPING	2,428	28,705	558,512	8	6 9.00
10.00	01000	DIETARY	10,216	39,153	125,664	14	10 10.00
11.00	01100	CAFETERIA	9,348	0	141,193	0	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	134,678	61,321	16	11 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,372	26,335	118,365	4	5 14.00
15.00	01500	PHARMACY	2,366	274,052	0	10	19 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,675	2,701	336,412	51	29 16.00
17.00	01700	SOCIAL SERVICE	531	1,326	256,545	9	21 17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	8,780	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	260	7,424	325,225	1	0 22.00
23.00	02301	PARAMED EDUCATION PROGRAM	348	0	33,794	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	63,775	116,338	2,197,959	164	97 30.00
31.00	03100	INTENSIVE CARE UNIT	9,127	130,654	515,982	19	17 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00	04000	SUBPROVIDER - IPF	0	14,221	194,122	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	7,999	20,029	416,869	14	15 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	1,730	24,742	175,123	4	3 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,101	1,742,754	704,998	28	25 50.00
51.00	05100	RECOVERY ROOM	8,899	26,632	562,298	21	14 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,263	32,252	317,371	6	4 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,964	583,785	801,264	16	23 54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	490	13,367	26,737	2	1 54.01
54.02	05404	ULTRASOUND	452	141,415	133,364	4	6 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	158,492	289,069	16	11 55.00
57.00	05700	CT SCAN	575	364,112	111,679	6	8 57.00
58.00	05800	MRI	1,192	65,986	37,432	6	9 58.00
59.00	05900	CARDIAC CATHETERIZATION	3,475	321,644	289,119	5	2 59.00
60.00	06000	LABORATORY	6,511	238,024	487,381	33	62 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
64.00	06400	INTRAVENOUS THERAPY	0	5,996	129,873	2	3 64.00
65.00	06500	RESPIRATORY THERAPY	1,252	99,059	254,483	7	8 65.00
66.00	06600	PHYSICAL THERAPY	18,324	46,905	750,383	29	62 66.00
69.00	06900	ELECTROCARDIOLOGY	2,782	217,882	207,331	16	12 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	463,049	0	0 73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	0 75.01
76.00	03956	CARDIAC REHAB	1,832	26,400	72,067	4	7 76.00
76.01	03950	OP PSY/CDU	11,730	1,912	150,008	0	12 76.01
76.02	03957	RIMMS	3,951	16,507	211,792	12	0 76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0 76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0 76.04
76.05	03953	DIABETES	494	890	167,916	4	5 76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,508	11,280	116,511	0	0 76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	5,813	936	35,756	4	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
91.00	09100	EMERGENCY	8,685	108,581	784,948	53	25 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
93.00	04951	INFUSION	0	10,696	78,012	0	0 93.00
93.01	04950	COMMUNITY HEALTH CENTERS	29,569	692	6,813	2	0 93.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 10:37 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	6,064	364,427	860,557	4	7	95.00
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	2,848	7,274	481,018	19	35	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	511,562	9,284,511	19,101,004	1,049	919	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,284	0	0	0	0	190.00
191.00 19100	RESEARCH	0	0	0	0	0	191.00
191.01 19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02 19102	CARE-A-VAN	0	0	562	0	0	191.02
192.00 19200	PHYSICIANS' PRIVATE OFFICES	64,483	258,602	5,264,977	48	0	192.00
192.01 19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02 19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00 19300	NONPAID WORKERS	36,746	0	0	52	23	193.00
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)	20,879,623	9,601,050	37,306,088	948,477	13,169,486	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	34.001747	1.006071	1.531037	825.480418	13,980.346072	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			103,569	5,712	1,292,780	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.004250	4.971279	1,372.377919	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: 14-0186		Period: From 01/01/2021 To 12/31/2021		Worksheet B-1	
Date/Time Prepared: 5/26/2022 10:37 am							
Cost Center Description		PURCHASING (REQS)	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	
		5.03	5.05	5A.06	5.06	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00591	PURCHASING	38,844,550				5.03
5.05	00590	BUSINESS OFFICE	63,321	1,340,894,958			5.05
5.06	00592	OTHER ADMIN & GENERAL	101,564	0	-42,874,308	321,725,977	5.06
6.00	00600	MAINTENANCE & REPAIRS	247,406	0	0	12,332,907	5,823
7.00	00700	OPERATION OF PLANT	7,464	0	0	6,773,385	0
8.00	00800	LAUNDRY & LINEN SERVICE	173,601	0	0	972,573	0
9.00	00900	HOUSEKEEPING	310,567	0	0	4,099,984	0
10.00	01000	DIETARY	187,637	0	0	2,106,933	0
11.00	01100	CAFETERIA	0	0	0	785,676	0
13.00	01300	NURSING ADMINISTRATION	4,600	0	0	1,246,209	0
14.00	01400	CENTRAL SERVICES & SUPPLY	247,421	0	0	1,589,481	4
15.00	01500	PHARMACY	922,370	0	0	1,708,682	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,329	0	0	3,274,886	0
17.00	01700	SOCIAL SERVICE	4,470	0	0	2,377,574	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	1,753,380	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	12,232	0	0	1,534,186	0
23.00	02301	PARAMED EDUCATION PROGRAM	436	0	0	331,675	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	908,057	62,105,776	0	24,072,073	401
31.00	03100	INTENSIVE CARE UNIT	440,066	7,947,509	0	5,602,145	190
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	22,852	3,940,340	0	1,855,858	8
41.00	04100	SUBPROVIDER - I RF	122,221	7,694,143	0	4,895,138	28
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	87,710	1,606,072	0	1,656,694	66
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,748,591	126,970,992	0	16,649,165	1,148
51.00	05100	RECOVERY ROOM	198,961	15,322,267	0	5,132,308	428
52.00	05200	DELIVERY ROOM & LABOR ROOM	126,838	961,984	0	2,617,406	76
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	497,944	92,729,174	0	10,210,177	510
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	294,547	8,740,392	0	741,839	36
54.02	05404	ULTRASOUND	122,675	18,298,488	0	1,672,660	115
55.00	05500	RADIOLOGY-THERAPEUTIC	224,372	46,070,691	0	4,477,829	124
57.00	05700	CT SCAN	293,972	94,768,810	0	2,782,800	30
58.00	05800	MRI	120,734	25,544,055	0	999,609	25
59.00	05900	CARDIAC CATHETERIZATION	12,077,905	75,119,624	0	10,840,882	327
60.00	06000	LABORATORY	7,187,112	176,261,056	0	14,517,824	237
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	78,231	381,821	0	2,260,963	453
65.00	06500	RESPIRATORY THERAPY	350,781	21,676,462	0	3,159,691	292
66.00	06600	PHYSICAL THERAPY	259,698	47,530,599	0	9,110,927	141
69.00	06900	ELECTROCARDIOLOGY	387,285	31,724,057	0	2,975,920	166
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,887,122	0	978,508	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	68,942,017	0	12,633,965	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	257,611,764	0	33,852,341	0
75.01	03955	RENAL DIALYSIS (IP)	863	1,462,369	0	905,775	43
76.00	03956	CARDIAC REHAB	8,444	1,992,166	0	704,180	87
76.01	03950	OP PSY/CDU	6,614	4,877,382	0	1,758,103	8
76.02	03957	RI MMS	135,093	2,676,911	0	1,357,454	20
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0
76.04	03952	PAIN CLINIC	0	0	0	0	0
76.05	03953	DIABETES	41,166	2,661,003	0	1,826,615	1
76.98	07698	HYPERBARIC OXYGEN THERAPY	223,548	4,828,679	0	1,196,529	11
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	6,000	387,825	0	416,230	12
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	767,399	61,008,971	0	8,442,747	237
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04951	INFUSION	103,013	32,882,122	0	1,101,320	41
93.01	04950	COMMUNITY HEALTH CENTERS	2,826	9,389,087	0	1,214,880	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	59,688	10,280,861	0	7,298,641	76
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 10:37 am

Cost Center Description		PURCHASING (REQS)	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	
		5.03	5.05	5A.06	5.06	6.00	
101.00	10100 HOME HEALTH AGENCY	118,652	4,612,367	0	4,768,506		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	38,308,276	1,340,894,958	-42,874,308	245,575,233	5,342	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	43,658	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102 CARE-A-VAN	0	0	0	5,817	0	191.02
192.00	19200 PHYSICIANS' PRIVATE OFFICES	536,274	0	0	74,487,368	481	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	1,613,901	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,305,488	12,163,861		42,874,308	13,976,427	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.085095	0.009071		0.133263	2,400.210716	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	812,247	602,398		3,139,230	1,274,921	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.020910	0.000449		0.009757	218.945732	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: 14-0186

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 10:37 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00591	PURCHASING					5.03	
5.05	00590	BUSINESS OFFICE					5.05	
5.06	00592	OTHER ADMIN & GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT	265,925				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	263,332			8.00	
9.00	00900	HOUSEKEEPING	2,428	0	229,776		9.00	
10.00	01000	DIETARY	10,216	1,645	10,216	1,107,506	10.00	
11.00	01100	CAFETERIA	9,348	0	9,348	586,082	2,133,015	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	40,316	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,372	12,443	6,372	0	28,819	14.00
15.00	01500	PHARMACY	2,366	0	2,366	0	74,523	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,675	0	5,675	0	0	16.00
17.00	01700	SOCIAL SERVICE	531	0	531	0	64,147	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	260	0	260	0	66,664	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	348	0	348	0	10,081	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	63,775	119,935	63,775	444,243	457,134	30.00
31.00	03100	INTENSIVE CARE UNIT	9,127	17,391	9,127	17,300	116,146	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	14,478	0	0	45,969	40.00
41.00	04100	SUBPROVIDER - IRF	7,999	17,910	7,999	54,160	84,896	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,730	0	1,730	0	22,602	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,101	12,037	16,101	0	98,897	50.00
51.00	05100	RECOVERY ROOM	8,899	10,393	8,899	0	95,077	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,263	0	5,263	0	47,916	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,475	15,724	7,475	0	89,740	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	490	0	490	0	5,004	54.01
54.02	05404	ULTRASOUND	452	0	452	0	21,471	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	34,301	55.00
57.00	05700	CT SCAN	575	0	575	0	28,181	57.00
58.00	05800	MRI	1,192	0	1,192	0	9,094	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,475	4,143	3,475	0	41,046	59.00
60.00	06000	LABORATORY	6,731	0	6,731	0	90,879	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	20,307	64.00
65.00	06500	RESPIRATORY THERAPY	1,252	706	1,252	0	41,347	65.00
66.00	06600	PHYSICAL THERAPY	18,324	4,910	18,324	0	50,573	66.00
69.00	06900	ELECTROCARDIOLOGY	2,782	1,477	2,782	0	41,507	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00	03956	CARDIAC REHAB	1,832	0	1,832	0	11,663	76.00
76.01	03950	OP PSY/CDU	11,730	0	11,730	0	11,730	76.01
76.02	03957	RI MMS	3,951	474	3,951	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	494	0	494	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,508	270	1,508	0	4,777	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	5,813	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	8,685	20,613	8,685	5,721	144,144	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	INFUSION	0	1,269	0	0	11,334	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,064	1,539	6,064	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 10:37 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
		7.00	8.00	9.00	10.00	11.00	
101.00	10100 HOME HEALTH AGENCY	2,848	0	2,848	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	236,111	257,357	227,870	1,107,506	1,910,285	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,284	0	1,284	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102 CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200 PHYSICIANS' PRIVATE OFFICES	27,908	5,975	0	0	222,730	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	622	0	622	0	0	193.00
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)	7,676,027	1,102,181	4,716,445	2,899,179	2,886,311	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	28.865383	4.185519	20.526273	2.617755	1.353160	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	5,473,793	163,925	218,559	646,588	869,594	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	20.583973	0.622503	0.951183	0.583823	0.407683	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 - STATI STI CAL BASI S

