This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/23/2022 3:05 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: 5/23/2022 Time: 3:05 pm
2. [ ] Manually prepared cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SCHNECK MEDICAL CENTER (15-0065) 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	Debbie Mann		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	Debbie Mann			2
3	Signatory Title	VICE PRESIDENT OF FINANCE			3
4	Date	(Dated when report is electronica			4

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	1,016,125	181,828	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	-1	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
200.00	Total	0	1,016,124	181,827	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-2 Part I | Date/Time Prepared: 5/23/2022 3:05 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 411 WEST TIPTON STREET	PO Box:			1.00
2.00	City: SEYMOUR	State: IN	Zip Code: 47274-	County: JACKSON	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	SCHNECK MEDICAL CENTER	150065	99915	1	07/16/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	SCHNECK MEDICAL CENTER	15U065	99915		03/04/1999	N	P	N	7.00
8.00	Swing Beds - NF	SCHNECK MEDICAL CENTER	15U065	99915		03/04/1999	N		O	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	JACKSON COUNTY HOME HEALTH	157155	99915		07/01/1985	N	P	O	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	HOSPICE OF MEMORIAL HOSPITAL	151529	99915		12/09/1994				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2021	12/31/2021	20.00
21.00	Type of Control (see instructions)	8		21.00

		1.00	2.00	3.00	
	Inpatient PPS Information				
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or “N” for no.	N	N	N	22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	N	22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-2 Part I | Date/Time Prepared: 5/23/2022 3:05 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,681	578	0	8	1,125	94	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

		Urban/Rural 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.	2		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	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)	Y	Y	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-2 Part I Date/Time Prepared: 5/23/2022 3:05 pm

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustement? Enter "Y" for yes or "N" for no in column 2.	N			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20

		1.00	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/23/2022 3:05 pm

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-2 Part I Date/Time Prepared: 5/23/2022 3:05 pm

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N	87.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	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. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
	Rural Providers			
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00

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				V	XIX	
				1.00	2.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N		108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
					1.00	
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
	Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	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.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	1,501,117	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.		Y	5.00		122.00
	Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-2 Part I | Date/Time Prepared: 5/23/2022 3:05 pm

		1.00	2.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	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	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)		168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/23/2022 3:05 pm

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-2 Part II | Date/Time Prepared: 5/23/2022 3:05 pm

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/29/2021	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/14/2022	Y	04/14/2022	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-2 Part II | Date/Time Prepared: 5/23/2022 3:05 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions					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?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
		1.00		2.00		
	Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LUCIA		GERBER		41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE AND CO., LLC				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-992-3500		LGERBER@BLUEANDCO.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/23/2022 3:05 pm

		3.00		
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-3 Part I | Date/Time Prepared: 5/23/2022 3:05 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	63	22,995	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)		63	22,995	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						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)		81	29,565	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	2	730			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		83				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-3 Part I | Date/Time Prepared: 5/23/2022 3:05 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	1,853	1,575	6,611			1.00
2.00	HMO and other (see instructions)	333	500				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	28	0	47			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)	1,881	1,575	6,658			7.00
8.00	INTENSIVE CARE UNIT	552	170	2,878			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		1,147	1,869			13.00
14.00	Total (see instructions)	2,433	2,892	11,405	0.00	850.69	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	3,846	0	8,760	0.00	16.40	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	150	0	155	0.00	10.29	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	877.38	27.00
28.00	Observation Bed Days		384	1,963			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	94	152			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-3 Part I | Date/Time Prepared: 5/23/2022 3:05 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	459	389	2,148	1.00
2.00	HMO and other (see instructions)			54	111		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	459	389	2,148	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-3 Part II Date/Time Prepared: 5/23/2022 3:05 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	77,136,555	0	77,136,555	1,824,935.95	42.27	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		642,910	0	642,910	6,340.00	101.41	3.00
4.00	Physician-Part A - Administrative		503,805	0	503,805	3,016.00	167.04	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		14,481,822	0	14,481,822	93,654.00	154.63	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		15,536,665	554	15,537,219	338,893.63	45.85	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,436,782	0	3,436,782	29,969.22	114.68	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		429,961	0	429,961	1,998.00	215.20	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		10,926,779	0	10,926,779			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		3,237,205	0	3,237,205			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		93,598	0	93,598			21.00
22.00	Physician Part A - Administrative		63,093	0	63,093			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		1,850,150	0	1,850,150			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-3 Part II | Date/Time Prepared: 5/23/2022 3:05 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	735,356	0	735,356	15,288.88	48.10	26.00
27.00	Administrative & General	5.00	9,812,323	0	9,812,323	221,668.70	44.27	27.00
28.00	Administrative & General under contract (see inst.)		695,658	0	695,658	2,426.75	286.66	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,428,498	0	1,428,498	46,588.63	30.66	30.00
31.00	Laundry & Linen Service	8.00	43,579	0	43,579	2,726.00	15.99	31.00
32.00	Housekeeping	9.00	1,022,422	0	1,022,422	59,420.03	17.21	32.00
33.00	Housekeeping under contract (see instructions)		181,820	0	181,820	8,432.00	21.56	33.00
34.00	Dietary	10.00	754,256	-407,105	347,151	17,227.71	20.15	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	407,105	407,105	19,701.00	20.66	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,509,353	-554	2,508,799	59,543.44	42.13	38.00
39.00	Central Services and Supply	14.00	1,005,881	0	1,005,881	40,629.69	24.76	39.00
40.00	Pharmacy	15.00	1,637,696	0	1,637,696	36,375.84	45.02	40.00
41.00	Medical Records & Medical Records Library	16.00	971,614	0	971,614	40,464.81	24.01	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	913,996	0	913,996	21,798.08	41.93	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-3 Part III Date/Time Prepared: 5/23/2022 3:05 pm

		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)		62,889,301	0	62,889,301	1,735,800.70	36.23	1.00
2.00	Excluded area salaries (see instructions)		15,536,665	554	15,537,219	338,893.63	45.85	2.00
3.00	Subtotal salaries (line 1 minus line 2)		47,352,636	-554	47,352,082	1,396,907.07	33.90	3.00
4.00	Subtotal other wages & related costs (see inst.)		3,866,743	0	3,866,743	31,967.22	120.96	4.00
5.00	Subtotal wage-related costs (see inst.)		10,989,872	0	10,989,872	0.00	23.21	5.00
6.00	Total (sum of lines 3 thru 5)		62,209,251	-554	62,208,697	1,428,874.29	43.54	6.00
7.00	Total overhead cost (see instructions)		21,712,452	-554	21,711,898	592,291.56	36.66	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-3 Part IV Date/Time Prepared: 5/23/2022 3:05 pm

		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	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	1,434,753	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)	0	8.02
8.03	Health Insurance (Purchased)	9,381,851	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	191,359	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)	180,542	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	6,467	14.00
15.00	'Workers' Compensation Insurance	91,714	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	4,821,069	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	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	63,070	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	16,170,825	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: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-3 Part V Date/Time Prepared: 5/23/2022 3:05 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	3,436,782	16,170,825	1.00
2.00	Hospital	3,436,782	16,170,825	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA | Provider CCN: 15-0065 | Component CCN: 15-7155 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-4 | Date/Time Prepared: 5/23/2022 3:05 pm

Home Health Agency I | PPS

						1.00	
0.00	County				JACKSON		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	959	0	1,015	1,974	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	369.00	0.00	473.00	0.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES						
3.00	Administrator and Assistant Administrator(s)		40.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			1.03	0.00	1.03	4.00
5.00	Other Administrative Personnel			0.12	0.00	0.12	5.00
6.00	Direct Nursing Service			7.59	0.00	7.59	6.00
7.00	Nursing Supervisor			1.03	0.00	1.03	7.00
8.00	Physical Therapy Service			4.36	0.00	4.36	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			2.22	0.00	2.22	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.13	0.00	0.13	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.95	0.00	0.95	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.					4	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).					18020	20.00
20.01						31140	20.01
20.02						50002	20.02
20.03						99915	20.03
		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	1,408	47	95	17	1,567	21.00
22.00	Skilled Nursing Visit Charges	400,998	13,395	27,075	4,845	446,313	22.00
23.00	Physical Therapy Visits	1,200	23	34	6	1,263	23.00
24.00	Physical Therapy Visit Charges	399,600	7,659	11,322	1,998	420,579	24.00
25.00	Occupational Therapy Visits	693	22	22	3	740	25.00
26.00	Occupational Therapy Visit Charges	230,769	7,326	7,326	999	246,420	26.00
27.00	Speech Pathology Visits	13	0	1	0	14	27.00
28.00	Speech Pathology Visit Charges	4,373	0	333	0	4,706	28.00
29.00	Medical Social Service Visits	5	0	1	0	6	29.00
30.00	Medical Social Service Visit Charges	2,050	0	410	0	2,460	30.00
31.00	Home Health Aide Visits	245	3	0	8	256	31.00
32.00	Home Health Aide Visit Charges	38,465	471	0	1,256	40,192	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,564	95	153	34	3,846	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)	1,076,255	28,851	46,466	9,098	1,160,670	35.00
36.00	Total Number of Episodes (standard/non outlier)	447		77	5	529	36.00
37.00	Total Number of Outlier Episodes		6		0	6	37.00
38.00	Total Non-Routine Medical Supply Charges	25,907	186	2,048	345	28,486	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 15-0065
Hospice CCN: 15-1529