Provi der CCN: 14-0186

Peri od:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/26/2022 10:37 am

Cost Center Description			NURSI NG ADMI NI STRATI ON (DI RECT NRS I NG)	CENTRAL SERVI CES & SUPPLY (COSTED REQUI S.)	PHARMACY (COSTED REQUI S.)	MEDI CAL RECORDS & LI BRARY (GROSS CHARGES)	SOCI AL SERVI CE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNI CATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASI NG						5.03
5.05	00590	BUSI NESS OFFICE						5.05
5.06	00592	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAI NTENANCE & REPAIRS						6.00
7.00	00700	OPERATI ON OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVI CE						8.00
9.00	00900	HOUSEKEEPI NG						9.00
10.00	01000	DI ETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSI NG ADMI NI STRATI ON	1,789,373					13.00
14.00	01400	CENTRAL SERVI CES & SUPPLY	28,819	41,246,515				14.00
15.00	01500	PHARMACY	0	0	31,159,968			15.00
16.00	01600	MEDI CAL RECORDS & LI BRARY	0	0	0	1,340,894,958		16.00
17.00	01700	SOCI AL SERVI CE	0	0	0	0	9,560	17.00
21.00	02100	I & R SERVI CES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I & R SERVI CES-OTHER PRGM COSTS APPRV	66,664	0	0	0	0	22.00
23.00	02301	PARAMED EDUCATI ON PROGRAM	0	0	0	0	0	23.00
INPATI ENT ROUTI NE SERVI CE COST CENTERS								
30.00	03000	ADULTS & PEDI ATRI CS	457,134	0	0	62,105,776	5,685	30.00
31.00	03100	I NTENSI VE CARE UNI T	89,430	0	0	7,947,509	378	31.00
32.00	03200	CORONARY CARE UNI T	0	0	0	0	0	32.00
40.00	04000	SUBPROVI DER - I PF	45,969	0	0	3,940,340	0	40.00
41.00	04100	SUBPROVI DER - I RF	84,896	0	0	7,694,143	3,284	41.00
42.00	04200	SUBPROVI DER	0	0	0	0	0	42.00
43.00	04300	NURSERY	22,602	0	0	1,606,072	0	43.00
ANCI LLARY SERVI CE COST CENTERS								
50.00	05000	OPERATI NG ROOM	98,897	0	0	126,970,992	173	50.00
51.00	05100	RECOVERY ROOM	95,077	0	0	15,322,267	0	51.00
52.00	05200	DELI VERY ROOM & LABOR ROOM	47,916	0	0	961,984	0	52.00
53.00	05300	ANESTHESI OLOGY	0	0	0	0	0	53.00
54.00	05400	RADI OLOGY-DI AGNOSTI C	0	0	0	92,729,174	0	54.00
54.01	05401	NUCLEAR MEDI CI NE-DI AGNOSTI C	0	0	0	8,740,392	0	54.01
54.02	05404	ULTRASOUND	0	0	0	18,298,488	0	54.02
55.00	05500	RADI OLOGY-THERAPEUTI C	0	0	0	46,070,691	0	55.00
57.00	05700	CT SCAN	0	0	0	94,768,810	0	57.00
58.00	05800	MRI	0	0	0	25,544,055	0	58.00
59.00	05900	CARDI AC CATHETERI ZATI ON	41,046	0	0	75,119,624	0	59.00
60.00	06000	LABORATORY	0	0	0	176,261,056	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	I NTRAVENOUS THERAPY	20,307	0	0	381,821	0	64.00
65.00	06500	RESPI RATORY THERAPY	41,347	0	0	21,676,462	0	65.00
66.00	06600	PHYSI CAL THERAPY	135,349	0	0	47,530,599	0	66.00
69.00	06900	ELECTROCARDI OLOGY	41,507	0	0	31,724,057	0	69.00
71.00	07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENT	0	41,246,515	0	11,887,122	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATI ENTS	0	0	0	68,942,017	0	72.00
73.00	07300	DRUGS CHARGED TO PATI ENTS	0	0	31,159,968	257,611,764	0	73.00
75.01	03955	RENAL DI ALYSI S (I P)	0	0	0	1,462,369	0	75.01
76.00	03956	CARDI AC REHAB	11,663	0	0	1,992,166	0	76.00
76.01	03950	OP PSY/CDU	29,834	0	0	4,877,382	0	76.01
76.02	03957	RIMMS	0	0	0	2,676,911	0	76.02
76.03	03951	GENETI C/OAK PLAZA CLI NICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLI NIC	0	0	0	0	0	76.04
76.05	03953	DI ABETES	0	0	0	2,661,003	0	76.05
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	4,828,679	0	76.98
OUTPATI ENT SERVI CE COST CENTERS								
88.00	08800	RURAL HEALTH CLI NIC	0	0	0	387,825	0	88.00
89.00	08900	FEDERALLY QUALI FIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	146,298	0	0	61,008,971	0	91.00
92.00	09200	OBSERVATI ON BEDS (NON-DI STI NCT PART	0	0	0	0	0	92.00
92.01	09202	OBSERVATI ON BEDS (DI STI NCT PART)	0	0	0	0	0	92.01
93.00	04951	I NFUSI ON	0	0	0	32,882,122	0	93.00
93.01	04950	COMMUNI TY HEALTH CENTERS	0	0	0	9,389,087	0	93.01
OTHER REI MBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVI CES	185,836	0	0	10,280,861	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 10:37 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	4,612,367	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,690,591	41,246,515	31,159,968	1,340,894,958	9,520	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	98,782	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	40	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,466,837	2,240,325	2,154,088	3,991,605	2,807,445	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.819749	0.054315	0.069130	0.002977	293.665795	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	179,624	431,708	499,582	391,353	110,222	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.100384	0.010467	0.016033	0.000292	11.529498	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 - STATI STI CAL BASI S

Provi der CCN: 14-0186

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

Worksheet B-1
Date/Time Prepared:
5/26/2022 10:37 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED EDUCATION PROGRAM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 01160	COMMUNICATIONS				5.01
5.02 00550	DATA PROCESSING				5.02
5.03 00591	PURCHASING				5.03
5.05 00590	BUSINESS OFFICE				5.05
5.06 00592	OTHER ADMIN & GENERAL				5.06
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	7,787			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		7,787		22.00
23.00 02301	PARAMED EDUCATION PROGRAM			3,706	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	1,307	1,307	2,582	30.00
31.00 03100	INTENSIVE CARE UNIT	1,064	1,064	1,124	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	306	306	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	149	149	0	54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	151	151	0	54.01
54.02 05404	ULTRASOUND	0	0	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	159	159	0	55.00
57.00 05700	CT SCAN	0	0	0	57.00
58.00 05800	MRI	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	699	699	0	59.00
60.00 06000	LABORATORY	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	66.00
69.00 06900	ELECTROCARDIOLOGY	122	122	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
75.01 03955	RENAL DIALYSIS (IP)	0	0	0	75.01
76.00 03956	CARDIAC REHAB	0	0	0	76.00
76.01 03950	OP PSY/CDU	0	0	0	76.01
76.02 03957	RIMMS	0	0	0	76.02
76.03 03951	GENETIC/OAK PLAZA CLINICS	0	0	0	76.03
76.04 03952	PAIN CLINIC	0	0	0	76.04
76.05 03953	DIABETES	0	0	0	76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00 08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
91.00 09100	EMERGENCY	168	168	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00 04951	INFUSION	0	0	0	93.00
93.01 04950	COMMUNITY HEALTH CENTERS	0	0	0	93.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 10:37 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED EDUCATION PROGRAM (ASSIGNED TIME)		
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
	21.00	22.00	23.00			
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,125	4,125	3,706	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,662	3,662	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	193.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,987,041	1,896,333	406,704	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	255.174136	243.525491	109.742040	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	17,145	72,390	26,826	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.201747	9.296263	7.238532	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: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/26/2022 10:37 am
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		36,188,384	0	36,188,384
31.00	03100 INTENSIVE CARE UNIT		7,862,108	0	7,862,108
32.00	03200 CORONARY CARE UNIT		0	0	0
40.00	04000 SUBPROVIDER - I/PF		2,294,591	0	2,294,591
41.00	04100 SUBPROVIDER - I/RF		7,398,284	0	7,398,284
42.00	04200 SUBPROVIDER		0	0	0
43.00	04300 NURSERY		2,175,224	0	2,175,224
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		23,112,654	0	23,112,654
51.00	05100 RECOVERY ROOM		7,578,788	0	7,578,788
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,515,555	0	3,515,555
53.00	05300 ANESTHESIOLOGY		0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC		13,627,427	0	13,627,427
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC		984,100	0	984,100
54.02	05404 ULTRASOUND		2,277,442	0	2,277,442
55.00	05500 RADIOLOGY-THERAPEUTIC		5,555,751	0	5,555,751
57.00	05700 CT SCAN		3,574,311	0	3,574,311
58.00	05800 MRI		1,340,051	0	1,340,051
59.00	05900 CARDIAC CATHETERIZATION		13,572,236	0	13,572,236
60.00	06000 LABORATORY		18,001,521	0	18,001,521
60.01	06001 BLOOD LABORATORY		0	0	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0
64.00	06400 INTRAVENOUS THERAPY		3,694,824	0	3,694,824
65.00	06500 RESPIRATORY THERAPY	0	4,500,790	0	4,500,790
66.00	06600 PHYSICAL THERAPY	0	11,909,993	0	11,909,993
69.00	06900 ELECTROCARDIOLOGY		4,099,158	0	4,099,158
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		3,384,620	0	3,384,620
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		14,522,845	0	14,522,845
73.00	07300 DRUGS CHARGED TO PATIENTS		41,284,364	0	41,284,364
75.01	03955 RENAL DIALYSIS (IP)		1,134,043	0	1,134,043
76.00	03956 CARDIAC REHAB		1,128,598	0	1,128,598
76.01	03950 OP PSY/CDU		2,645,808	0	2,645,808
76.02	03957 RIMMS		1,791,455	0	1,791,455
76.03	03951 GENETIC/OAK PLAZA CLINICS		0	0	0
76.04	03952 PAIN CLINIC		0	0	0
76.05	03953 DIABETES		2,104,756	0	2,104,756
76.98	07698 HYPERBARIC OXYGEN THERAPY		1,478,836	0	1,478,836
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC		669,450	0	669,450
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0
91.00	09100 EMERGENCY		11,163,524	0	11,163,524
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,129,440	0	2,129,440
92.01	09202 OBSERVATION BEDS (DISTINCT PART)		0	0	0
93.00	04951 INFUSION		1,465,032	0	1,465,032
93.01	04950 COMMUNITY HEALTH CENTERS		1,404,730	0	1,404,730
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES		8,942,594	0	8,942,594
99.10	09910 CORF		0	0	0
101.00	10100 HOME HEALTH AGENCY		5,560,770	0	5,560,770
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION		0	0	0
110.00	11000 INTESTINAL ACQUISITION		0	0	0
111.00	11100 ISLET ACQUISITION		0	0	0
113.00	11300 INTEREST EXPENSE		0	0	0
200.00	Subtotal (see instructions)		274,074,057	0	274,074,057
201.00	Less Observation Beds		2,129,440	0	2,129,440
202.00	Total (see instructions)		271,944,617	0	271,944,617