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

Worksheet S-9
PARTS I THROUGH IV
Date/Time Prepared:
5/23/2022 3:05 pm

Hospice I

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
	PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	10,763	461	371	11,595	11.00
12.00	Hospice Inpatient Respite Care	102	0	0	102	12.00
13.00	Hospice General Inpatient Care	48	5	0	53	13.00
14.00	Total Hospice Days	10,913	466	371	11,750	14.00
	PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet S-10 | Date/Time Prepared: 5/23/2022 3:05 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.269639	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	18,524,093	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	74,316,066	6.00
7.00	Medicaid cost (line 1 times line 6)	20,038,510	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)	1,514,417	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)	1,514,417	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
	Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	3,116,088	249,700	3,365,788	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	840,219	249,700	1,089,919	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)	840,219	249,700	1,089,919	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)	8,764,453	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	214,727	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	330,349	27.01
28.00	Non-Medicare bad debt expense (see instructions)	8,434,104	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	2,389,785	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	3,479,704	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	4,994,121	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A | Date/Time Prepared: 5/23/2022 3:05 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		11,515,606	11,515,606	-3,725,547	7,790,059	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	4,453,474	4,453,474	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	735,356	16,553,809	17,289,165	-32,374	17,256,791	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,812,323	14,957,916	24,770,239	-255,515	24,514,724	5.00
7.00	00700	OPERATION OF PLANT	1,428,498	2,947,620	4,376,118	0	4,376,118	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	43,579	251,768	295,347	0	295,347	8.00
9.00	00900	HOUSEKEEPING	1,022,422	396,253	1,418,675	0	1,418,675	9.00
10.00	01000	DIETARY	754,256	445,629	1,199,885	-652,574	547,311	10.00
11.00	01100	CAFETERIA	0	0	0	642,838	642,838	11.00
13.00	01300	NURSING ADMINISTRATION	2,509,353	639,294	3,148,647	-6,550	3,142,097	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,005,881	7,939,204	8,945,085	-7,539,396	1,405,689	14.00
15.00	01500	PHARMACY	1,637,696	13,623,386	15,261,082	-11,907,947	3,353,135	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	971,614	250,452	1,222,066	0	1,222,066	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	913,996	172,274	1,086,270	0	1,086,270	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	642,910	642,910	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,718,088	3,384,109	10,102,197	-3,102,231	6,999,966	30.00
31.00	03100	INTENSIVE CARE UNIT	2,263,302	922,262	3,185,564	-368,721	2,816,843	31.00
43.00	04300	NURSERY	0	0	0	1,337,199	1,337,199	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,817,489	4,317,164	8,134,653	-1,531,725	6,602,928	50.00
51.00	05100	RECOVERY ROOM	627,136	149,276	776,412	-66,117	710,295	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	30	30	1,037,703	1,037,733	52.00
53.00	05300	ANESTHESIOLOGY	3,630,495	516,312	4,146,807	-642,910	3,503,897	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,350,608	620,258	1,970,866	-131,617	1,839,249	54.00
54.01	03630	ULTRA SOUND	457,124	99,554	556,678	-28,824	527,854	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	113,974	113,974	-50,085	63,889	54.02
57.00	05700	CT SCAN	325,716	641,132	966,848	-157,175	809,673	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	224,248	174,932	399,180	-18,058	381,122	58.00
60.00	06000	LABORATORY	1,539,046	4,047,278	5,586,324	-2,509,462	3,076,862	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	282,273	282,273	0	282,273	63.00
64.00	06400	INTRAVENOUS THERAPY	330,220	127,505	457,725	-123,757	333,968	64.00
65.00	06500	RESPIRATORY THERAPY	1,265,569	560,038	1,825,607	-299,533	1,526,074	65.00
66.00	06600	PHYSICAL THERAPY	1,436,538	16,748	1,453,286	-6,677	1,446,609	66.00
67.00	06700	OCCUPATIONAL THERAPY	480,885	33,029	513,914	-28,160	485,754	67.00
68.00	06800	SPEECH PATHOLOGY	294,504	5,711	300,215	-1,471	298,744	68.00
69.00	06900	ELECTROCARDIOLOGY	119,766	134,805	254,571	-55,595	198,976	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,643,779	9,643,779	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	4,382,648	4,382,648	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,189,963	12,189,963	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	368,179	74,798	442,977	-38,740	404,237	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0	76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	1,554,964	193,087	1,748,051	-67,068	1,680,983	76.03
76.04	03610	SLEEP LAB	157,997	64,542	222,539	18,950	241,489	76.04
76.05	03480	ONCOLOGY	1,778,517	859,612	2,638,129	-65,838	2,572,291	76.05
76.97	07697	CARDIAC REHABILITATION	184,811	7,103	191,914	-4,690	187,224	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0	0	0	0	0	90.01
90.02	09002	VEIN CENTER	407,775	133,414	541,189	-132,846	408,343	90.02
90.03	09003	OBGYN	2,400,021	298,620	2,698,641	-249,369	2,449,272	90.03
90.04	09004	NEUROSURGERY	1,024,806	52	1,024,858	-52	1,024,806	90.04
90.05	09005	SURGICAL ASSOCIATES	2,085,217	11,879	2,097,096	-7,689	2,089,407	90.05
91.00	09100	EMERGENCY	5,187,364	954,648	6,142,012	-68,210	6,073,802	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIORAL HEALTH	734,531	1,243	735,774	-162	735,612	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,583,219	124,173	1,707,392	-162,153	1,545,239	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		473,333	473,333	-473,333	0	113.00
116.00	11600	HOSPICE	667,994	143,463	811,457	162,707	974,164	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	63,851,103	89,179,568	153,030,671	0	153,030,671	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,245,599	221,494	4,467,093	0	4,467,093	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00
194.01	07951	JACKSON MOB	0	673,152	673,152	0	673,152	194.01
194.02	07952	EXTERNAL SVCS MARKETING	223,971	504,036	728,007	0	728,007	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A | Date/Time Prepared: 5/23/2022 3:05 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.03	07953	WASHINGTON CLINIC	226,091	0	226,091	0	226,091	194.03
194.04	07954	PHYSICIAN OFFICES	1,216,805	181,491	1,398,296	0	1,398,296	194.04
194.05	07955	INTEGRATED MEDICINE	557,601	209,630	767,231	0	767,231	194.05
194.06	07956	SURGICAL PROFESSIONAL	0	0	0	0	0	194.06
194.07	07957	PRIMARY CARE	2,643,429	367,146	3,010,575	0	3,010,575	194.07
194.08	07958	EMPLOYER CLINIC	856,234	94,409	950,643	0	950,643	194.08
194.09	07959	UROLOGY PROF	1,003,744	958,296	1,962,040	0	1,962,040	194.09
194.10	07960	SCOTTSBURG SPECIAL	0	3,016	3,016	0	3,016	194.10
194.11	07961	BEHAVIORAL HEALTH	0	0	0	0	0	194.11
194.12	07962	SPC	1,673,055	169,219	1,842,274	0	1,842,274	194.12
194.13	07963	PULMONARY PROFESSIONAL	638,923	43,276	682,199	0	682,199	194.13
200.00		TOTAL (SUM OF LINES 118 through 199)	77,136,555	92,604,733	169,741,288	0	169,741,288	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A | Date/Time Prepared: 5/23/2022 3:05 pm

		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	-535,969	7,254,090		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	4,453,474		2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,071,782	15,185,009		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-6,624,633	17,890,091		5.00
7.00	00700	OPERATION OF PLANT	0	4,376,118		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	295,347		8.00
9.00	00900	HOUSEKEEPING	0	1,418,675		9.00
10.00	01000	DIETARY	-30,853	516,458		10.00
11.00	01100	CAFETERIA	-356,987	285,851		11.00
13.00	01300	NURSING ADMINISTRATION	0	3,142,097		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,405,689		14.00
15.00	01500	PHARMACY	-239,363	3,113,772		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-12,567	1,209,499		16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	0	1,086,270		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-642,910	0		19.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-1,138,086	5,861,880		30.00
31.00	03100	INTENSIVE CARE UNIT	-72,029	2,744,814		31.00
43.00	04300	NURSERY	0	1,337,199		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-434,636	6,168,292		50.00
51.00	05100	RECOVERY ROOM	0	710,295		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,037,733		52.00
53.00	05300	ANESTHESIOLOGY	-3,465,783	38,114		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,839,249		54.00
54.01	03630	ULTRA SOUND	-4,060	523,794		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	63,889		54.02
57.00	05700	CT SCAN	-20,595	789,078		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	381,122		58.00
60.00	06000	LABORATORY	-75,384	3,001,478		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	282,273		63.00
64.00	06400	INTRAVENOUS THERAPY	0	333,968		64.00
65.00	06500	RESPIRATORY THERAPY	0	1,526,074		65.00
66.00	06600	PHYSICAL THERAPY	0	1,446,609		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	485,754		67.00
68.00	06800	SPEECH PATHOLOGY	0	298,744		68.00
69.00	06900	ELECTROCARDIOLOGY	-1,069	197,907		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,643,779		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	4,382,648		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-334	12,189,629		73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0	404,237		76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0		76.01
76.02	03951	CASE MANAGEMENT	0	0		76.02
76.03	03950	PAIN MANAGEMENT	-1,037,105	643,878		76.03
76.04	03610	SLEEP LAB	0	241,489		76.04
76.05	03480	ONCOLOGY	-711,039	1,861,252		76.05
76.97	07697	CARDIAC REHABILITATION	0	187,224		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PALLIATIVE HEALTH	0	0		90.01
90.02	09002	VEIN CENTER	-315,844	92,499		90.02
90.03	09003	OBGYN	-1,871,367	577,905		90.03
90.04	09004	NEUROSURGERY	-899,023	125,783		90.04
90.05	09005	SURGICAL ASSOCIATES	-1,825,925	263,482		90.05
91.00	09100	EMERGENCY	-2,819,073	3,254,729		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
93.00	04952	BEHAVIORAL HEALTH	-264,070	471,542		93.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	1,545,239		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
116.00	11600	HOSPICE	0	974,164		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-25,470,486	127,560,185		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,467,093		192.00
194.00	07950	WELLNESS	0	0		194.00
194.01	07951	JACKSON MOB	0	673,152		194.01
194.02	07952	EXTERNAL SVCS MARKETING	0	728,007		194.02
194.03	07953	WASHINGTON CLINIC	0	226,091		194.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A | Date/Time Prepared: 5/23/2022 3:05 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
194.04	07954	PHYSICIAN OFFICES	0	1,398,296		194.04
194.05	07955	INTEGRATED MEDICINE	0	767,231		194.05
194.06	07956	SURGICAL PROFESSIONAL	0	0		194.06
194.07	07957	PRIMARY CARE	0	3,010,575		194.07
194.08	07958	EMPLOYER CLINIC	0	950,643		194.08
194.09	07959	UROLOGY PROF	0	1,962,040		194.09
194.10	07960	SCOTTSBURG SPECIAL	0	3,016		194.10
194.11	07961	BEHAVIORAL HEALTH	0	0		194.11
194.12	07962	SPC	0	1,842,274		194.12
194.13	07963	PULMONARY PROFESSIONAL	0	682,199		194.13
200.00		TOTAL (SUM OF LINES 118 through 199)	-25,470,486	144,270,802		200.00