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0186

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2022 10:37 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	46,835,569		46,835,569		30.00
31.00	03100	INTENSIVE CARE UNIT	7,947,509		7,947,509		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
40.00	04000	SUBPROVIDER - I/PF	3,940,340		3,940,340		40.00
41.00	04100	SUBPROVIDER - I/RF	7,694,143		7,694,143		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	1,606,072		1,606,072		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	44,620,315	82,350,677	126,970,992	0.182031	50.00
51.00	05100	RECOVERY ROOM	4,061,770	11,260,497	15,322,267	0.494626	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	279,716	682,268	961,984	3.654484	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,717,862	86,011,312	92,729,174	0.146959	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,301,590	7,438,802	8,740,392	0.112592	54.01
54.02	05402	ULTRASOUND	5,052,688	13,245,800	18,298,488	0.124461	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	483,790	45,586,901	46,070,691	0.120592	55.00
57.00	05700	CT SCAN	33,804,971	60,963,839	94,768,810	0.037716	57.00
58.00	05800	MRI	7,013,993	18,530,062	25,544,055	0.052460	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,977,002	56,142,622	75,119,624	0.180675	59.00
60.00	06000	LABORATORY	49,413,399	126,847,657	176,261,056	0.102130	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	291,011	90,810	381,821	9.676849	64.00
65.00	06500	RESPIRATORY THERAPY	15,363,812	6,312,650	21,676,462	0.207635	65.00
66.00	06600	PHYSICAL THERAPY	18,681,234	28,849,365	47,530,599	0.250575	66.00
69.00	06900	ELECTROCARDIOLOGY	9,153,063	22,570,994	31,724,057	0.129213	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,198,208	7,688,914	11,887,122	0.284730	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,588,803	39,353,214	68,942,017	0.210653	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	77,518,901	180,092,863	257,611,764	0.160258	73.00
75.01	03955	RENAL DIALYSIS (IP)	1,369,517	92,852	1,462,369	0.775483	75.01
76.00	03956	CARDIAC REHAB	214,619	1,777,547	1,992,166	0.566518	76.00
76.01	03950	OP PSY/CDU	9,164	4,868,218	4,877,382	0.542465	76.01
76.02	03957	RIMMS	0	2,676,911	2,676,911	0.669225	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0.000000	76.03
76.04	03952	PAIN CLINIC	0	0	0	0.000000	76.04
76.05	03953	DIABETES	1,931	2,659,072	2,661,003	0.790963	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,476,611	3,352,068	4,828,679	0.306261	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	387,825	387,825		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
91.00	09100	EMERGENCY	16,749,008	44,259,963	61,008,971	0.182982	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,692,940	10,577,267	15,270,207	0.139451	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
93.00	04951	INFUSION	184,152	32,697,970	32,882,122	0.044554	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	9,389,087	9,389,087	0.149613	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	116,637	10,164,224	10,280,861	0.869829	95.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	4,612,367	4,612,367		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	419,360,340	921,534,618	1,340,894,958		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	419,360,340	921,534,618	1,340,894,958		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/26/2022 10:37 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.182031		50.00
51.00	05100	RECOVERY ROOM	0.494626		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3.654484		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146959		54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.112592		54.01
54.02	05404	ULTRASOUND	0.124461		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.120592		55.00
57.00	05700	CT SCAN	0.037716		57.00
58.00	05800	MRI	0.052460		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.180675		59.00
60.00	06000	LABORATORY	0.102130		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
64.00	06400	INTRAVENOUS THERAPY	9.676849		64.00
65.00	06500	RESPIRATORY THERAPY	0.207635		65.00
66.00	06600	PHYSICAL THERAPY	0.250575		66.00
69.00	06900	ELECTROCARDIOLOGY	0.129213		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.284730		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.210653		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.160258		73.00
75.01	03955	RENAL DIALYSIS (IP)	0.775483		75.01
76.00	03956	CARDIAC REHAB	0.566518		76.00
76.01	03950	OP PSY/CDU	0.542465		76.01
76.02	03957	RIMMS	0.669225		76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000		76.03
76.04	03952	PAIN CLINIC	0.000000		76.04
76.05	03953	DIABETES	0.790963		76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.306261		76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
91.00	09100	EMERGENCY	0.182982		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.139451		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04951	INFUSION	0.044554		93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.149613		93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.869829		95.00
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
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: 14-0186

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

Worksheet C Part I Date/Time Prepared: 5/26/2022 10:37 am

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	36,188,384		36,188,384	0	36,188,384	30.00
31.00	03100 INTENSIVE CARE UNIT	7,862,108		7,862,108	0	7,862,108	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
40.00	04000 SUBPROVIDER - I/PF	2,294,591		2,294,591	0	2,294,591	40.00
41.00	04100 SUBPROVIDER - I/RF	7,398,284		7,398,284	0	7,398,284	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	2,175,224		2,175,224	0	2,175,224	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	23,112,654		23,112,654	0	23,112,654	50.00
51.00	05100 RECOVERY ROOM	7,578,788		7,578,788	0	7,578,788	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,515,555		3,515,555	0	3,515,555	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,627,427		13,627,427	0	13,627,427	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	984,100		984,100	0	984,100	54.01
54.02	05404 ULTRASOUND	2,277,442		2,277,442	0	2,277,442	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	5,555,751		5,555,751	0	5,555,751	55.00
57.00	05700 CT SCAN	3,574,311		3,574,311	0	3,574,311	57.00
58.00	05800 MRI	1,340,051		1,340,051	0	1,340,051	58.00
59.00	05900 CARDIAC CATHETERIZATION	13,572,236		13,572,236	0	13,572,236	59.00
60.00	06000 LABORATORY	18,001,521		18,001,521	0	18,001,521	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	3,694,824		3,694,824	0	3,694,824	64.00
65.00	06500 RESPIRATORY THERAPY	4,500,790	0	4,500,790	0	4,500,790	65.00
66.00	06600 PHYSICAL THERAPY	11,909,993	0	11,909,993	0	11,909,993	66.00
69.00	06900 ELECTROCARDIOLOGY	4,099,158		4,099,158	0	4,099,158	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,384,620		3,384,620	0	3,384,620	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	14,522,845		14,522,845	0	14,522,845	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	41,284,364		41,284,364	0	41,284,364	73.00
75.01	03955 RENAL DIALYSIS (IP)	1,134,043		1,134,043	0	1,134,043	75.01
76.00	03956 CARDIAC REHAB	1,128,598		1,128,598	0	1,128,598	76.00
76.01	03950 OP PSY/CDU	2,645,808		2,645,808	0	2,645,808	76.01
76.02	03957 RIMMS	1,791,455		1,791,455	0	1,791,455	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0		0	0	0	76.03
76.04	03952 PAIN CLINIC	0		0	0	0	76.04
76.05	03953 DIABETES	2,104,756		2,104,756	0	2,104,756	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	1,478,836		1,478,836	0	1,478,836	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	669,450		669,450	0	669,450	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
91.00	09100 EMERGENCY	11,163,524		11,163,524	0	11,163,524	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,129,440		2,129,440	0	2,129,440	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
93.00	04951 INFUSION	1,465,032		1,465,032	0	1,465,032	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	1,404,730		1,404,730	0	1,404,730	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	8,942,594		8,942,594	0	8,942,594	95.00
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	5,560,770		5,560,770	0	5,560,770	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
200.00	Subtotal (see instructions)	274,074,057	0	274,074,057	0	274,074,057	200.00
201.00	Less Observation Beds	2,129,440		2,129,440	0	2,129,440	201.00
202.00	Total (see instructions)	271,944,617	0	271,944,617	0	271,944,617	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0186		Period: From 01/01/2021 To 12/31/2021		Worksheet C Part I Date/Time Prepared: 5/26/2022 10:37 am		
			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		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	46,835,569		46,835,569				30.00
31.00	03100	INTENSIVE CARE UNIT	7,947,509		7,947,509				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
40.00	04000	SUBPROVIDER - I/PF	3,940,340		3,940,340				40.00
41.00	04100	SUBPROVIDER - I/RP	7,694,143		7,694,143				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	1,606,072		1,606,072				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	44,620,315	82,350,677	126,970,992	0.182031	0.000000		50.00
51.00	05100	RECOVERY ROOM	4,061,770	11,260,497	15,322,267	0.494626	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	279,716	682,268	961,984	3.654484	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,717,862	86,011,312	92,729,174	0.146959	0.000000		54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,301,590	7,438,802	8,740,392	0.112592	0.000000		54.01
54.02	05402	ULTRASOUND	5,052,688	13,245,800	18,298,488	0.124461	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	483,790	45,586,901	46,070,691	0.120592	0.000000		55.00
57.00	05700	CT SCAN	33,804,971	60,963,839	94,768,810	0.037716	0.000000		57.00
58.00	05800	MRI	7,013,993	18,530,062	25,544,055	0.052460	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	18,977,002	56,142,622	75,119,624	0.180675	0.000000		59.00
60.00	06000	LABORATORY	49,413,399	126,847,657	176,261,056	0.102130	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000		62.00
64.00	06400	INTRAVENOUS THERAPY	291,011	90,810	381,821	9.676849	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	15,363,812	6,312,650	21,676,462	0.207635	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	18,681,234	28,849,365	47,530,599	0.250575	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	9,153,063	22,570,994	31,724,057	0.129213	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,198,208	7,688,914	11,887,122	0.284730	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,588,803	39,353,214	68,942,017	0.210653	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	77,518,901	180,092,863	257,611,764	0.160258	0.000000		73.00
75.01	03955	RENAL DIALYSIS (IP)	1,369,517	92,852	1,462,369	0.775483	0.000000		75.01
76.00	03956	CARDIAC REHAB	214,619	1,777,547	1,992,166	0.566518	0.000000		76.00
76.01	03950	OP PSY/CDU	9,164	4,868,218	4,877,382	0.542465	0.000000		76.01
76.02	03957	RIMMS	0	2,676,911	2,676,911	0.669225	0.000000		76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0.000000	0.000000		76.03
76.04	03952	PAIN CLINIC	0	0	0	0.000000	0.000000		76.04
76.05	03953	DIABETES	1,931	2,659,072	2,661,003	0.790963	0.000000		76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,476,611	3,352,068	4,828,679	0.306261	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	387,825	387,825	1.726165	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
91.00	09100	EMERGENCY	16,749,008	44,259,963	61,008,971	0.182982	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,692,940	10,577,267	15,270,207	0.139451	0.000000		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000		92.01
93.00	04951	INFUSION	184,152	32,697,970	32,882,122	0.044554	0.000000		93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	9,389,087	9,389,087	0.149613	0.000000		93.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	116,637	10,164,224	10,280,861	0.869829	0.000000		95.00
99.10	09910	CORF	0	0	0				99.10
101.00	10100	HOME HEALTH AGENCY	0	4,612,367	4,612,367				101.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	419,360,340	921,534,618	1,340,894,958				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	419,360,340	921,534,618	1,340,894,958				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/26/2022 10:37 am	
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.000000			54.01
54.02	05404	ULTRASOUND	0.000000			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.01	03955	RENAL DIALYSIS (IP)	0.000000			75.01
76.00	03956	CARDIAC REHAB	0.000000			76.00
76.01	03950	OP PSY/CDU	0.000000			76.01
76.02	03957	RIMMS	0.000000			76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000			76.03
76.04	03952	PAIN CLINIC	0.000000			76.04
76.05	03953	DIABETES	0.000000			76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
93.00	04951	INFUSION	0.000000			93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.000000			93.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
99.10	09910	CORF				99.10
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
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: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 5/26/2022 10:37 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	4,821,679	0	4,821,679	44,338	108.75	30.00
31.00	INTENSIVE CARE UNIT	856,912		856,912	4,159	206.04	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
40.00	SUBPROVIDER - IPF	70,759	0	70,759	3,118	22.69	40.00
41.00	SUBPROVIDER - IRF	672,734	0	672,734	8,505	79.10	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	170,973		170,973	1,818	94.04	43.00
200.00	Total (lines 30 through 199)	6,593,057		6,593,057	61,938		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	12,544	1,364,160				
31.00	INTENSIVE CARE UNIT	1,565	322,453				
32.00	CORONARY CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	1,499	34,012				
41.00	SUBPROVIDER - IRF	6,142	485,832				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	21,750	2,206,457				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/26/2022 10:37 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,477,351	126,970,992	0.027387	16,947,456	464,140	50.00
51.00	05100	RECOVERY ROOM	756,799	15,322,267	0.049392	1,513,552	74,757	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	401,495	961,984	0.417361	5,616	2,344	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,458,927	92,729,174	0.015733	3,091,523	48,639	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	71,952	8,740,392	0.008232	635,751	5,234	54.01
54.02	05404	ULTRASOUND	242,574	18,298,488	0.013257	1,842,860	24,431	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	299,513	46,070,691	0.006501	192,120	1,249	55.00
57.00	05700	CT SCAN	531,320	94,768,810	0.005606	14,522,504	81,413	57.00
58.00	05800	MRI	185,514	25,544,055	0.007263	2,736,507	19,875	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,029,609	75,119,624	0.013706	13,235,375	181,404	59.00
60.00	06000	LABORATORY	1,204,611	176,261,056	0.006834	17,781,579	121,519	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	144,188	381,821	0.377632	108,474	40,963	64.00
65.00	06500	RESPIRATORY THERAPY	320,893	21,676,462	0.014804	5,659,869	83,789	65.00
66.00	06600	PHYSICAL THERAPY	1,350,945	47,530,599	0.028423	2,738,264	77,830	66.00
69.00	06900	ELECTROCARDIOLOGY	510,133	31,724,057	0.016080	4,107,959	66,056	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	450,063	11,887,122	0.037861	1,805,796	68,369	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	174,356	68,942,017	0.002529	7,719,554	19,523	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,022,885	257,611,764	0.003971	28,128,573	111,699	73.00
75.01	03955	RENAL DIALYSIS (IP)	19,355	1,462,369	0.013235	573,392	7,589	75.01
76.00	03956	CARDIAC REHAB	171,735	1,992,166	0.086205	82,079	7,076	76.00
76.01	03950	OP PSY/CDU	700,913	4,877,382	0.143707	420	60	76.01
76.02	03957	RIMMS	259,721	2,676,911	0.097023	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05	03953	DIABETES	56,800	2,661,003	0.021345	1,931	41	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	120,044	4,828,679	0.024861	533,106	13,254	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	325,521	387,825	0.839350	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100	EMERGENCY	914,629	61,008,971	0.014992	6,613,662	99,152	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	283,722	15,270,207	0.018580	1,936,385	35,978	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04951	INFUSION	62,747	32,882,122	0.001908	3,271	6	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	1,025,004	9,389,087	0.109170	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	17,573,319	1,257,978,097		132,517,578	1,656,390	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/26/2022 10:37 am
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	283,354	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	123,350	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	406,704	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	283,354	44,338	6.39	12,544	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	123,350	4,159	29.66	1,565	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	3,118	0.00	1,499	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	8,505	0.00	6,142	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY	0	0	1,818	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	406,704	61,938		21,750	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	80,156						30.00
31.00	03100	INTENSIVE CARE UNIT	46,418						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	126,574						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 10:37 am
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Cost Center Description		Title XVIII					Hospital	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS	
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404	ULTRASOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00	03956	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03950	OP PSY/CDU	0	0	0	0	0	76.01
76.02	03957	RI MMS	0	0	0	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	16,674	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	INFUSION	0	0	0	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	16,674	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 10:37 am
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
	4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	126,970,992	0.000000	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	15,322,267	0.000000	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	961,984	0.000000	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	92,729,174	0.000000	54.00	
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	8,740,392	0.000000	54.01	
54.02 05404 ULTRASOUND	0	0	0	18,298,488	0.000000	54.02	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	46,070,691	0.000000	55.00	
57.00 05700 CT SCAN	0	0	0	94,768,810	0.000000	57.00	
58.00 05800 MRI	0	0	0	25,544,055	0.000000	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	75,119,624	0.000000	59.00	
60.00 06000 LABORATORY	0	0	0	176,261,056	0.000000	60.00	
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00	
64.00 06400 INTRAVENOUS THERAPY	0	0	0	381,821	0.000000	64.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	21,676,462	0.000000	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	47,530,599	0.000000	66.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	31,724,057	0.000000	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	11,887,122	0.000000	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	68,942,017	0.000000	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	257,611,764	0.000000	73.00	
75.01 03955 RENAL DIALYSIS (IP)	0	0	0	1,462,369	0.000000	75.01	
76.00 03956 CARDIAC REHAB	0	0	0	1,992,166	0.000000	76.00	
76.01 03950 OP PSY/CDU	0	0	0	4,877,382	0.000000	76.01	
76.02 03957 RIMMS	0	0	0	2,676,911	0.000000	76.02	
76.03 03951 GENETIC/OAK PLAZA CLINICS	0	0	0	0	0.000000	76.03	
76.04 03952 PAIN CLINIC	0	0	0	0	0.000000	76.04	
76.05 03953 DIABETES	0	0	0	2,661,003	0.000000	76.05	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	4,828,679	0.000000	76.98	
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	387,825	0.000000	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00	
91.00 09100 EMERGENCY	0	0	0	61,008,971	0.000000	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	16,674	16,674	15,270,207	0.001092	92.00	
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01	
93.00 04951 INFUSION	0	0	0	32,882,122	0.000000	93.00	
93.01 04950 COMMUNITY HEALTH CENTERS	0	0	0	9,389,087	0.000000	93.01	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00	
200.00	Total (lines 50 through 199)	0	16,674	16,674	1,257,978,097		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 10:37 am
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Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	16,947,456	0	23,893,974	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,513,552	0	3,174,358	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	5,616	0	650	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	3,091,523	0	26,790,603	0	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	635,751	0	3,431,029	0	54.01
54.02	05404 ULTRASOUND	0.000000	1,842,860	0	3,034,370	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	192,120	0	11,292,453	0	55.00
57.00	05700 CT SCAN	0.000000	14,522,504	0	16,080,001	0	57.00
58.00	05800 MRI	0.000000	2,736,507	0	5,636,012	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	13,235,375	0	34,543,102	0	59.00
60.00	06000 LABORATORY	0.000000	17,781,579	0	11,170,736	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	108,474	0	21,942	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	5,659,869	0	1,939,001	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	2,738,264	0	59,824	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	4,107,959	0	8,222,166	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,805,796	0	3,599,452	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	7,719,554	0	8,449,119	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	28,128,573	0	95,930,898	0	73.00
75.01	03955 RENAL DIALYSIS (IP)	0.000000	573,392	0	29,167	0	75.01
76.00	03956 CARDIAC REHAB	0.000000	82,079	0	706,834	0	76.00
76.01	03950 OP PSY/CDU	0.000000	420	0	0	0	76.01
76.02	03957 RIMMS	0.000000	0	0	22,038	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	0	76.03
76.04	03952 PAIN CLINIC	0.000000	0	0	0	0	76.04
76.05	03953 DIABETES	0.000000	1,931	0	27,421	0	76.05
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	533,106	0	1,536,342	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
91.00	09100 EMERGENCY	0.000000	6,613,662	0	8,124,400	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.001092	1,936,385	2,115	3,182,873	3,476	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04951 INFUSION	0.000000	3,271	0	771,333	0	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0.000000	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		132,517,578	2,115	271,670,098	3,476	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/26/2022 10:37 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.182031	23,893,974	0	0	4,349,444	50.00	
51.00 05100 RECOVERY ROOM	0.494626	3,174,358	0	0	1,570,120	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	3.654484	650	0	0	2,375	52.00	
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.146959	26,790,603	0	0	3,937,120	54.00	
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.112592	3,431,029	0	0	386,306	54.01	
54.02 05404 ULTRASOUND	0.124461	3,034,370	0	0	377,661	54.02	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.120592	11,292,453	0	0	1,361,779	55.00	
57.00 05700 CT SCAN	0.037716	16,080,001	0	0	606,473	57.00	
58.00 05800 MRI	0.052460	5,636,012	0	0	295,665	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.180675	34,543,102	0	0	6,241,075	59.00	
60.00 06000 LABORATORY	0.102130	11,170,736	1,800	0	1,140,867	60.00	
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00	
64.00 06400 INTRAVENOUS THERAPY	9.676849	21,942	0	0	212,329	64.00	
65.00 06500 RESPIRATORY THERAPY	0.207635	1,939,001	0	0	402,604	65.00	
66.00 06600 PHYSICAL THERAPY	0.250575	59,824	0	0	14,990	66.00	
69.00 06900 ELECTROCARDIOLOGY	0.129213	8,222,166	0	0	1,062,411	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.284730	3,599,452	0	0	1,024,872	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.210653	8,449,119	0	0	1,779,832	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.160258	95,930,898	707	9,628	15,373,694	73.00	
75.01 03955 RENAL DIALYSIS (IP)	0.775483	29,167	0	0	22,619	75.01	
76.00 03956 CARDIAC REHAB	0.566518	706,834	0	0	400,434	76.00	
76.01 03950 OP PSY/CDU	0.542465	0	0	0	0	76.01	
76.02 03957 RIMMS	0.669225	22,038	0	0	14,748	76.02	
76.03 03951 GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	0	76.03	
76.04 03952 PAIN CLINIC	0.000000	0	0	0	0	76.04	
76.05 03953 DIABETES	0.790963	27,421	0	0	21,689	76.05	
76.98 07698 HYPERBARI C OXYGEN THERAPY	0.306261	1,536,342	0	0	470,522	76.98	
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC						88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00	
91.00 09100 EMERGENCY	0.182982	8,124,400	0	0	1,486,619	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.139451	3,182,873	0	0	443,855	92.00	
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01	
93.00 04951 INFUSION	0.044554	771,333	0	0	34,366	93.00	
93.01 04950 COMMUNITY HEALTH CENTERS	0.149613	0	0	0	0	93.01	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0.869829		0			95.00	
200.00		Subtotal (see instructions)	271,670,098	2,507	9,628	43,034,469	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00		Net Charges (line 200 - line 201)	271,670,098	2,507	9,628	43,034,469	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/26/2022 10:37 am
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0		54.01
54.02 05404 ULTRASOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	184	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	113	1,543		73.00
75.01 03955 RENAL DIALYSIS (IP)	0	0		75.01
76.00 03956 CARDIAC REHAB	0	0		76.00
76.01 03950 OP PSY/CDU	0	0		76.01
76.02 03957 RIMMS	0	0		76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0	0		76.03
76.04 03952 PAIN CLINIC	0	0		76.04
76.05 03953 DIABETES	0	0		76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04951 INFUSION	0	0		93.00
93.01 04950 COMMUNITY HEALTH CENTERS	0	0		93.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	297	1,543		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	297	1,543		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0186 Component CCN: 14-S186		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 5/26/2022 10:37 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,477,351	126,970,992	0.027387	0	0	50.00
51.00	05100	RECOVERY ROOM	756,799	15,322,267	0.049392	44,492	2,198	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	401,495	961,984	0.417361	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,458,927	92,729,174	0.015733	18,828	296	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	71,952	8,740,392	0.008232	0	0	54.01
54.02	05404	ULTRASOUND	242,574	18,298,488	0.013257	11,055	147	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	299,513	46,070,691	0.006501	0	0	55.00
57.00	05700	CT SCAN	531,320	94,768,810	0.005606	108,091	606	57.00
58.00	05800	MRI	185,514	25,544,055	0.007263	34,565	251	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,029,609	75,119,624	0.013706	0	0	59.00
60.00	06000	LABORATORY	1,204,611	176,261,056	0.006834	480,452	3,283	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	144,188	381,821	0.377632	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	320,893	21,676,462	0.014804	20,364	301	65.00
66.00	06600	PHYSICAL THERAPY	1,350,945	47,530,599	0.028423	77,836	2,212	66.00
69.00	06900	ELECTROCARDIOLOGY	510,133	31,724,057	0.016080	48,734	784	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	450,063	11,887,122	0.037861	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	174,356	68,942,017	0.002529	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,022,885	257,611,764	0.003971	244,849	972	73.00
75.01	03955	RENAL DIALYSIS (IP)	19,355	1,462,369	0.013235	0	0	75.01
76.00	03956	CARDIAC REHAB	171,735	1,992,166	0.086205	0	0	76.00
76.01	03950	OP PSY/CDU	700,913	4,877,382	0.143707	4,300	618	76.01
76.02	03957	RIMMS	259,721	2,676,911	0.097023	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05	03953	DIABETES	56,800	2,661,003	0.021345	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	120,044	4,828,679	0.024861	28,732	714	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	325,521	387,825	0.839350	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100	EMERGENCY	914,629	61,008,971	0.014992	122,963	1,843	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	15,270,207	0.000000	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04951	INFUSION	62,747	32,882,122	0.001908	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	1,025,004	9,389,087	0.109170	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	17,289,597	1,257,978,097		1,245,261	14,225	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 10:37 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404	ULTRASOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00	03956	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03950	OP PSY/CDU	0	0	0	0	0	76.01
76.02	03957	RI MMS	0	0	0	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	0	0	76.05
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	INFUSION	0	0	0	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 10:37 am			
Title XVIII			Subprovider - IPF	PPS			
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)		
	4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	126,970,992	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	15,322,267	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	961,984	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	92,729,174	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	8,740,392	0.000000	54.01
54.02	05404	ULTRASOUND	0	0	18,298,488	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	46,070,691	0.000000	55.00
57.00	05700	CT SCAN	0	0	94,768,810	0.000000	57.00
58.00	05800	MRI	0	0	25,544,055	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	75,119,624	0.000000	59.00
60.00	06000	LABORATORY	0	0	176,261,056	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	381,821	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	21,676,462	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	47,530,599	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	31,724,057	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	11,887,122	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	68,942,017	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	257,611,764	0.000000	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	1,462,369	0.000000	75.01
76.00	03956	CARDIAC REHAB	0	0	1,992,166	0.000000	76.00
76.01	03950	OP PSY/CDU	0	0	4,877,382	0.000000	76.01
76.02	03957	RI MMS	0	0	2,676,911	0.000000	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0.000000	76.03
76.04	03952	PAIN CLINIC	0	0	0	0.000000	76.04
76.05	03953	DIABETES	0	0	2,661,003	0.000000	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	4,828,679	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	387,825	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
91.00	09100	EMERGENCY	0	0	61,008,971	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	15,270,207	0.000000	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
93.00	04951	INFUSION	0	0	32,882,122	0.000000	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	9,389,087	0.000000	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	0	1,257,978,097		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 10:37 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	44,492	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	18,828	0	1,610	0	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	0	0	0	0	54.01
54.02	05404 ULTRASOUND	0.000000	11,055	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	108,091	0	8,187	0	57.00