RECLASSIFICATIONS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-6 | Date/Time Prepared: 5/23/2022 3:05 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - DEPRECIATION				
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,390,586	1.00
	TOTALS		0	4,390,586	
	B - PROPERTY INSURANCE				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	191,706	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	62,888	2.00
	TOTALS		0	254,594	
	C - CAFETERIA				
1.00	CAFETERIA	11.00	407,105	235,733	1.00
	TOTALS		407,105	235,733	
	D - BOND INTEREST				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	473,333	1.00
	TOTALS		0	473,333	
	E - NURSERY				
1.00	NURSERY	43.00	1,086,047	251,152	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	842,827	194,906	2.00
	TOTALS		1,928,874	446,058	
	F - NONPHYSICIAN ANESTHETIST				
1.00	NONPHYSICIAN ANESTHETISTS	19.00	642,910	0	1.00
	TOTALS		642,910	0	
	G - HOME HEALTH SOCIAL WORKER				
1.00	HOME HEALTH AGENCY	101.00	554	0	1.00
	TOTALS		554	0	
	H - DRUGS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,189,963	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
	TOTALS		0	12,189,963	
	I - MEDICAL SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	14,026,427	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00

RECLASSIFICATIONS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-6 | Date/Time Prepared: 5/23/2022 3:05 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
	TOTALS		0	14,026,427	
	J - IMPLANTABLE DEVICE				
1.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0	4,382,648	1.00
	TOTALS		0	4,382,648	
	K - RESPIRATORY THERAPY DIRECTOR				
1.00	SLEEP LAB	76.04	49,933	0	1.00
	TOTALS		49,933	0	
	L - RADIOLOGY DIRECTOR				
1.00	ULTRA SOUND	54.01	24,469	0	1.00
2.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	16,312	0	2.00
3.00	CT SCAN	57.00	24,469	0	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	24,469	0	4.00
	TOTALS		89,719	0	
	M - HOSPICE RECLASS				
1.00	HOSPICE	116.00	162,707	0	1.00
	TOTALS		162,707	0	
500.00	Grand Total: Increases		3,281,802	36,399,342	500.00

RECLASSIFICATIONS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-6 | Date/Time Prepared: 5/23/2022 3:05 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,390,586	9		1.00
	TOTALS		0	4,390,586			
	B - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	254,594	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	254,594			
	C - CAFETERIA						
1.00	DIETARY	10.00	407,105	235,733	0		1.00
	TOTALS		407,105	235,733			
	D - BOND INTEREST						
1.00	INTEREST EXPENSE	113.00	0	473,333	11		1.00
	TOTALS		0	473,333			
	E - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,928,874	446,058	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,928,874	446,058			
	F - NONPHYSICIAN ANESTHETIST						
1.00	ANESTHESIOLOGY	53.00	642,910	0	0		1.00
	TOTALS		642,910	0			
	G - HOME HEALTH SOCIAL WORKER						
1.00	NURSING ADMINISTRATION	13.00	554	0	0		1.00
	TOTALS		554	0			
	H - DRUGS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	489	0		1.00
2.00	PHARMACY	15.00	0	11,730,179	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	78,232	0		3.00
4.00	OPERATING ROOM	50.00	0	19,001	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	21,168	0		5.00
6.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	65,763	0		6.00
7.00	CT SCAN	57.00	0	78,915	0		7.00
8.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	30,268	0		8.00
9.00	RESPIRATORY THERAPY	65.00	0	2,967	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	0	54,060	0		10.00
11.00	WOUND CARE (DIABETES CENTER)	76.00	0	2,027	0		11.00
12.00	PAIN MANAGEMENT	76.03	0	49,560	0		12.00
13.00	ONCOLOGY	76.05	0	29	0		13.00
14.00	OBGYN	90.03	0	46,860	0		14.00
15.00	SURGICAL ASSOCIATES	90.05	0	788	0		15.00
16.00	EMERGENCY	91.00	0	9,657	0		16.00
	TOTALS		0	12,189,963			
	I - MEDICAL SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	32,374	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	921	0		2.00
3.00	DIETARY	10.00	0	9,736	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	5,996	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,538,907	0		5.00
6.00	PHARMACY	15.00	0	177,768	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	649,067	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	368,721	0		8.00
9.00	OPERATING ROOM	50.00	0	1,512,724	0		9.00
10.00	RECOVERY ROOM	51.00	0	66,117	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	30	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	20,730	0		12.00
13.00	ULTRA SOUND	54.01	0	53,293	0		13.00
14.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	634	0		14.00
15.00	CT SCAN	57.00	0	102,729	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	12,259	0		16.00
17.00	LABORATORY	60.00	0	2,509,462	0		17.00
18.00	INTRAVENOUS THERAPY	64.00	0	123,757	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	246,633	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	6,677	0		20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	28,160	0		21.00
22.00	SPEECH PATHOLOGY	68.00	0	1,471	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	1,535	0		23.00
24.00	WOUND CARE (DIABETES CENTER)	76.00	0	36,713	0		24.00
25.00	PAIN MANAGEMENT	76.03	0	17,508	0		25.00
26.00	SLEEP LAB	76.04	0	30,983	0		26.00
27.00	ONCOLOGY	76.05	0	65,809	0		27.00
28.00	CARDIAC REHABILITATION	76.97	0	4,690	0		28.00

RECLASSIFICATIONS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-6 | Date/Time Prepared: 5/23/2022 3:05 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
29.00	VEIN CENTER	90.02	0	132,846	0		29.00
30.00	OBGYN	90.03	0	202,509	0		30.00
31.00	NEUROSURGERY	90.04	0	52	0		31.00
32.00	SURGICAL ASSOCIATES	90.05	0	6,901	0		32.00
33.00	EMERGENCY	91.00	0	58,553	0		33.00
34.00	BEHAVIORAL HEALTH	93.00	0	162	0		34.00
	TOTALS		0	14,026,427			
	J - IMPLANTABLE DEVICE						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,382,648	0		1.00
	TOTALS		0	4,382,648			
	K - RESPIRATORY THERAPY DIRECTOR						
1.00	RESPIRATORY THERAPY	65.00	49,933	0	0		1.00
	TOTALS		49,933	0			
	L - RADIOLOGY DIRECTOR						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	89,719	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
	TOTALS		89,719	0			
	M - HOSPICE RECLASS						
1.00	HOME HEALTH AGENCY	101.00	162,707	0	0		1.00
	TOTALS		162,707	0			
500.00	Grand Total: Decreases		3,281,802	36,399,342			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-7 Part I | Date/Time Prepared: 5/23/2022 3:05 pm

			Acquisitions				
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	10,895,446	26,991	0	26,991	0	1.00
2.00	Land Improvements	4,802,649	51,299	0	51,299	0	2.00
3.00	Buildings and Fixtures	145,030,178	7,717,961	0	7,717,961	0	3.00
4.00	Building Improvements	4,709,833	590,654	0	590,654	0	4.00
5.00	Fixed Equipment	7,632,223	465,938	0	465,938	0	5.00
6.00	Movable Equipment	55,036,237	6,140,752	0	6,140,752	0	6.00
7.00	HIT designated Assets	4,279,599	288,300	0	288,300	0	7.00
8.00	Subtotal (sum of lines 1-7)	232,386,165	15,281,895	0	15,281,895	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	232,386,165	15,281,895	0	15,281,895	0	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	10,922,437	0	1.00
2.00	Land Improvements	4,853,948	0	2.00
3.00	Buildings and Fixtures	152,748,139	0	3.00
4.00	Building Improvements	5,300,487	0	4.00
5.00	Fixed Equipment	8,098,161	0	5.00
6.00	Movable Equipment	61,176,989	0	6.00
7.00	HIT designated Assets	4,567,899	0	7.00
8.00	Subtotal (sum of lines 1-7)	247,668,060	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	247,668,060	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-7 Part II | Date/Time Prepared: 5/23/2022 3:05 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	11,515,606	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	11,515,606	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	11,515,606		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00
3.00	Total (sum of lines 1-2)	0	11,515,606		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-7 Part III | Date/Time Prepared: 5/23/2022 3:05 pm

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	186,491,071	0	186,491,071	0.752988	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	61,176,989	0	61,176,989	0.247012	0	2.00
3.00	Total (sum of lines 1-2)	247,668,060	0	247,668,060	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,125,020	-74,590	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,390,586	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,515,606	-74,590	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	11,954	191,706	0	0	7,254,090	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	62,888	0	0	4,453,474	2.00
3.00	Total (sum of lines 1-2)	11,954	254,594	0	0	11,707,564	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-8 | Date/Time Prepared: 5/23/2022 3:05 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-461,379	CAP REL COSTS-BLDG & FIXT	1.00	11	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)	B	-82,690	ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-74,590	CAP REL COSTS-BLDG & FIXT	1.00	10	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-8,822	ADMINISTRATIVE & GENERAL	5.00	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	-13,230,410			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-356,685	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-334	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-12,567	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	-302	CAFETERIA	11.00	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	A	-642,910	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-8 | Date/Time Prepared: 5/23/2022 3:05 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	HOSPITAL ASSESSMENT FEE	A	-4,182,798	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	ADMIN AND GENERAL MARKETING	A	0	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	ADULTS AND PEDS MARKETING	A	-12,381	ADULTS & PEDIATRICS	30.00	0	33.02
33.03	PHYSICAL THERAPY MARKETING	A	0	PHYSICAL THERAPY	66.00	0	33.03
33.04	OB/GYN MARKETING	A	50	OBGYN	90.03	0	33.04
33.05	EMERGENCY ROOM MARKETING	A	0	EMERGENCY	91.00	0	33.05
33.06	PHYSICAN RECRUITMENT	A	-1,983,253	ADMINISTRATIVE & GENERAL	5.00	0	33.06
33.07	MISC INCOME - DIETERY	B	-30,853	DIETARY	10.00	0	33.07
33.08	340B RETAIL PHARMACY EXP	A	-18,679	PHARMACY	15.00	0	33.08
33.09	MISC INCOME - ADMIN & GENERAL	B	-58,297	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	LOBBYING DUES	A	-10,424	ADMINISTRATIVE & GENERAL	5.00	0	33.10
33.11	TELEPHONE OPERATOR BENEFITS	A	-28	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.11
33.12	CRNA OFFSET - BENEFITS	A	-93,993	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.12
33.13	APRN OFFSET	A	-257,784	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14	APRN OFFSET	A	-339,738	ADULTS & PEDIATRICS	30.00	0	33.14
33.15	APRN OFFSET	A	-934	INTENSIVE CARE UNIT	31.00	0	33.15
33.16	APRN OFFSET	A	-1,736	OPERATING ROOM	50.00	0	33.16
33.17	APRN OFFSET	A	-274,132	PAIN MANAGEMENT	76.03	0	33.17
33.18	APRN OFFSET	A	-123,055	OBGYN	90.03	0	33.18
33.19	APRN OFFSET	A	-100,812	NEUROSURGERY	90.04	0	33.19
33.20	APRN OFFSET	A	-94,069	SURGICAL ASSOCIATES	90.05	0	33.20
33.21	APRN OFFSET	A	-438,829	EMERGENCY	91.00	0	33.21
33.22	APRN OFFSET	A	-82,062	BEHAVIORAL HEALTH	93.00	0	33.22
33.23	APRN OFFSET - BENEFITS	A	-250,463	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.23
33.24	PA - OFFSET	A	-183,012	EMERGENCY	91.00	0	33.24
33.25	PA - OFFSET	A	-1,928	INTENSIVE CARE UNIT	31.00	0	33.25
33.26	PA - OFFSET	A	-112,984	NEUROSURGERY	90.04	0	33.26
33.27	PA BENEFITS OFFSET	A	-43,556	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.27
33.28	EMPLOYEE PHARMACY OFFSET	B	-220,684	PHARMACY	15.00	0	33.28
33.29	PHYSICIAN BENEFITS OFFSET	A	-1,683,363	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.29
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-25,470,486				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7.

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-8-2 | Date/Time Prepared: 5/23/2022 3:05 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	379	379	0	211,500	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	80,221	0	80,221	211,500	390	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	211,500	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	787,594	676,294	111,300	211,500	16	4.00
5.00	31.00	INTENSIVE CARE UNIT	69,167	69,167	0	211,500	0	5.00
6.00	50.00	OPERATING ROOM	432,900	432,900	0	246,400	0	6.00
7.00	53.00	ANESTHESIOLOGY	3,465,783	3,465,783	0	239,400	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	271,900	0	8.00
9.00	54.01	ULTRA SOUND	4,060	4,060	0	271,900	0	9.00
10.00	57.00	CT SCAN	20,595	20,595	0	271,900	0	10.00
11.00	60.00	LABORATORY	315,661	0	315,661	260,300	1,920	11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	211,500	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	9,000	0	9,000	211,500	78	13.00
14.00	76.03	PAIN MANAGEMENT	777,005	762,005	15,000	211,500	138	14.00
15.00	76.04	SLEEP LAB	0	0	0	211,500	0	15.00
16.00	76.05	ONCOLOGY	881,459	528,876	352,583	211,500	1,676	16.00
17.00	90.01	PALLIATIVE HEALTH	0	0	0	211,500	0	17.00
18.00	90.02	VEIN CENTER	315,844	315,844	0	211,500	0	18.00
19.00	90.03	OBGYN	1,763,362	1,748,362	15,000	237,100	138	19.00
20.00	90.04	NEUROSURGERY	685,227	685,227	0	211,500	0	20.00
21.00	90.05	SURGICAL ASSOCIATES	1,745,888	1,730,888	15,000	211,500	138	21.00
22.00	91.00	EMERGENCY	2,217,232	2,197,232	20,000	211,500	520	22.00
23.00	93.00	BEHAVIORAL HEALTH	182,008	182,008	0	181,300	0	23.00
200.00			13,753,385	12,819,620	933,765		5,014	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-8-2 | Date/Time Prepared: 5/23/2022 3:05 pm

	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	39,656	1,983	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	1,627	81	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	54.01	ULTRA SOUND	0	0	0	0	0	9.00
10.00	57.00	CT SCAN	0	0	0	0	0	10.00
11.00	60.00	LABORATORY	240,277	12,014	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	7,931	397	0	0	0	13.00
14.00	76.03	PAIN MANAGEMENT	14,032	702	0	0	0	14.00
15.00	76.04	SLEEP LAB	0	0	0	0	0	15.00
16.00	76.05	ONCOLOGY	170,420	8,521	0	0	0	16.00
17.00	90.01	PALLIATIVE HEALTH	0	0	0	0	0	17.00
18.00	90.02	VEIN CENTER	0	0	0	0	0	18.00
19.00	90.03	OBGYN	15,731	787	0	0	0	19.00
20.00	90.04	NEUROSURGERY	0	0	0	0	0	20.00
21.00	90.05	SURGICAL ASSOCIATES	14,032	702	0	0	0	21.00
22.00	91.00	EMERGENCY	52,875	2,644	0	0	0	22.00
23.00	93.00	BEHAVIORAL HEALTH	0	0	0	0	0	23.00
200.00			556,581	27,831	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet A-8-2 | Date/Time Prepared: 5/23/2022 3:05 pm