58.00	05800 MRI	0.000000	34,565	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	480,452	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	20,364	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	77,836	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	48,734	0	1,516	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	244,849	0	2,100	0	73.00
75.01	03955 RENAL DIALYSIS (1P)	0.000000	0	0	0	0	75.01
76.00	03956 CARDIAC REHAB	0.000000	0	0	0	0	76.00
76.01	03950 OP PSY/CDU	0.000000	4,300	0	0	0	76.01
76.02	03957 RIMMS	0.000000	0	0	0	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	0	76.03
76.04	03952 PAIN CLINIC	0.000000	0	0	0	0	76.04
76.05	03953 DIABETES	0.000000	0	0	0	0	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	28,732	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
91.00	09100 EMERGENCY	0.000000	122,963	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04951 INFUSION	0.000000	0	0	0	0	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0.000000	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		1,245,261	0	13,413	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/26/2022 10:37 am
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	Title XVIII	Subprovider - IPF	PPS
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.182031	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.494626	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3.654484	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.146959	1,610	0	0	237	54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.112592	0	0	0	0	54.01
54.02 05404 ULTRASOUND	0.124461	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.120592	0	0	0	0	55.00
57.00 05700 CT SCAN	0.037716	8,187	0	0	309	57.00
58.00 05800 MRI	0.052460	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.180675	0	0	0	0	59.00
60.00 06000 LABORATORY	0.102130	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	9.676849	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.207635	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.250575	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.129213	1,516	0	0	196	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.284730	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.210653	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.160258	2,100	0	0	337	73.00
75.01 03955 RENAL DIALYSIS (IP)	0.775483	0	0	0	0	75.01
76.00 03956 CARDIAC REHAB	0.566518	0	0	0	0	76.00
76.01 03950 OP PSY/CDU	0.542465	0	0	0	0	76.01
76.02 03957 RIMMS	0.669225	0	0	0	0	76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	0	76.03
76.04 03952 PAIN CLINIC	0.000000	0	0	0	0	76.04
76.05 03953 DIABETES	0.790963	0	0	0	0	76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.306261	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC						88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00
91.00 09100 EMERGENCY	0.182982	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.139451	0	0	0	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00 04951 INFUSION	0.044554	0	0	0	0	93.00
93.01 04950 COMMUNITY HEALTH CENTERS	0.149613	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.869829		0			95.00
200.00	Subtotal (see instructions)		13,413	0	1,079	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		13,413	0	1,079	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/26/2022 10:37 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	54.01
54.02 05404 ULTRASOUND	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
75.01 03955 RENAL DIALYSIS (IP)	0	0	75.01
76.00 03956 CARDIAC REHAB	0	0	76.00
76.01 03950 OP PSY/CDU	0	0	76.01
76.02 03957 RIMMS	0	0	76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0	0	76.03
76.04 03952 PAIN CLINIC	0	0	76.04
76.05 03953 DIABETES	0	0	76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC			88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00 04951 INFUSION	0	0	93.00
93.01 04950 COMMUNITY HEALTH CENTERS	0	0	93.01
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0		95.00
200.00	Subtotal (see instructions)	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	201.00
202.00	Net Charges (line 200 - line 201)	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0186 Component CCN: 14-T186		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 5/26/2022 10:37 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,477,351	126,970,992	0.027387	814,734	22,313	50.00
51.00	05100	RECOVERY ROOM	756,799	15,322,267	0.049392	81,799	4,040	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	401,495	961,984	0.417361	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,458,927	92,729,174	0.015733	226,555	3,564	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	71,952	8,740,392	0.008232	16,069	132	54.01
54.02	05404	ULTRASOUND	242,574	18,298,488	0.013257	170,701	2,263	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	299,513	46,070,691	0.006501	0	0	55.00
57.00	05700	CT SCAN	531,320	94,768,810	0.005606	626,074	3,510	57.00
58.00	05800	MRI	185,514	25,544,055	0.007263	291,425	2,117	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,029,609	75,119,624	0.013706	80,745	1,107	59.00
60.00	06000	LABORATORY	1,204,611	176,261,056	0.006834	1,535,183	10,491	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	144,188	381,821	0.377632	4,902	1,851	64.00
65.00	06500	RESPIRATORY THERAPY	320,893	21,676,462	0.014804	624,731	9,249	65.00
66.00	06600	PHYSICAL THERAPY	1,350,945	47,530,599	0.028423	9,520,214	270,593	66.00
69.00	06900	ELECTROCARDIOLOGY	510,133	31,724,057	0.016080	120,465	1,937	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	450,063	11,887,122	0.037861	3,112	118	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	174,356	68,942,017	0.002529	224,279	567	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,022,885	257,611,764	0.003971	2,107,493	8,369	73.00
75.01	03955	RENAL DIALYSIS (IP)	19,355	1,462,369	0.013235	122,096	1,616	75.01
76.00	03956	CARDIAC REHAB	171,735	1,992,166	0.086205	0	0	76.00
76.01	03950	OP PSY/CDU	700,913	4,877,382	0.143707	0	0	76.01
76.02	03957	RIMMS	259,721	2,676,911	0.097023	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05	03953	DIABETES	56,800	2,661,003	0.021345	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	120,044	4,828,679	0.024861	209,733	5,214	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	325,521	387,825	0.839350	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100	EMERGENCY	914,629	61,008,971	0.014992	55,448	831	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	15,270,207	0.000000	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04951	INFUSION	62,747	32,882,122	0.001908	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	1,025,004	9,389,087	0.109170	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	17,289,597	1,257,978,097		16,835,758	349,882	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186 Component CCN: 14-T186	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 10:37 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404 ULTRASOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.01	03955 RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00	03956 CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03950 OP PSY/CDU	0	0	0	0	0	76.01
76.02	03957 RIMMS	0	0	0	0	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952 PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953 DIABETES	0	0	0	0	0	76.05
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951 INFUSION	0	0	0	0	0	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0186 Component CCN: 14-T186	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 10:37 am			
		Title XVIII	Subprovider - IRF	PPS			
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)		
	4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	126,970,992	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	15,322,267	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	961,984	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	92,729,174	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	8,740,392	0.000000	54.01
54.02	05404	ULTRASOUND	0	0	18,298,488	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	46,070,691	0.000000	55.00
57.00	05700	CT SCAN	0	0	94,768,810	0.000000	57.00
58.00	05800	MRI	0	0	25,544,055	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	75,119,624	0.000000	59.00
60.00	06000	LABORATORY	0	0	176,261,056	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	381,821	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	21,676,462	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	47,530,599	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	31,724,057	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	11,887,122	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	68,942,017	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	257,611,764	0.000000	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	1,462,369	0.000000	75.01
76.00	03956	CARDIAC REHAB	0	0	1,992,166	0.000000	76.00
76.01	03950	OP PSY/CDU	0	0	4,877,382	0.000000	76.01
76.02	03957	RI MMS	0	0	2,676,911	0.000000	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0.000000	76.03
76.04	03952	PAIN CLINIC	0	0	0	0.000000	76.04
76.05	03953	DIABETES	0	0	2,661,003	0.000000	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	4,828,679	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	387,825	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
91.00	09100	EMERGENCY	0	0	61,008,971	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	15,270,207	0.000000	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
93.00	04951	INFUSION	0	0	32,882,122	0.000000	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	9,389,087	0.000000	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	0	1,257,978,097		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0186 Component CCN: 14-T186		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/26/2022 10:37 am	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	814,734	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	81,799	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	226,555	0	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	16,069	0	0	54.01
54.02	05404	ULTRASOUND	0.000000	170,701	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	626,074	0	0	57.00
58.00	05800	MRI	0.000000	291,425	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	80,745	0	0	59.00
60.00	06000	LABORATORY	0.000000	1,535,183	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	4,902	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	624,731	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	9,520,214	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	120,465	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,112	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	224,279	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	2,107,493	0	0	73.00
75.01	03955	RENAL DIALYSIS (1P)	0.000000	122,096	0	0	75.01
76.00	03956	CARDIAC REHAB	0.000000	0	0	0	76.00
76.01	03950	OP PSY/CDU	0.000000	0	0	0	76.01
76.02	03957	RIMMS	0.000000	0	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	76.03
76.04	03952	PAIN CLINIC	0.000000	0	0	0	76.04
76.05	03953	DIABETES	0.000000	0	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	209,733	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
91.00	09100	EMERGENCY	0.000000	55,448	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	92.01
93.00	04951	INFUSION	0.000000	0	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.000000	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		16,835,758	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/26/2022 10:37 am
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		44,338	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		44,338	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		41,729	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		12,544	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		36,188,384	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		36,188,384	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		36,188,384	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		816.19	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,238,287	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		10,238,287	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/26/2022 10:37 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	PPS
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,862,108	4,159	1,890.38	1,565	2,958,445	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					21,757,684	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					34,954,416	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,813,187	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,658,505	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,471,692	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					31,482,724	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,609	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					816.19	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,129,440	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/26/2022 10:37 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,821,679	36,188,384	0.133238	2,129,440	283,722	90.00
91.00	Nursing Program cost	0	36,188,384	0.000000	2,129,440	0	91.00
92.00	Allied health cost	283,354	36,188,384	0.007830	2,129,440	16,674	92.00
93.00	All other Medical Education	0	36,188,384	0.000000	2,129,440	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 10:37 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,118 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,118 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			3,118 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			1,499 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			2,294,591 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			2,294,591 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			2,294,591 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			735.92 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,103,144 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,103,144 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
				Component CCN: 14-S186		Date/Time Prepared: 5/26/2022 10:37 am	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Di em (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					184,009		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,287,153		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					34,012		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					14,225		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					48,237		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,238,916		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186 Component CCN: 14-S186		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/26/2022 10:37 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	70,759	2,294,591	0.030837	0	0	90.00
91.00	Nursing Program cost	0	2,294,591	0.000000	0	0	91.00
92.00	Allied health cost	0	2,294,591	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,294,591	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186 Component CCN: 14-T186	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 10:37 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,505	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,505	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		8,505	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		6,142	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		7,398,284	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		7,398,284	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		7,398,284	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		869.87	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,342,742	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,342,742	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
				Component CCN: 14-T186		Date/Time Prepared: 5/26/2022 10:37 am	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,588,576		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					8,931,318		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					485,832		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					349,882		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					835,714		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					8,095,604		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186 Component CCN: 14-T186		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/26/2022 10:37 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	672,734	7,398,284	0.090931	0	0	90.00
91.00	Nursing Program cost	0	7,398,284	0.000000	0	0	91.00
92.00	Allied health cost	0	7,398,284	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,398,284	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/26/2022 10:37 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		11,924,566	30.00
31.00	03100	INTENSIVE CARE UNIT		2,817,676	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.182031	16,947,456	50.00
51.00	05100	RECOVERY ROOM	0.494626	1,513,552	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3.654484	5,616	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146959	3,091,523	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.112592	635,751	54.01
54.02	05404	ULTRASOUND	0.124461	1,842,860	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.120592	192,120	55.00
57.00	05700	CT SCAN	0.037716	14,522,504	57.00
58.00	05800	MRI	0.052460	2,736,507	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.180675	13,235,375	59.00
60.00	06000	LABORATORY	0.102130	17,781,579	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
64.00	06400	INTRAVENOUS THERAPY	9.676849	108,474	64.00
65.00	06500	RESPIRATORY THERAPY	0.207635	5,659,869	65.00
66.00	06600	PHYSICAL THERAPY	0.250575	2,738,264	66.00
69.00	06900	ELECTROCARDIOLOGY	0.129213	4,107,959	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.284730	1,805,796	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.210653	7,719,554	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.160258	28,128,573	73.00
75.01	03955	RENAL DIALYSIS (IP)	0.775483	573,392	75.01
76.00	03956	CARDIAC REHAB	0.566518	82,079	76.00
76.01	03950	OP PSY/CDU	0.542465	420	76.01
76.02	03957	RIMMS	0.669225	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000	0	76.03
76.04	03952	PAIN CLINIC	0.000000	0	76.04
76.05	03953	DIABETES	0.790963	1,931	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.306261	533,106	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
91.00	09100	EMERGENCY	0.182982	6,613,662	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.139451	1,936,385	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
93.00	04951	INFUSION	0.044554	3,271	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.149613	0	93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		132,517,578	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		132,517,578	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/26/2022 10:37 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF		1,895,107	40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.182031	0	50.00
51.00	05100 RECOVERY ROOM	0.494626	44,492	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3.654484	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.146959	18,828	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.112592	0	54.01
54.02	05404 ULTRASOUND	0.124461	11,055	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.120592	0	55.00
57.00	05700 CT SCAN	0.037716	108,091	57.00
58.00	05800 MRI	0.052460	34,565	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.180675	0	59.00
60.00	06000 LABORATORY	0.102130	480,452	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
64.00	06400 INTRAVENOUS THERAPY	9.676849	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.207635	20,364	65.00
66.00	06600 PHYSICAL THERAPY	0.250575	77,836	66.00
69.00	06900 ELECTROCARDIOLOGY	0.129213	48,734	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.284730	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.210653	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.160258	244,849	73.00
75.01	03955 RENAL DIALYSIS (IP)	0.775483	0	75.01
76.00	03956 CARDIAC REHAB	0.566518	0	76.00
76.01	03950 OP PSY/CDU	0.542465	4,300	76.01
76.02	03957 RIMMS	0.669225	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0.000000	0	76.03
76.04	03952 PAIN CLINIC	0.000000	0	76.04
76.05	03953 DIABETES	0.790963	0	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.306261	28,732	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
91.00	09100 EMERGENCY	0.182982	122,963	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.139451	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
93.00	04951 INFUSION	0.044554	0	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0.149613	0	93.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,245,261	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net charges (line 200 minus line 201)		1,245,261	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0186 Component CCN: 14-T186	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/26/2022 10:37 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - IRF		5,892,306	41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.182031	814,734	148,307 50.00
51.00	05100	RECOVERY ROOM	0.494626	81,799	40,460 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3.654484	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146959	226,555	33,294 54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.112592	16,069	1,809 54.01
54.02	05404	ULTRASOUND	0.124461	170,701	21,246 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.120592	0	0 55.00
57.00	05700	CT SCAN	0.037716	626,074	23,613 57.00
58.00	05800	MRI	0.052460	291,425	15,288 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.180675	80,745	14,589 59.00
60.00	06000	LABORATORY	0.102130	1,535,183	156,788 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0 62.00
64.00	06400	INTRAVENOUS THERAPY	9.676849	4,902	47,436 64.00
65.00	06500	RESPIRATORY THERAPY	0.207635	624,731	129,716 65.00
66.00	06600	PHYSICAL THERAPY	0.250575	9,520,214	2,385,528 66.00
69.00	06900	ELECTROCARDIOLOGY	0.129213	120,465	15,566 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.284730	3,112	886 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.210653	224,279	47,245 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.160258	2,107,493	337,743 73.00
75.01	03955	RENAL DIALYSIS (IP)	0.775483	122,096	94,683 75.01
76.00	03956	CARDIAC REHAB	0.566518	0	0 76.00
76.01	03950	OP PSY/CDU	0.542465	0	0 76.01
76.02	03957	RIMMS	0.669225	0	0 76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000	0	0 76.03
76.04	03952	PAIN CLINIC	0.000000	0	0 76.04
76.05	03953	DIABETES	0.790963	0	0 76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.306261	209,733	64,233 76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
91.00	09100	EMERGENCY	0.182982	55,448	10,146 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.139451	0	0 92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0 92.01
93.00	04951	INFUSION	0.044554	0	0 93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.149613	0	0 93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		16,835,758	3,588,576 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		16,835,758	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 10:37 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		27,023,898	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,895,298	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)		135,268	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		49,132	2.04
3.00	Managed Care Simulated Payments		15,465,978	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		248.85	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		18.42	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)		1.00	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)		19.42	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		21.33	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)		19.42	12.00
13.00	Total allowable FTE count for the prior year.		19.42	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.		19.42	14.00
15.00	Sum of lines 12 through 14 divided by 3.		19.42	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		19.42	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.078039	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.077330	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.077330	21.00
22.00	IME payment adjustment (see instructions)		1,485,079	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		639,441	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		1.91	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)		1,485,079	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		639,441	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.38	30.00
31.00	Percentage of Medicaid patient days (see instructions)		31.89	31.00
32.00	Sum of lines 30 and 31		37.27	32.00
33.00	Allowable disproportionate share percentage (see instructions)		19.96	33.00
34.00	Disproportionate share adjustment (see instructions)		1,792,368	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 10:37 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,534,650	1,410,638 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,147,834	355,558 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,503,392	36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)		40,884,435	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		41,523,876	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,104,290	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).		479,699	52.00
53.00	Nursing and Allied Health Managed Care payment		8,606	53.00
54.00	Special add-on payments for new technologies		215,710	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).		126,574	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		2,115	58.00
59.00	Total (sum of amounts on lines 49 through 58)		45,460,870	59.00
60.00	Primary payer payments		38,635	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		45,422,235	61.00
62.00	Deductibles billed to program beneficiaries		3,426,140	62.00
63.00	Coinurance billed to program beneficiaries		61,529	63.00
64.00	Allowable bad debts (see instructions)		882,291	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		573,489	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		699,794	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		42,508,055	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)		-16,109	70.93
70.94	HRR adjustment amount (see instructions)		-747,111	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 10:37 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			41,744,835	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			41,336,336	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)			408,499	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			5,739,238	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)				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	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0186