	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	379		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	39,656	40,565	40,565		2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	0		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	1,627	109,673	785,967		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	69,167		5.00
6.00	50.00	OPERATING ROOM	0	0	0	432,900		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	3,465,783		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0		8.00
9.00	54.01	ULTRA SOUND	0	0	0	4,060		9.00
10.00	57.00	CT SCAN	0	0	0	20,595		10.00
11.00	60.00	LABORATORY	0	240,277	75,384	75,384		11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	0		12.00
13.00	69.00	ELECTROCARDIOLOGY	0	7,931	1,069	1,069		13.00
14.00	76.03	PAIN MANAGEMENT	0	14,032	968	762,973		14.00
15.00	76.04	SLEEP LAB	0	0	0	0		15.00
16.00	76.05	ONCOLOGY	0	170,420	182,163	711,039		16.00
17.00	90.01	PALLIATIVE HEALTH	0	0	0	0		17.00
18.00	90.02	VEIN CENTER	0	0	0	315,844		18.00
19.00	90.03	OBGYN	0	15,731	0	1,748,362		19.00
20.00	90.04	NEUROSURGERY	0	0	0	685,227		20.00
21.00	90.05	SURGICAL ASSOCIATES	0	14,032	968	1,731,856		21.00
22.00	91.00	EMERGENCY	0	52,875	0	2,197,232		22.00
23.00	93.00	BEHAVIORAL HEALTH	0	0	0	182,008		23.00
200.00			0	556,581	410,790	13,230,410		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part I Date/Time Prepared: 5/23/2022 3:05 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	7,254,090	7,254,090				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,453,474		4,453,474			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	15,185,009	74,077	0	15,259,086		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	17,890,091	621,348	1,171,543	2,721,241	22,404,223	5.00
7.00	00700	OPERATION OF PLANT	4,376,118	390,792	402,993	406,862	5,576,765	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	295,347	23,858	0	12,412	331,617	8.00
9.00	00900	HOUSEKEEPING	1,418,675	36,621	15,078	291,204	1,761,578	9.00
10.00	01000	DIETARY	516,458	62,869	29,548	98,875	707,750	10.00
11.00	01100	CAFETERIA	285,851	74,020	0	115,951	475,822	11.00
13.00	01300	NURSING ADMINISTRATION	3,142,097	200,687	7,333	714,551	4,064,668	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,405,689	162,814	71,827	286,493	1,926,823	14.00
15.00	01500	PHARMACY	3,113,772	73,356	83,187	466,445	3,736,760	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,209,499	25,072	1,455	276,733	1,512,759	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	1,086,270	0	0	260,323	1,346,593	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,861,880	746,081	212,425	1,078,106	7,898,492	30.00
31.00	03100	INTENSIVE CARE UNIT	2,744,814	378,995	66,890	624,114	3,814,813	31.00
43.00	04300	NURSERY	1,337,199	36,280	0	309,326	1,682,805	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,168,292	607,997	683,260	1,086,795	8,546,344	50.00
51.00	05100	RECOVERY ROOM	710,295	96,095	411	178,620	985,421	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,037,733	246,525	0	240,052	1,524,310	52.00
53.00	05300	ANESTHESIOLOGY	38,114	1,631	50,860	0	90,605	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,839,249	213,337	511,229	359,124	2,922,939	54.00
54.01	03630	ULTRA SOUND	523,794	19,761	32,948	136,010	712,513	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	63,889	8,572	58,320	4,646	135,427	54.02
57.00	05700	CT SCAN	789,078	23,327	160,409	93,873	1,066,687	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	381,122	16,443	219,173	70,839	687,577	58.00
60.00	06000	LABORATORY	3,001,478	107,361	150,625	438,348	3,697,812	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	282,273	9,995	0	0	292,268	63.00
64.00	06400	INTRAVENOUS THERAPY	333,968	77,680	4,990	94,053	510,691	64.00
65.00	06500	RESPIRATORY THERAPY	1,526,074	63,343	62,161	346,235	1,997,813	65.00
66.00	06600	PHYSICAL THERAPY	1,446,609	237,479	10,407	409,152	2,103,647	66.00
67.00	06700	OCCUPATIONAL THERAPY	485,754	0	1,232	136,965	623,951	67.00
68.00	06800	SPEECH PATHOLOGY	298,744	7,472	0	83,880	390,096	68.00
69.00	06900	ELECTROCARDIOLOGY	197,907	6,277	84,681	34,112	322,977	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,643,779	3,907	0	0	9,647,686	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	4,382,648	0	0	0	4,382,648	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,189,629	0	0	0	12,189,629	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	404,237	39,485	2,762	104,864	551,348	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0	76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	643,878	139,279	5,735	143,499	932,391	76.03
76.04	03610	SLEEP LAB	241,489	15,950	0	59,222	316,661	76.04
76.05	03480	ONCOLOGY	1,861,252	278,159	195,215	255,498	2,590,124	76.05
76.97	07697	CARDIAC REHABILITATION	187,224	41,742	8,286	52,637	289,889	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0	0	0	0	0	90.01
90.02	09002	VEIN CENTER	92,499	0	3,574	26,184	122,257	90.02
90.03	09003	OBGYN	577,905	157,219	32,465	146,284	913,873	90.03
90.04	09004	NEUROSURGERY	125,783	0	0	35,825	161,608	90.04
90.05	09005	SURGICAL ASSOCIATES	263,482	131,939	502	69,854	465,777	90.05
91.00	09100	EMERGENCY	3,254,729	288,305	48,245	749,197	4,340,476	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
93.00	04952	BEHAVIORAL HEALTH	471,542	31,349	0	133,996	636,887	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,545,239	29,946	522	451,087	2,026,794	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	974,164	29,946	0	189,687	1,193,797	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	127,560,185	5,837,391	4,390,291	13,793,174	124,614,391	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,467,093	433,804	1,988	356,760	5,259,645	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part I Date/Time Prepared: 5/23/2022 3:05 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
194.01	07951	JACKSON MOB	673,152	0	0	0	673,152	194.01
194.02	07952	EXTERNAL SVCS MARKETING	728,007	36,602	5,018	63,791	833,418	194.02
194.03	07953	WASHINGTON CLINIC	226,091	80,051	0	64,395	370,537	194.03
194.04	07954	PHYSICIAN OFFICES	1,398,296	86,613	1,619	89,376	1,575,904	194.04
194.05	07955	INTEGRATED MEDICINE	767,231	68,274	0	129,875	965,380	194.05
194.06	07956	SURGICAL PROFESSIONAL	0	0	0	0	0	194.06
194.07	07957	PRIMARY CARE	3,010,575	380,475	34,533	267,978	3,693,561	194.07
194.08	07958	EMPLOYER CLINIC	950,643	136,642	3,768	198,425	1,289,478	194.08
194.09	07959	UROLOGY PROF	1,962,040	155,550	7,611	95,615	2,220,816	194.09
194.10	07960	SCOTTSBURG SPECIAL	3,016	0	3,939	0	6,955	194.10
194.11	07961	BEHAVIORAL HEALTH	0	0	0	0	0	194.11
194.12	07962	SPC	1,842,274	0	3,355	153,946	1,999,575	194.12
194.13	07963	PULMONARY PROFESSIONAL	682,199	38,688	1,352	45,751	767,990	194.13
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)	144,270,802	7,254,090	4,453,474	15,259,086	144,270,802	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part I Date/Time Prepared: 5/23/2022 3:05 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	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
5.00	00500	ADMINISTRATIVE & GENERAL	22,404,223					5.00
7.00	00700	OPERATION OF PLANT	1,158,640	6,735,405				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	68,897	26,053	426,567			8.00
9.00	00900	HOUSEKEEPING	365,989	39,991	2,386	2,169,944		9.00
10.00	01000	DIETARY	147,044	68,654	0	22,337	945,785	10.00
11.00	01100	CAFETERIA	98,858	80,831	0	26,299	0	11.00
13.00	01300	NURSING ADMINISTRATION	844,484	219,153	0	71,304	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	400,321	177,795	0	57,847	0	14.00
15.00	01500	PHARMACY	776,357	80,106	0	26,063	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	314,294	27,379	0	8,908	0	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	279,771	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,641,006	814,734	232,303	265,080	659,857	30.00
31.00	03100	INTENSIVE CARE UNIT	792,573	413,868	20,719	134,656	285,928	31.00
43.00	04300	NURSERY	349,623	39,618	9,702	12,890	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,775,606	663,941	43,889	216,020	0	50.00
51.00	05100	RECOVERY ROOM	204,733	104,937	0	34,142	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	316,694	269,209	3,470	87,590	0	52.00
53.00	05300	ANESTHESIOLOGY	18,824	1,781	0	579	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	607,276	232,967	36,341	75,798	0	54.00
54.01	03630	ULTRA SOUND	148,033	21,580	0	7,021	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	28,137	9,361	0	3,046	0	54.02
57.00	05700	CT SCAN	221,617	25,473	0	8,288	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	142,852	17,956	0	5,842	0	58.00
60.00	06000	LABORATORY	768,265	117,239	0	38,145	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	60,722	10,914	0	3,551	0	63.00
64.00	06400	INTRAVENOUS THERAPY	106,102	84,828	0	27,600	0	64.00
65.00	06500	RESPIRATORY THERAPY	415,070	69,171	0	22,506	0	65.00
66.00	06600	PHYSICAL THERAPY	437,058	259,330	20,964	84,376	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	129,633	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	81,047	8,160	0	2,655	0	68.00
69.00	06900	ELECTROCARDIOLOGY	67,102	6,855	19,053	2,230	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,266	0	1,388	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,532,489	0	0	0	0	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	114,549	43,118	0	14,029	0	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0	76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	193,715	152,094	0	49,485	0	76.03
76.04	03610	SLEEP LAB	65,790	17,417	0	5,667	0	76.04
76.05	03480	ONCOLOGY	538,129	303,753	0	98,829	0	76.05
76.97	07697	CARDIAC REHABILITATION	60,228	45,583	0	14,831	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0	0	0	0	0	90.01
90.02	09002	VEIN CENTER	25,400	0	0	0	0	90.02
90.03	09003	OBGYN	189,868	171,686	0	55,860	0	90.03
90.04	09004	NEUROSURGERY	33,576	0	0	0	0	90.04
90.05	09005	SURGICAL ASSOCIATES	96,771	144,079	0	46,878	0	90.05
91.00	09100	EMERGENCY	901,786	314,833	37,740	102,434	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIORAL HEALTH	132,321	34,234	0	11,138	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	421,091	32,701	0	10,640	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	248,026	32,701	0	10,640	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,320,367	5,188,349	426,567	1,666,592	945,785	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,092,754	473,720	0	154,130	0	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00
194.01	07951	JACKSON MOB	139,855	0	0	0	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	173,153	39,970	0	13,005	0	194.02
194.03	07953	WASHINGTON CLINIC	76,984	87,417	0	28,442	0	194.03
194.04	07954	PHYSICIAN OFFICES	327,413	94,583	0	30,773	0	194.04
194.05	07955	INTEGRATED MEDICINE	200,569	74,556	0	24,258	0	194.05

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part I Date/Time Prepared: 5/23/2022 3:05 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
194.06	07956	SURGICAL PROFESSIONAL	0	0	0	0	0	194.06
194.07	07957	PRIMARY CARE	767,382	415,484	0	135,182	0	194.07
194.08	07958	EMPLOYER CLINIC	267,905	149,215	0	48,549	0	194.08
194.09	07959	UROLOGY PROF	461,401	169,863	0	55,267	0	194.09
194.10	07960	SCOTTSBURG SPECIAL	1,445	0	0	0	0	194.10
194.11	07961	BEHAVIORAL HEALTH	0	0	0	0	0	194.11
194.12	07962	SPC	415,436	0	0	0	0	194.12
194.13	07963	PULMONARY PROFESSIONAL	159,559	42,248	0	13,746	0	194.13
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)	22,404,223	6,735,405	426,567	2,169,944	945,785	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part I | Date/Time Prepared: 5/23/2022 3:05 pm

		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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	681,810					11.00
13.00	01300	NURSING ADMINISTRATION	32,579	5,232,188				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	21,397	308,259	2,892,442			14.00
15.00	01500	PHARMACY	19,172	276,201	72,438	4,987,097		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,375	0	23,487	0	1,908,202	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	11,612	0	3,626	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	69,180	996,560	200,731	0	86,878	30.00
31.00	03100	INTENSIVE CARE UNIT	36,426	524,766	33,927	0	53,128	31.00
43.00	04300	NURSERY	14,912	214,826	0	0	35,722	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	57,017	821,398	374,664	0	613,600	50.00
51.00	05100	RECOVERY ROOM	7,924	0	15,391	0	45,715	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,573	166,719	0	0	50,393	52.00
53.00	05300	ANESTHESIOLOGY	9,881	0	156	0	37,309	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,824	314,409	72,644	0	60,296	54.00
54.01	03630	ULTRA SOUND	6,047	0	2,603	0	25,421	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	124	0	94	0	8,752	54.02
57.00	05700	CT SCAN	4,794	0	11,204	0	126,862	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,422	0	2,014	0	39,999	58.00
60.00	06000	LABORATORY	33,811	487,084	81,170	0	133,311	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	3,120	63.00
64.00	06400	INTRAVENOUS THERAPY	4,488	0	10,179	0	13,693	64.00
65.00	06500	RESPIRATORY THERAPY	16,721	0	33,063	0	42,785	65.00
66.00	06600	PHYSICAL THERAPY	24,599	354,382	10,149	0	35,146	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,930	0	2,975	0	15,619	67.00
68.00	06800	SPEECH PATHOLOGY	3,399	0	3,109	0	7,534	68.00
69.00	06900	ELECTROCARDIOLOGY	1,648	23,740	6,676	0	28,599	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	38,843	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	34,745	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,987,097	158,307	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	5,776	0	2,684	0	7,943	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0	76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	11,988	0	10,729	0	10,136	76.03
76.04	03610	SLEEP LAB	2,298	0	0	0	9,827	76.04
76.05	03480	ONCOLOGY	16,454	0	38,933	0	46,544	76.05
76.97	07697	CARDIAC REHABILITATION	2,994	0	4,445	0	1,173	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0	0	0	0	0	90.01
90.02	09002	VEIN CENTER	2,996	0	1,578	0	6,918	90.02
90.03	09003	OBGYN	16,314	0	46,282	0	5,671	90.03
90.04	09004	NEUROSURGERY	4,406	0	967	0	2,086	90.04
90.05	09005	SURGICAL ASSOCIATES	9,590	0	3,801	0	1,985	90.05
91.00	09100	EMERGENCY	51,633	743,844	58,358	0	94,213	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIORAL HEALTH	5,222	0	2,817	0	1,545	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	33,591	0	12,111	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	24,667	0	12,273	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	569,526	5,232,188	1,189,152	4,987,097	1,908,202	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	38,697	0	387,274	0	0	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00
194.01	07951	JACKSON MOB	0	0	0	0	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	3,182	0	23,498	0	0	194.02
194.03	07953	WASHINGTON CLINIC	6,294	0	0	0	0	194.03
194.04	07954	PHYSICIAN OFFICES	11,677	0	95,708	0	0	194.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part I Date/Time Prepared: 5/23/2022 3:05 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
194.05	07955	INTEGRATED MEDICINE	4,339	0	561,492	0	0	194.05
194.06	07956	SURGICAL PROFESSIONAL	0	0	0	0	0	194.06
194.07	07957	PRIMARY CARE	0	0	260,400	0	0	194.07
194.08	07958	EMPLOYER CLINIC	12,490	0	118,769	0	0	194.08
194.09	07959	UROLOGY PROF	12,639	0	98,872	0	0	194.09
194.10	07960	SCOTTSBURG SPECIAL	0	0	2,650	0	0	194.10
194.11	07961	BEHAVIORAL HEALTH	0	0	0	0	0	194.11
194.12	07962	SPC	18,095	0	151,974	0	0	194.12
194.13	07963	PULMONARY PROFESSIONAL	4,871	0	2,653	0	0	194.13
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)	681,810	5,232,188	2,892,442	4,987,097	1,908,202	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part I | Date/Time Prepared: 5/23/2022 3:05 pm

		Cost Center Description	OTHER GENERAL SERVICE: PHYSICIAN PRIVATE PRACTICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			18.00	19.00	24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	1,641,602					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	12,864,821	0	12,864,821	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	6,110,804	0	6,110,804	31.00
43.00	04300	NURSERY	0	0	2,360,098	0	2,360,098	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	13,112,479	0	13,112,479	50.00
51.00	05100	RECOVERY ROOM	0	0	1,398,263	0	1,398,263	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,429,958	0	2,429,958	52.00
53.00	05300	ANESTHESIOLOGY	0	0	159,135	0	159,135	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	4,344,494	0	4,344,494	54.00
54.01	03630	ULTRA SOUND	0	0	923,218	0	923,218	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	184,941	0	184,941	54.02
57.00	05700	CT SCAN	0	0	1,464,925	0	1,464,925	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	899,662	0	899,662	58.00
60.00	06000	LABORATORY	0	0	5,356,837	0	5,356,837	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	370,575	0	370,575	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	757,581	0	757,581	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	2,597,129	0	2,597,129	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,329,651	0	3,329,651	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	778,108	0	778,108	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	496,000	0	496,000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	478,880	0	478,880	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	9,692,183	0	9,692,183	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	4,417,393	0	4,417,393	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	19,867,522	0	19,867,522	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0	0	739,447	0	739,447	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0	76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	0	0	1,360,538	0	1,360,538	76.03
76.04	03610	SLEEP LAB	0	0	417,660	0	417,660	76.04
76.05	03480	ONCOLOGY	0	0	3,632,766	0	3,632,766	76.05
76.97	07697	CARDIAC REHABILITATION	0	0	419,143	0	419,143	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0	0	0	0	0	90.01
90.02	09002	VEIN CENTER	33,778	0	192,927	0	192,927	90.02
90.03	09003	OBGYN	183,943	0	1,583,497	0	1,583,497	90.03
90.04	09004	NEUROSURGERY	49,685	0	252,328	0	252,328	90.04
90.05	09005	SURGICAL ASSOCIATES	108,136	0	877,017	0	877,017	90.05
91.00	09100	EMERGENCY	0	0	6,645,317	0	6,645,317	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	04952	BEHAVIORAL HEALTH	0	0	824,164	0	824,164	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	2,536,928	0	2,536,928	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0		1,522,104	0	1,522,104	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	375,542	0	115,398,493	0	115,398,493	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	436,326	0	7,842,546	0	7,842,546	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part I Date/Time Prepared: 5/23/2022 3:05 pm

		Cost Center Description	OTHER GENERAL SERVICE: PHYSICIAN PRIVATE PRACTICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			18.00	19.00	24.00	25.00	26.00	
194.01	07951	JACKSON MOB	0	0	813,007	0	813,007	194.01
194.02	07952	EXTERNAL SVCS MARKETING	35,882	0	1,122,108	0	1,122,108	194.02
194.03	07953	WASHINGTON CLINIC	70,969	0	640,643	0	640,643	194.03
194.04	07954	PHYSICIAN OFFICES	131,663	0	2,267,721	0	2,267,721	194.04
194.05	07955	INTEGRATED MEDICINE	48,921	0	1,879,515	0	1,879,515	194.05
194.06	07956	SURGICAL PROFESSIONAL	0	0	0	0	0	194.06
194.07	07957	PRIMARY CARE	0	0	5,272,009	0	5,272,009	194.07
194.08	07958	EMPLOYER CLINIC	140,829	0	2,027,235	0	2,027,235	194.08
194.09	07959	UROLOGY PROF	142,514	0	3,161,372	0	3,161,372	194.09
194.10	07960	SCOTTSBURG SPECIAL	0	0	11,050	0	11,050	194.10
194.11	07961	BEHAVIORAL HEALTH	0	0	0	0	0	194.11
194.12	07962	SPC	204,033	0	2,789,113	0	2,789,113	194.12
194.13	07963	PULMONARY PROFESSIONAL	54,923	0	1,045,990	0	1,045,990	194.13
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)	1,641,602	0	144,270,802	0	144,270,802	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part II Date/Time Prepared: 5/23/2022 3:05 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	74,077	0	74,077	74,077	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,970	621,348	1,171,543	1,804,861	13,194	5.00
7.00	00700	OPERATION OF PLANT	41,663	390,792	402,993	835,448	1,976	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,875	23,858	0	25,733	60	8.00
9.00	00900	HOUSEKEEPING	6,437	36,621	15,078	58,136	1,414	9.00
10.00	01000	DIETARY	4,132	62,869	29,548	96,549	480	10.00
11.00	01100	CAFETERIA	0	74,020	0	74,020	563	11.00
13.00	01300	NURSING ADMINISTRATION	0	200,687	7,333	208,020	3,470	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,843	162,814	71,827	236,484	1,391	14.00
15.00	01500	PHARMACY	0	73,356	83,187	156,543	2,265	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	25,072	1,455	26,527	1,344	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	0	0	0	0	1,264	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	45,545	746,081	212,425	1,004,051	5,235	30.00
31.00	03100	INTENSIVE CARE UNIT	1,125	378,995	66,890	447,010	3,031	31.00
43.00	04300	NURSERY	0	36,280	0	36,280	1,502	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	465,991	607,997	683,260	1,757,248	5,277	50.00
51.00	05100	RECOVERY ROOM	0	96,095	411	96,506	867	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	246,525	0	246,525	1,166	52.00
53.00	05300	ANESTHESIOLOGY	0	1,631	50,860	52,491	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,160	213,337	511,229	736,726	1,744	54.00
54.01	03630	ULTRA SOUND	0	19,761	32,948	52,709	660	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	8,572	58,320	66,892	23	54.02
57.00	05700	CT SCAN	0	23,327	160,409	183,736	456	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	118,430	16,443	219,173	354,046	344	58.00
60.00	06000	LABORATORY	16,046	107,361	150,625	274,032	2,129	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	9,995	0	9,995	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	77,680	4,990	82,670	457	64.00
65.00	06500	RESPIRATORY THERAPY	17,334	63,343	62,161	142,838	1,681	65.00
66.00	06600	PHYSICAL THERAPY	0	237,479	10,407	247,886	1,987	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,232	1,232	665	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,472	0	7,472	407	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,277	84,681	90,958	166	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,907	0	3,907	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	16,759	39,485	2,762	59,006	509	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0	76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	0	139,279	5,735	145,014	697	76.03
76.04	03610	SLEEP LAB	1,996	15,950	0	17,946	288	76.04
76.05	03480	ONCOLOGY	0	278,159	195,215	473,374	1,241	76.05
76.97	07697	CARDIAC REHABILITATION	0	41,742	8,286	50,028	256	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0	0	0	0	0	90.01
90.02	09002	VEIN CENTER	0	0	3,574	3,574	127	90.02
90.03	09003	OBGYN	0	157,219	32,465	189,684	710	90.03
90.04	09004	NEUROSURGERY	0	0	0	0	174	90.04
90.05	09005	SURGICAL ASSOCIATES	0	131,939	502	132,441	339	90.05
91.00	09100	EMERGENCY	193	288,305	48,245	336,743	3,638	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	04952	BEHAVIORAL HEALTH	0	31,349	0	31,349	651	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	150	29,946	522	30,618	2,190	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	62,709	29,946	0	92,655	921	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	826,358	5,837,391	4,390,291	11,054,040	66,959	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	80	433,804	1,988	435,872	1,732	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00
194.01	07951	JACKSON MOB	0	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part II Date/Time Prepared: 5/23/2022 3:05 pm