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2022 10:37 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	27,023,898	0	27,023,898		27,023,898	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,895,298	0		8,895,298	8,895,298	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	135,268	0	135,268		135,268	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	49,132	0		49,132	49,132	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	15,465,978	0	11,512,326	3,953,652	15,465,978	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.077330	0.077330	0.077330	0.077330		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,485,079	0	1,117,303	367,776	1,485,079	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	639,441	0	475,977	163,464	639,441	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,485,079	0	1,117,303	367,776	1,485,079	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	639,441	0	475,977	163,464	639,441	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1996	0.1996	0.1996	0.1996		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,792,368	0	1,348,493	443,875	1,792,368	11.00
11.01	Uncompensated care payments	36.00	1,503,392	0	1,147,834	355,558	1,503,392	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	40,884,435	0	30,772,796	10,111,639	40,884,435	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	41,523,876	0	31,248,773	10,275,103	41,523,876	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. 1, if applicable)	50.00	3,104,290	0	2,351,932	752,358	3,104,290	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0186

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2022 10:37 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	215,710	0	116,806	98,904	215,710	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	33,717,511	11,126,365	44,843,876	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,741,809	0	2,076,099	665,710	2,741,809	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	26,061	0	21,096	4,965	26,061	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	0.0443	0.0443	0.0443	0.0443		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	121,462	0	91,971	29,491	121,462	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0784	0.0784	0.0784	0.0784		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	214,958	0	162,766	52,192	214,958	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,104,290	0	2,351,932	752,358	3,104,290	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5			Provider CCN: 14-0186		Period: From 01/01/2021 To 12/31/2021		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2022 10:37 am	
			Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (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	27,023,898	27,023,898		27,023,898		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,895,298		8,895,298	8,895,298		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0		1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0		1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0		2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	135,268	135,268		135,268		2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	49,132		49,132	49,132		2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0		3.00
4.00	Managed care simulated payments	3.00	15,465,978	11,512,326	3,953,652	15,465,978		4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.077330	0.077330	0.077330			5.00
6.00	IME payment adjustment (see instructions)	22.00	1,485,079	1,117,303	367,776	1,485,079		6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	639,441	475,977	163,464	639,441		6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000			7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0		8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0		8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,485,079	1,117,303	367,776	1,485,079		9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	639,441	475,977	163,464	639,441		9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1996	0.1996	0.1996			10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,792,368	1,348,493	443,875	1,792,368		11.00
11.01	Uncompensated care payments	36.00	1,503,392	1,147,834	355,558	1,503,392		11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0		12.00
13.00	Subtotal (see instructions)	47.00	40,884,435	30,772,796	10,111,639	40,884,435		13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0		14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	41,523,876	31,248,773	10,275,103	41,523,876		15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,104,290	2,351,932	752,358	3,104,290		16.00
17.00	Special add-on payments for new technologies	54.00	215,710	116,806	98,904	215,710		17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0		17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0		18.00
19.00	SUBTOTAL			33,717,511	11,126,365	44,843,876		19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0186

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/26/2022 10:37 am

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	2,741,809	2,076,099	665,710	2,741,809	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	26,061	21,096	4,965	26,061	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	0.0443	0.0443	0.0443		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	121,462	91,971	29,491	121,462	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0784	0.0784	0.0784		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	214,958	162,766	52,192	214,958	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	3,104,290	2,351,932	752,358	3,104,290	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	-16,109	-16,109	0	-16,109	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	-747,111	-564,528	-182,583	-747,111	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: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/26/2022 10:37 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,840	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		43,030,993	2.00
3.00	OPPS payments		39,817,557	3.00
4.00	Outlier payment (see instructions)		9,125	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		3,476	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,840	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		12,135	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)		12,135	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a 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)		12,135	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		10,295	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)		1,840	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)		39,830,158	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		6,818,205	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)		33,013,793	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		457,574	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)		33,471,367	30.00
31.00	Primary payer payments		3,462	31.00
32.00	Subtotal (line 30 minus line 31)		33,467,905	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		853,479	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		554,761	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		656,404	36.00
37.00	Subtotal (see instructions)		34,022,666	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-404	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)		34,023,070	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		34,129,832	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)		-106,762	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		735,798	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/26/2022 10:37 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			1,079 2.00
3.00	OPPS payments			734 3.00
4.00	Outlier payment (see instructions)			0 4.00
4.01	Outlier reconciliation amount (see instructions)			0 4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 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)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a 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)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 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)			0 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)			734 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			147 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)			587 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)			587 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			587 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			587 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment before sequestration			0 39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			587 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			587 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)			0 43.00
43.01	Balance due provider/program-PARHM (see instructions)			0 43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0186

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

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2022 10:37 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		41,336,336		34,129,832	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)		41,336,336		34,129,832	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		408,499		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		106,762	6.02	
7.00	Total Medicare program liability (see instructions)		41,744,835		34,023,070	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0186
Component CCN: 14-S186

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

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2022 10:37 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		1,315,872		587	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)		1,315,872		587	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		33,657		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,349,529		587	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0186
Component CCN: 14-T186

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

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2022 10:37 am
PPS

Title XVIII

Subprovider -
IRF

		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		11,423,310		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		11,423,310		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		17,162		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		11,440,472		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/26/2022 10:37 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6, line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial /interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part II Date/Time Prepared: 5/26/2022 10:37 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,419,604 1.00
2.00	Net IPF PPS Outlier Payments			8,641 2.00
3.00	Net IPF PPS ECT Payments			4,560 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			8.542466 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,432,805 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,432,805 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,432,805 18.00
19.00	Deductibles			100,608 19.00
20.00	Subtotal (line 18 minus line 19)			1,332,197 20.00
21.00	Coinsurance			16,324 21.00
22.00	Subtotal (line 20 minus line 21)			1,315,873 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			51,778 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			33,656 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			44,869 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,349,529 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.98	Recovery of accelerated depreciation.			0 30.98
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,349,529 31.00
31.01	Sequestration adjustment (see instructions)			0 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,315,872 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			33,657 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			4,375 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			8,641 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186 Component CCN: 14-T186	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part III Date/Time Prepared: 5/26/2022 10:37 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			10,986,136 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0148 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			236,202 3.00
4.00	Outlier Payments			347,879 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			23.301370 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			11,570,217 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			11,570,217 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			11,570,217 19.00
20.00	Deductibles			143,644 20.00
21.00	Subtotal (line 19 minus line 20)			11,426,573 21.00
22.00	Coinsurance			5,565 22.00
23.00	Subtotal (line 21 minus line 22)			11,421,008 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			29,945 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			19,464 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			21,509 26.00
27.00	Subtotal (sum of lines 23 and 25)			11,440,472 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			11,440,472 32.00
32.01	Sequestration adjustment (see instructions)			0 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			11,423,310 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			17,162 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			2,097 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			347,879 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/26/2022 10:37 am
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Title XVIII		Hospital	PPS
			1.00

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.		0.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)		18.42
3.00	Amount of reduction to Direct GME cap under section 422 of MMA		0.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)		0.00
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))		0.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)		0.00
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)		1.00
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)		19.42
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		21.33
7.00	Enter the lesser of line 5 or line 6		19.42

		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	14.92	3.21	18.13	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	13.58	2.92	16.50	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	13.58	2.92		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	13.38	3.96		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	13.29	3.98		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	13.42	3.62		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	13.42	3.62		17.00
18.00	Per resident amount	111,627.66	111,627.66		18.00
19.00	Approved amount for resident costs	1,498,043	404,092	1,902,135	19.00

				Total	
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			1.91	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,902,135	25.00