		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	
194.02	07952	EXTERNAL SVCS MARKETING	506	36,602	5,018	42,126	310	194.02
194.03	07953	WASHINGTON CLINIC	0	80,051	0	80,051	313	194.03
194.04	07954	PHYSICIAN OFFICES	70	86,613	1,619	88,302	434	194.04
194.05	07955	INTEGRATED MEDICINE	60	68,274	0	68,334	631	194.05
194.06	07956	SURGICAL PROFESSIONAL	0	0	0	0	0	194.06
194.07	07957	PRIMARY CARE	657	380,475	34,533	415,665	1,301	194.07
194.08	07958	EMPLOYER CLINIC	0	136,642	3,768	140,410	963	194.08
194.09	07959	UROLOGY PROF	0	155,550	7,611	163,161	464	194.09
194.10	07960	SCOTTSBURG SPECIAL	0	0	3,939	3,939	0	194.10
194.11	07961	BEHAVIORAL HEALTH	0	0	0	0	0	194.11
194.12	07962	SPC	0	0	3,355	3,355	748	194.12
194.13	07963	PULMONARY PROFESSIONAL	0	38,688	1,352	40,040	222	194.13
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)	827,731	7,254,090	4,453,474	12,535,295	74,077	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part II Date/Time Prepared: 5/23/2022 3:05 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	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
5.00	00500	ADMINISTRATIVE & GENERAL	1,818,055					5.00
7.00	00700	OPERATION OF PLANT	94,019	931,443				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,591	3,603	34,987			8.00
9.00	00900	HOUSEKEEPING	29,698	5,530	196	94,974		9.00
10.00	01000	DIETARY	11,932	9,494	0	978	119,433	10.00
11.00	01100	CAFETERIA	8,022	11,178	0	1,151	0	11.00
13.00	01300	NURSING ADMINISTRATION	68,526	30,307	0	3,121	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	32,484	24,587	0	2,532	0	14.00
15.00	01500	PHARMACY	62,998	11,078	0	1,141	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	25,504	3,786	0	390	0	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	22,702	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	133,161	112,671	19,053	11,598	83,326	30.00
31.00	03100	INTENSIVE CARE UNIT	64,314	57,234	1,699	5,894	36,107	31.00
43.00	04300	NURSERY	28,370	5,479	796	564	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	144,083	91,817	3,600	9,455	0	50.00
51.00	05100	RECOVERY ROOM	16,613	14,512	0	1,494	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,698	37,229	285	3,834	0	52.00
53.00	05300	ANESTHESIOLOGY	1,528	246	0	25	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,278	32,217	2,981	3,318	0	54.00
54.01	03630	ULTRA SOUND	12,012	2,984	0	307	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,283	1,295	0	133	0	54.02
57.00	05700	CT SCAN	17,983	3,523	0	363	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,592	2,483	0	256	0	58.00
60.00	06000	LABORATORY	62,341	16,213	0	1,670	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,927	1,509	0	155	0	63.00
64.00	06400	INTRAVENOUS THERAPY	8,610	11,731	0	1,208	0	64.00
65.00	06500	RESPIRATORY THERAPY	33,681	9,566	0	985	0	65.00
66.00	06600	PHYSICAL THERAPY	35,465	35,863	1,719	3,693	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,519	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,577	1,128	0	116	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,445	948	1,563	98	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	590	0	61	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	205,549	0	0	0	0	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	9,295	5,963	0	614	0	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0	76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	15,719	21,033	0	2,166	0	76.03
76.04	03610	SLEEP LAB	5,339	2,409	0	248	0	76.04
76.05	03480	ONCOLOGY	43,667	42,006	0	4,326	0	76.05
76.97	07697	CARDIAC REHABILITATION	4,887	6,304	0	649	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0	0	0	0	0	90.01
90.02	09002	VEIN CENTER	2,061	0	0	0	0	90.02
90.03	09003	OBGYN	15,407	23,743	0	2,445	0	90.03
90.04	09004	NEUROSURGERY	2,725	0	0	0	0	90.04
90.05	09005	SURGICAL ASSOCIATES	7,853	19,925	0	2,052	0	90.05
91.00	09100	EMERGENCY	73,176	43,538	3,095	4,483	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIORAL HEALTH	10,737	4,734	0	487	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	34,170	4,522	0	466	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	20,126	4,522	0	466	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,486,667	717,500	34,987	72,942	119,433	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	88,672	65,511	0	6,746	0	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00
194.01	07951	JACKSON MOB	11,349	0	0	0	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	14,051	5,528	0	569	0	194.02
194.03	07953	WASHINGTON CLINIC	6,247	12,089	0	1,245	0	194.03
194.04	07954	PHYSICIAN OFFICES	26,568	13,080	0	1,347	0	194.04
194.05	07955	INTEGRATED MEDICINE	16,275	10,310	0	1,062	0	194.05

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part II Date/Time Prepared: 5/23/2022 3:05 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
194.06	07956	SURGICAL PROFESSIONAL	0	0	0	0	0	194.06
194.07	07957	PRIMARY CARE	62,270	57,457	0	5,917	0	194.07
194.08	07958	EMPLOYER CLINIC	21,739	20,635	0	2,125	0	194.08
194.09	07959	UROLOGY PROF	37,441	23,490	0	2,419	0	194.09
194.10	07960	SCOTTSBURG SPECIAL	117	0	0	0	0	194.10
194.11	07961	BEHAVIORAL HEALTH	0	0	0	0	0	194.11
194.12	07962	SPC	33,711	0	0	0	0	194.12
194.13	07963	PULMONARY PROFESSIONAL	12,948	5,843	0	602	0	194.13
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)	1,818,055	931,443	34,987	94,974	119,433	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part II Date/Time Prepared: 5/23/2022 3:05 pm