		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	21,750	7,037		26.00
27.00	Total Inpatient Days (see instructions)	57,840	57,840		27.00
28.00	Ratio of inpatient days to total inpatient days	0.376037	0.121663		28.00
29.00	Program direct GME amount	715,273	231,419	946,692	29.00
29.01	Percent reduction for MA DGME		4.07		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		9,419	9,419	30.00
31.00	Net Program direct GME amount			937,273	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/26/2022 10:37 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		45,172,887	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		38,635	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		45,134,252	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		43,055,976	42.00
43.00	Primary payer payments (see instructions)		3,462	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		43,052,514	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		88,186,766	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.511803	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.488197	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		937,273	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		479,699	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		457,574	50.00

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

Provider CCN: 14-0186

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

Worksheet G

Date/Time Prepared:
5/26/2022 10:37 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	131,910,792	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	29,772,688	0	0	0	4.00
5.00	Other receivable	2,569,588	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	8,566,076	0	0	0	7.00
8.00	Prepaid expenses	6,377,304	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	32,025,682	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	211,222,130	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,108,094	0	0	0	12.00
13.00	Land improvements	7,012,527	0	0	0	13.00
14.00	Accumulated depreciation	-2,474,924	0	0	0	14.00
15.00	Buildings	298,823,800	0	0	0	15.00
16.00	Accumulated depreciation	-140,437,264	0	0	0	16.00
17.00	Leasehold improvements	7,992,529	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	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	202,641,840	0	0	0	23.00
24.00	Accumulated depreciation	-134,169,995	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)	247,496,607	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	355,999,071	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	13,586,001	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	369,585,072	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	828,303,809	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,723,381	0	0	0	37.00
38.00	Salaries, wages, and fees payable	32,683,023	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,080,330	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	63,870,198	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	107,356,932	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	128,083,588	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	46,776,382	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	174,859,970	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	282,216,902	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	546,086,907				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)	546,086,907	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	828,303,809	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0186

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

Worksheet G-1

Date/Time Prepared:
5/26/2022 10:37 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		498,052,536		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		47,254,652			2.00
3.00	Total (sum of line 1 and line 2)		545,307,188		0	3.00
4.00	INCREASE IN NET ASSETS WITHOUT RESTR	351,844		0		4.00
5.00	INCREASE IN PERMANENTLY RESTRICTED N	427,875		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)		779,719		0	10.00
11.00	Subtotal (line 3 plus line 10)		546,086,907		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)		546,086,907		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	INCREASE IN NET ASSETS WITHOUT RESTR		0			4.00
5.00	INCREASE IN PERMANENTLY RESTRICTED N		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: 14-0186

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2022 10:37 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	47,204,129		47,204,129	1.00
2.00	SUBPROVIDER - IPF	3,940,340		3,940,340	2.00
3.00	SUBPROVIDER - IRF	7,694,143		7,694,143	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	58,838,612		58,838,612	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,947,509		7,947,509	11.00
12.00	CORONARY CARE UNIT	0		0	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)	7,947,509		7,947,509	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	66,786,121		66,786,121	17.00
18.00	Ancillary services	331,373,185	840,406,872	1,171,780,057	18.00
19.00	Outpatient services	21,452,210	65,964,078	87,416,288	19.00
20.00	RURAL HEALTH CLINIC	0	387,825	387,825	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		4,612,367	4,612,367	22.00
23.00	AMBULANCE SERVICES	116,637	10,164,224	10,280,861	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	105,823,135	105,823,135	27.00
27.01	JOINT VENTURE REVENUE & CARE-A-VAN	0	13,153,335	13,153,335	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	419,728,153	1,040,511,836	1,460,239,989	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		394,184,067		29.00
30.00	MISCELLANEOUS	3,224,785			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)		3,224,785		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)		397,408,852		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0186

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

Worksheet G-3

Date/Time Prepared:
5/26/2022 10:37 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,460,239,989	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,064,173,657	2.00
3.00	Net patient revenues (line 1 minus line 2)	396,066,332	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	397,408,852	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,342,520	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	4,021,515	24.00
24.01	NON OPERATING INCOME	35,969,013	24.01
24.02	FINANCE RECLASS	2,611	24.02
24.50	COVID-19 PHE Funding	8,604,014	24.50
25.00	Total other income (sum of lines 6-24)	48,597,153	25.00
26.00	Total (line 5 plus line 25)	47,254,633	26.00
27.00	ROUNDING	-19	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-19	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	47,254,652	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0186

Period: From 01/01/2021

Worksheet H

HHA CCN: 14-7400

To 12/31/2021

Date/Time Prepared: 5/26/2022 10:37 am

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	
GENERAL SERVICE COST CENTERS							
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	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	898,656	0	29,287	224,664	1,152,607	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,025,595	0	0	0	1,025,595	6.00
7.00	Physical Therapy	847,773	0	0	0	847,773	7.00
8.00	Occupational Therapy	138,080	0	0	0	138,080	8.00
9.00	Speech Pathology	4,005	0	0	0	4,005	9.00
10.00	Medical Social Services	34,500	0	0	0	34,500	10.00
11.00	Home Health Aide	27,357	0	0	0	27,357	11.00
12.00	Supplies (see instructions)	0	0	0	93,669	93,669	12.00
13.00	Drugs	0	0	0	3,671	3,671	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
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	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,975,966	0	29,287	322,004	3,327,257	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	2,827	1,155,434	0	1,155,434		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	20,183	1,045,778	0	1,045,778		6.00
7.00	Physical Therapy	16,683	864,456	0	864,456		7.00
8.00	Occupational Therapy	2,717	140,797	0	140,797		8.00
9.00	Speech Pathology	79	4,084	0	4,084		9.00
10.00	Medical Social Services	679	35,179	0	35,179		10.00
11.00	Home Health Aide	538	27,895	0	27,895		11.00
12.00	Supplies (see instructions)	0	93,669	0	93,669		12.00
13.00	Drugs	0	3,671	0	3,671		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	43,706	3,370,963	0	3,370,963		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: 14-0186 HHA CCN: 14-7400		Period: From 01/01/2021 To 12/31/2021		Worksheet H-1 Part I Date/Time Prepared: 5/26/2022 10:37 am	
				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				
GENERAL SERVICE COST CENTERS							
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	1,155,434	0	0	0	1,155,434	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,045,778	0	0	0	1,045,778	6.00
7.00	Physical Therapy	864,456	0	0	0	864,456	7.00
8.00	Occupational Therapy	140,797	0	0	0	140,797	8.00
9.00	Speech Pathology	4,084	0	0	0	4,084	9.00
10.00	Medical Social Services	35,179	0	0	0	35,179	10.00
11.00	Home Health Aide	27,895	0	0	0	27,895	11.00
12.00	Supplies (see instructions)	93,669	0	0	0	93,669	12.00
13.00	Drugs	3,671	0	0	0	3,671	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
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)	3,370,963	0	0	0	3,370,963	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	1,155,434					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	545,390	1,591,168				6.00
7.00	Physical Therapy	450,828	1,315,284				7.00
8.00	Occupational Therapy	73,428	214,225				8.00
9.00	Speech Pathology	2,130	6,214				9.00
10.00	Medical Social Services	18,346	53,525				10.00
11.00	Home Health Aide	14,548	42,443				11.00
12.00	Supplies (see instructions)	48,850	142,519				12.00
13.00	Drugs	1,914	5,585				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		3,370,963				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 14-0186 HHA CCN: 14-7400		Period: From 01/01/2021 To 12/31/2021		Worksheet H-1 Part II Date/Time Prepared: 5/26/2022 10:37 am	
				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					
GENERAL SERVICE COST CENTERS							
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	-1,155,434	2,215,529
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,045,778
7.00	Physical Therapy	0	0	0	0	0	864,456
8.00	Occupational Therapy	0	0	0	0	0	140,797
9.00	Speech Pathology	0	0	0	0	0	4,084
10.00	Medical Social Services	0	0	0	0	0	35,179
11.00	Home Health Aide	0	0	0	0	0	27,895
12.00	Supplies (see instructions)	0	0	0	0	0	93,669
13.00	Drugs	0	0	0	0	0	3,671
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
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	-1,155,434	2,215,529
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,155,434
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.521516

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet H-2 Part I Date/Time Prepared: 5/26/2022 10:37 am
		HHA CCN: 14-7400	Home Health Agency I	PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	96,837	7,318	736,456	15,684	489,312	1.00
2.00 Skilled Nursing Care	1,591,168	0	0	0	0	0	2.00
3.00 Physical Therapy	1,315,284	0	0	0	0	0	3.00
4.00 Occupational Therapy	214,225	0	0	0	0	0	4.00
5.00 Speech Pathology	6,214	0	0	0	0	0	5.00
6.00 Medical Social Services	53,525	0	0	0	0	0	6.00
7.00 Home Health Aide	42,443	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	142,519	0	0	0	0	0	8.00
9.00 Drugs	5,585	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)	3,370,963	96,837	7,318	736,456	15,684	489,312	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
	5.03	5.05	5A.05	5.06	6.00	7.00	
1.00 Administrative and General	10,097	41,839	1,397,543	186,241	2,400	82,209	1.00
2.00 Skilled Nursing Care	0	0	1,591,168	212,043	0	0	2.00
3.00 Physical Therapy	0	0	1,315,284	175,279	0	0	3.00
4.00 Occupational Therapy	0	0	214,225	28,548	0	0	4.00
5.00 Speech Pathology	0	0	6,214	828	0	0	5.00
6.00 Medical Social Services	0	0	53,525	7,133	0	0	6.00
7.00 Home Health Aide	0	0	42,443	5,656	0	0	7.00
8.00 Supplies (see instructions)	0	0	142,519	18,993	0	0	8.00
9.00 Drugs	0	0	5,585	744	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	10,097	41,839	4,768,506	635,465	2,400	82,209	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000				21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0186

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

Worksheet H-2 Part I

HHA CCN: 14-7400

Date/Time Prepared: 5/26/2022 10:37 am

Home Health Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	58,459	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	58,459	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		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS		PARAMED EDUCATION PROGRAM	
		15.00	16.00	17.00	SERVICES-SALARIES & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	23.00	
1.00	Administrative and General	0	13,731	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	13,731	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: 14-0186

Period:

Worksheet H-2

HHA CCN: 14-7400

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

Part I
Date/Time Prepared:
5/26/2022 10:37 am

Home Health
Agency I

PPS

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	1,740,583	0	1,740,583				1.00
2.00 Skilled Nursing Care	1,803,211	0	1,803,211	821,593	2,624,804		2.00
3.00 Physical Therapy	1,490,563	0	1,490,563	679,142	2,169,705		3.00
4.00 Occupational Therapy	242,773	0	242,773	110,614	353,387		4.00
5.00 Speech Pathology	7,042	0	7,042	3,209	10,251		5.00
6.00 Medical Social Services	60,658	0	60,658	27,637	88,295		6.00
7.00 Home Health Aide	48,099	0	48,099	21,915	70,014		7.00
8.00 Supplies (see instructions)	161,512	0	161,512	73,589	235,101		8.00
9.00 Drugs	6,329	0	6,329	2,884	9,213		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)	5,560,770	0	5,560,770	1,740,583	5,560,770		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.				0.455628			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: 14-0186 HHA CCN: 14-7400	Period: From 01/01/2021 To 12/31/2021	Worksheet H-2 Part II Date/Time Prepared: 5/26/2022 10:37 am PPS
		Home Health Agency I	

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)	PURCHASING (REQS)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	2,848	7,274	481,018	19	35	118,652	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)	2,848	7,274	481,018	19	35	118,652	20.00
21.00 Total cost to be allocated	96,837	7,318	736,456	15,684	489,312	10,097	21.00
22.00 Unit cost multiplier	34.001756	1.006049	1.531036	825.473684	13,980.342857	0.085098	22.00
Cost Center Description	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.05	5A.06	5.06	6.00	7.00	8.00	
1.00 Administrative and General	4,612,367	0	1,397,543	1	2,848	0	1.00
2.00 Skilled Nursing Care	0	0	1,591,168	0	0	0	2.00
3.00 Physical Therapy	0	0	1,315,284	0	0	0	3.00
4.00 Occupational Therapy	0	0	214,225	0	0	0	4.00
5.00 Speech Pathology	0	0	6,214	0	0	0	5.00
6.00 Medical Social Services	0	0	53,525	0	0	0	6.00
7.00 Home Health Aide	0	0	42,443	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	142,519	0	0	0	8.00
9.00 Drugs	0	0	5,585	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)	4,612,367	0	4,768,506	1	2,848	0	20.00
21.00 Total cost to be allocated	41,839		635,465	2,400	82,209	0	21.00
22.00 Unit cost multiplier	0.009071		0.133263	2,400.000000	28.865520	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 14-0186 HHA CCN: 14-7400	Period: From 01/01/2021 To 12/31/2021	Worksheet H-2 Part II Date/Time Prepared: 5/26/2022 10:37 am
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Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	2,848	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)	2,848	0	0	0	0	0	20.00
21.00	Total cost to be allocated	58,459	0	0	0	0	0	21.00
22.00	Unit cost multiplier	20.526334	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

Cost Center Description		INTERNS & RESIDENTS					PARAMED EDUCATION PROGRAM (ASSIGNED TIME)	
		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		16.00	17.00	21.00	22.00	23.00		
1.00	Administrative and General	4,612,367	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)	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	19.00	
19.50	Telemedicine	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19)	4,612,367	0	0	0	0	20.00	
21.00	Total cost to be allocated	13,731	0	0	0	0	21.00	
22.00	Unit cost multiplier	0.002977	0.000000	0.000000	0.000000	0.000000	22.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet H-3 Part I Date/Time Prepared: 5/26/2022 10:37 am
		HHA CCN: 14-7400		

			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	2,624,804		2,624,804	9,344	280.91	1.00
2.00	Physical Therapy	3.00	2,169,705	0	2,169,705	7,938	273.33	2.00
3.00	Occupational Therapy	4.00	353,387	0	353,387	1,043	338.82	3.00
4.00	Speech Pathology	5.00	10,251	0	10,251	55	186.38	4.00
5.00	Medical Social Services	6.00	88,295		88,295	24	3,678.96	5.00
6.00	Home Health Aide	7.00	70,014		70,014	1,036	67.58	6.00
7.00	Total (sum of lines 1-6)		5,316,456	0	5,316,456	19,440		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		5.00
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation							
8.00	Skilled Nursing Care		16984	0	511		8.00
8.01	Skilled Nursing Care		28100	0	4,176		8.01
8.02	Skilled Nursing Care		99914	0	532		8.02
9.00	Physical Therapy		16984	0	452		9.00
9.01	Physical Therapy		28100	0	3,915		9.01
9.02	Physical Therapy		99914	0	421		9.02
10.00	Occupational Therapy		16984	0	60		10.00
10.01	Occupational Therapy		28100	0	470		10.01
10.02	Occupational Therapy		99914	0	72		10.02
11.00	Speech Pathology		16984	0	6		11.00
11.01	Speech Pathology		28100	0	42		11.01
11.02	Speech Pathology		99914	0	0		11.02
12.00	Medical Social Services		16984	0	2		12.00
12.01	Medical Social Services		28100	0	11		12.01
12.02	Medical Social Services		99914	0	1		12.02
13.00	Home Health Aide		16984	0	78		13.00
13.01	Home Health Aide		28100	0	620		13.01
13.02	Home Health Aide		99914	0	63		13.02
14.00	Total (sum of lines 8-13)			0	11,432		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	235,101	0	235,101	0	0.000000	15.00
16.00	Cost of Drugs	9.00	9,213	0	9,213	0	0.000000	16.00

Cost Center Description	Part A	Part B		Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00

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	5,219		0	1,466,069	1.00
2.00	Physical Therapy	0	4,788		0	1,308,704	2.00
3.00	Occupational Therapy	0	602		0	203,970	3.00
4.00	Speech Pathology	0	48		0	8,946	4.00
5.00	Medical Social Services	0	14		0	51,505	5.00
6.00	Home Health Aide	0	761		0	51,428	6.00
7.00	Total (sum of lines 1-6)	0	11,432		0	3,090,622	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 14-0186 HHA CCN: 14-7400	Period: From 01/01/2021 To 12/31/2021	Worksheet H-3 Part I Date/Time Prepared: 5/26/2022 10:37 am
				Title XVIII	Home Health Agency I	PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	14,447	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	1,466,069						1.00
2.00	Physical Therapy	1,308,704						2.00
3.00	Occupational Therapy	203,970						3.00
4.00	Speech Pathology	8,946						4.00
5.00	Medical Social Services	51,505						5.00
6.00	Home Health Aide	51,428						6.00
7.00	Total (sum of lines 1-6)	3,090,622						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0186 HHA CCN: 14-7400	Period: From 01/01/2021 To 12/31/2021	Worksheet H-3 Part II Date/Time Prepared: 5/26/2022 10:37 am
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00 Physical Therapy	66.00	0.250575	0	0	col. 2, line 2.00	1.00
2.00 Occupational Therapy						2.00
3.00 Speech Pathology						3.00
4.00 Cost of Medical Supplies	71.00	0.284730	0	0	col. 2, line 15.00	4.00
5.00 Cost of Drugs	73.00	0.160258	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186 HHA CCN: 14-7400	Period: From 01/01/2021 To 12/31/2021	Worksheet H-4 Part I-11 Date/Time Prepared: 5/26/2022 10:37 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
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
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,251,307
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	182,162
13.00	Total PPS Reimbursement - LUPA Episodes		0	39,426
14.00	Total PPS Reimbursement - PEP Episodes		0	2,975
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	42,992
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	2,518,862
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	2,518,862
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	2,518,862
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	2,518,862
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	2,518,862
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	2,518,863
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	-1
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: 14-0186
HHA CCN: 14-7400

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

Worksheet H-5
Date/Time Prepared:
5/26/2022 10:37 am
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		2,518,863	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,518,863	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		1	6.02
7.00	Total Medicare program liability (see instructions)		0		2,518,862	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0186	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/26/2022 10:37 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,741,809	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		26,061	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)		126.62	3.00
4.00	Number of interns & residents (see instructions)		19.42	4.00
5.00	Indirect medical education percentage (see instructions)		4.43	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)		121,462	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.38	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		31.89	8.00
9.00	Sum of lines 7 and 8		37.27	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.84	10.00
11.00	Disproportionate share adjustment (see instructions)		214,958	11.00
12.00	Total prospective capital payments (see instructions)		3,104,290	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0186
Component CCN: 14-3976

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

Worksheet M-1
Date/Time Prepared:
5/26/2022 10:37 am

		RHC I		Cost			
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	36,829	0	36,829	0	36,829	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	107,489	0	107,489	0	107,489	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	0	0	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	65,027	0	65,027	1,785	66,812	9.00
10.00	Subtotal (sum of lines 1 through 9)	209,345	0	209,345	1,785	211,130	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	2,250	2,250	0	2,250	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	8,128	8,128	0	8,128	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	10,378	10,378	0	10,378	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	209,345	10,378	219,723	1,785	221,508	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	19,035	19,035	-13,500	5,535	29.00
30.00	Administrative Costs	0	31,029	31,029	4,978	36,007	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	50,064	50,064	-8,522	41,542	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	209,345	60,442	269,787	-6,737	263,050	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0186

Period: From 01/01/2021

Worksheet M-1

Component CCN: 14-3976

To 12/31/2021

Date/Time Prepared: 5/26/2022 10:37 am

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	RHC I	Cost
		6.00	7.00		
FACILITY HEALTH CARE STAFF COSTS					
1.00	Physician	0	36,829		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	-107,489	0		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	0		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	66,812		9.00
10.00	Subtotal (sum of lines 1 through 9)	-107,489	103,641		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	0		13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0		14.00
15.00	Medical Supplies	0	2,250		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	0		18.00
19.00	Other Health Care Costs	0	8,128		19.00
20.00	Allowable GME Costs				20.00
21.00	Subtotal (sum of lines 15 through 20)	0	10,378		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-107,489	114,019		22.00
COSTS OTHER THAN RHC/FQHC SERVICES					
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
25.01	Telehealth	0	0		25.01
25.02	Chronic Care Management	0	0		25.02
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs				27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0		28.00
FACILITY OVERHEAD					
29.00	Facility Costs	0	5,535		29.00
30.00	Administrative Costs	0	36,007		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	41,542		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-107,489	155,561		32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0186 Component CCN: 14-3976	Period: From 01/01/2021 To 12/31/2021	Worksheet M-2 Date/Time Prepared: 5/26/2022 10:37 am
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		RHC I		Cost		
	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY						
Positions						
1.00	Physician	0.00	0	4,200	0	1.00
2.00	Physician Assistant	0.00	0	2,100	0	2.00
3.00	Nurse Practitioner	0.81	1,834	2,100	1,701	3.00
4.00	Subtotal (sum of lines 1 through 3)	0.81	1,834		1,701	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.00	0		0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	0.81	1,834		1,834	8.00
9.00	Physician Services Under Agreements		0		0	9.00
					1.00	
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)				114,019	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				114,019	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)				41,542	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				513,889	15.00
16.00	Total overhead (sum of lines 14 and 15)				555,431	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Enter the amount from line 16				555,431	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				555,431	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				669,450	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0186 Component CCN: 14-3976	Period: From 01/01/2021 To 12/31/2021	Worksheet M-3 Date/Time Prepared: 5/26/2022 10:37 am
		Title XVIII	RHC I	Cost
		1.00		
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES				
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)		669,450	1.00
2.00	Cost of injections/infusions and their administration (from Wkst. M-4, line 15)		10,956	2.00
3.00	Total allowable cost excluding injections/infusions (line 1 minus line 2)		658,494	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		1,834	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		1,834	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		359.05	7.00
		Calculation of Limit (1)		
		Rate Period 1 (01/01/2021 through 03/31/2021)	Rate Period 2 (04/01/2021 through 12/31/2021)	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	87.52	100.00	8.00
9.00	Rate for Program covered visits (see instructions)	87.52	100.00	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	41	150	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	3,588	15,000	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)			15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	18,588	16.00
16.01	Total program charges (see instructions)(from contractor's records)		39,493	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		9,136	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		4,300	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		7,871	16.04
16.05	Total program cost (see instructions)	0	12,171	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		4,449	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		5,182	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		12,171	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		9,122	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		21,293	22.00
23.00	Allowable bad debts (see instructions)		70	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		46	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		30	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	25.50
25.99	Demonstration payment adjustment amount before sequestration		0	25.99
26.00	Net reimbursable amount (see instructions)		21,339	26.00
26.01	Sequestration adjustment (see instructions)		0	26.01
26.02	Demonstration payment adjustment amount after sequestration		0	26.02
27.00	Interim payments		11,694	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)		9,645	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter I, §115.2		3	30.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC VACCINE COST

Provider CCN: 14-0186

Period: From 01/01/2021

Worksheet M-4

Component CCN: 14-3976

To 12/31/2021

Date/Time Prepared: 5/26/2022 10:37 am

		Title XVIII		RHC I	Cost	
		PNEUMOCOCCAL VACCINES	INFLUENZA VACCINES	COVID-19 VACCINES	MONOCLONAL ANTI BODY PRODUCTS	
		1.00	2.00	2.01	2.02	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	103,641	103,641	103,641	103,641	1.00
2.00	Ratio of injection/infusion staff time to total health care staff time	0.000139	0.000341	0.000000	0.000000	2.00
3.00	Injection/infusion health care staff cost (line 1 x line 2)	14	35	0	0	3.00
4.00	Injections/infusions and related medical supplies costs (from your records)	1,073	744	0	0	4.00
5.00	Direct cost of injections/infusions (line 3 plus line 4)	1,087	779	0	0	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	114,019	114,019	114,019	114,019	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	555,431	555,431	555,431	555,431	7.00
8.00	Ratio of injection/infusion direct cost to total direct cost (line 5 divided by line 6)	0.009533	0.006832	0.000000	0.000000	8.00
9.00	Overhead cost - injection/infusion (line 7 x line 8)	5,295	3,795	0	0	9.00
10.00	Total injection/infusion costs and their administration costs (sum of lines 5 and 9)	6,382	4,574	0	0	10.00
11.00	Total number of injections/infusions (from your records)	9	22	0	0	11.00
12.00	Cost per injection/infusion (line 10/line 11)	709.11	207.91	0.00	0.00	12.00
13.00	Number of injection/infusion administered to Program beneficiaries	7	20	0	0	13.00
13.01	Number of COVID-19 vaccine injections/infusions administered to MA enrollees			0	0	13.01
14.00	Program cost of injections/infusions and their administration costs (line 12 times the sum of lines 13 and 13.01, as applicable)	4,964	4,158	0	0	14.00
15.00	Total cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 10) (transfer this amount to Wkst. M-3, line 2)		10,956			15.00
16.00	Total Program cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01, and 2.02, line 14) (transfer this amount to Wkst. M-3, line 21)		9,122			16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-0186 Component CCN: 14-3976	Period: From 01/01/2021 To 12/31/2021	Worksheet M-5 Date/Time Prepared: 5/26/2022 10:37 am
		RHC I	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		11,694	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	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	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		11,694	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	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		9,645	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		21,339	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00