		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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	94,934					11.00
13.00	01300	NURSING ADMINISTRATION	4,536	317,980				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,979	18,734	319,191			14.00
15.00	01500	PHARMACY	2,670	16,786	7,994	261,475		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,976	0	2,592	0	63,119	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	1,617	0	400	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,635	60,564	22,151	0	2,864	30.00
31.00	03100	INTENSIVE CARE UNIT	5,072	31,892	3,744	0	1,751	31.00
43.00	04300	NURSERY	2,076	13,056	0	0	1,178	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,939	49,920	41,345	0	20,440	50.00
51.00	05100	RECOVERY ROOM	1,103	0	1,698	0	1,507	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,611	10,132	0	0	1,661	52.00
53.00	05300	ANESTHESIOLOGY	1,376	0	17	0	1,230	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,039	19,108	8,016	0	1,988	54.00
54.01	03630	ULTRA SOUND	842	0	287	0	838	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	17	0	10	0	289	54.02
57.00	05700	CT SCAN	668	0	1,236	0	4,182	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	476	0	222	0	1,319	58.00
60.00	06000	LABORATORY	4,708	29,602	8,957	0	4,395	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	103	63.00
64.00	06400	INTRAVENOUS THERAPY	625	0	1,123	0	451	64.00
65.00	06500	RESPIRATORY THERAPY	2,328	0	3,649	0	1,410	65.00
66.00	06600	PHYSICAL THERAPY	3,425	21,537	1,120	0	1,159	66.00
67.00	06700	OCCUPATIONAL THERAPY	826	0	328	0	515	67.00
68.00	06800	SPEECH PATHOLOGY	473	0	343	0	248	68.00
69.00	06900	ELECTROCARDIOLOGY	229	1,443	737	0	943	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,281	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	1,145	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	261,475	5,219	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	804	0	296	0	262	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0	76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	1,669	0	1,184	0	334	76.03
76.04	03610	SLEEP LAB	320	0	0	0	324	76.04
76.05	03480	ONCOLOGY	2,291	0	4,296	0	1,534	76.05
76.97	07697	CARDIAC REHABILITATION	417	0	491	0	39	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0	0	0	0	0	90.01
90.02	09002	VEIN CENTER	417	0	174	0	228	90.02
90.03	09003	OBGYN	2,271	0	5,107	0	187	90.03
90.04	09004	NEUROSURGERY	614	0	107	0	69	90.04
90.05	09005	SURGICAL ASSOCIATES	1,335	0	419	0	65	90.05
91.00	09100	EMERGENCY	7,189	45,206	6,440	0	3,106	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIORAL HEALTH	727	0	311	0	51	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	3,707	0	399	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	2,722	0	405	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	79,300	317,980	131,223	261,475	63,119	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,388	0	42,737	0	0	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00
194.01	07951	JACKSON MOB	0	0	0	0	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	443	0	2,593	0	0	194.02
194.03	07953	WASHINGTON CLINIC	876	0	0	0	0	194.03
194.04	07954	PHYSICIAN OFFICES	1,626	0	10,562	0	0	194.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part II Date/Time Prepared: 5/23/2022 3:05 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
194.05	07955	INTEGRATED MEDICINE	604	0	61,966	0	0	194.05
194.06	07956	SURGICAL PROFESSIONAL	0	0	0	0	0	194.06
194.07	07957	PRIMARY CARE	0	0	28,736	0	0	194.07
194.08	07958	EMPLOYER CLINIC	1,739	0	13,107	0	0	194.08
194.09	07959	UROLOGY PROF	1,760	0	10,911	0	0	194.09
194.10	07960	SCOTTSBURG SPECIAL	0	0	292	0	0	194.10
194.11	07961	BEHAVIORAL HEALTH	0	0	0	0	0	194.11
194.12	07962	SPC	2,520	0	16,771	0	0	194.12
194.13	07963	PULMONARY PROFESSIONAL	678	0	293	0	0	194.13
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)	94,934	317,980	319,191	261,475	63,119	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part II Date/Time Prepared: 5/23/2022 3:05 pm

		Cost Center Description	OTHER GENERAL SERVICE PHYSICIAN PRIVATE PRACTICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			18.00	19.00	24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	25,983					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0		1,464,309	0	1,464,309	30.00
31.00	03100	INTENSIVE CARE UNIT	0		657,748	0	657,748	31.00
43.00	04300	NURSERY	0		89,301	0	89,301	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0		2,131,124	0	2,131,124	50.00
51.00	05100	RECOVERY ROOM	0		134,300	0	134,300	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		328,141	0	328,141	52.00
53.00	05300	ANESTHESIOLOGY	0		56,913	0	56,913	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		858,415	0	858,415	54.00
54.01	03630	ULTRA SOUND	0		70,639	0	70,639	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0		70,942	0	70,942	54.02
57.00	05700	CT SCAN	0		212,147	0	212,147	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		370,738	0	370,738	58.00
60.00	06000	LABORATORY	0		404,047	0	404,047	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0		16,689	0	16,689	63.00
64.00	06400	INTRAVENOUS THERAPY	0		106,875	0	106,875	64.00
65.00	06500	RESPIRATORY THERAPY	0		196,138	0	196,138	65.00
66.00	06600	PHYSICAL THERAPY	0		353,854	0	353,854	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		14,085	0	14,085	67.00
68.00	06800	SPEECH PATHOLOGY	0		16,764	0	16,764	68.00
69.00	06900	ELECTROCARDIOLOGY	0		102,530	0	102,530	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		5,839	0	5,839	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0		1,145	0	1,145	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		472,243	0	472,243	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0		76,749	0	76,749	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0		0	0	0	76.01
76.02	03951	CASE MANAGEMENT	0		0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	0		187,816	0	187,816	76.03
76.04	03610	SLEEP LAB	0		26,874	0	26,874	76.04
76.05	03480	ONCOLOGY	0		572,735	0	572,735	76.05
76.97	07697	CARDIAC REHABILITATION	0		63,071	0	63,071	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0		0	0	0	90.01
90.02	09002	VEIN CENTER	535		7,116	0	7,116	90.02
90.03	09003	OBGYN	2,911		242,465	0	242,465	90.03
90.04	09004	NEUROSURGERY	786		4,475	0	4,475	90.04
90.05	09005	SURGICAL ASSOCIATES	1,712		166,141	0	166,141	90.05
91.00	09100	EMERGENCY	0		526,614	0	526,614	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	04952	BEHAVIORAL HEALTH	0		49,047	0	49,047	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0		76,072	0	76,072	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0		121,817	0	121,817	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,944	0	10,255,918	0	10,255,918	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,907		653,565	0	653,565	192.00
194.00	07950	WELLNESS	0		0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B Part II Date/Time Prepared: 5/23/2022 3:05 pm

		Cost Center Description	OTHER GENERAL SERVICE PHYSICIAN PRIVATE PRACTICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			18.00	19.00	24.00	25.00	26.00	
194.01	07951	JACKSON MOB	0		11,349	0	11,349	194.01
194.02	07952	EXTERNAL SVCS MARKETING	568		66,188	0	66,188	194.02
194.03	07953	WASHINGTON CLINIC	1,123		101,944	0	101,944	194.03
194.04	07954	PHYSICIAN OFFICES	2,084		144,003	0	144,003	194.04
194.05	07955	INTEGRATED MEDICINE	774		159,956	0	159,956	194.05
194.06	07956	SURGICAL PROFESSIONAL	0		0	0	0	194.06
194.07	07957	PRIMARY CARE	0		571,346	0	571,346	194.07
194.08	07958	EMPLOYER CLINIC	2,229		202,947	0	202,947	194.08
194.09	07959	UROLOGY PROF	2,256		241,902	0	241,902	194.09
194.10	07960	SCOTTSBURG SPECIAL	0		4,348	0	4,348	194.10
194.11	07961	BEHAVIORAL HEALTH	0		0	0	0	194.11
194.12	07962	SPC	3,229		60,334	0	60,334	194.12
194.13	07963	PULMONARY PROFESSIONAL	869		61,495	0	61,495	194.13
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)	25,983	0	12,535,295	0	12,535,295	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B-1 | Date/Time Prepared: 5/23/2022 3:05 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	382,500					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,348,324				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,906	0	53,574,891			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	32,763	1,143,881	9,554,345	-22,404,223	107,836,245	5.00
7.00	00700	OPERATION OF PLANT	20,606	393,478	1,428,498	0	5,576,765	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,258	0	43,579	0	331,617	8.00
9.00	00900	HOUSEKEEPING	1,931	14,722	1,022,422	0	1,761,578	9.00
10.00	01000	DIETARY	3,315	28,850	347,151	0	707,750	10.00
11.00	01100	CAFETERIA	3,903	0	407,105	0	475,822	11.00
13.00	01300	NURSING ADMINISTRATION	10,582	7,160	2,508,799	0	4,064,668	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,585	70,131	1,005,881	0	1,926,823	14.00
15.00	01500	PHARMACY	3,868	81,223	1,637,696	0	3,736,760	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,322	1,421	971,614	0	1,512,759	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	0	0	913,996	0	1,346,593	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	39,340	207,409	3,785,245	0	7,898,492	30.00
31.00	03100	INTENSIVE CARE UNIT	19,984	65,311	2,191,273	0	3,814,813	31.00
43.00	04300	NURSERY	1,913	0	1,086,047	0	1,682,805	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,059	667,128	3,815,753	0	8,546,344	50.00
51.00	05100	RECOVERY ROOM	5,067	401	627,136	0	985,421	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,999	0	842,827	0	1,524,310	52.00
53.00	05300	ANESTHESIOLOGY	86	49,659	0	0	90,605	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,249	499,158	1,260,889	0	2,922,939	54.00
54.01	03630	ULTRA SOUND	1,042	32,170	477,533	0	712,513	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	452	56,943	16,312	0	135,427	54.02
57.00	05700	CT SCAN	1,230	156,622	329,590	0	1,066,687	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	867	213,998	248,717	0	687,577	58.00
60.00	06000	LABORATORY	5,661	147,069	1,539,046	0	3,697,812	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	527	0	0	0	292,268	63.00
64.00	06400	INTRAVENOUS THERAPY	4,096	4,872	330,220	0	510,691	64.00
65.00	06500	RESPIRATORY THERAPY	3,340	60,693	1,215,636	0	1,997,813	65.00
66.00	06600	PHYSICAL THERAPY	12,522	10,161	1,436,538	0	2,103,647	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,203	480,885	0	623,951	67.00
68.00	06800	SPEECH PATHOLOGY	394	0	294,504	0	390,096	68.00
69.00	06900	ELECTROCARDIOLOGY	331	82,682	119,766	0	322,977	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	206	0	0	-9,647,686	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	-4,382,648	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	12,189,629	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	2,082	2,697	368,179	0	551,348	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0	76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	7,344	5,600	503,827	0	932,391	76.03
76.04	03610	SLEEP LAB	841	0	207,930	0	316,661	76.04
76.05	03480	ONCOLOGY	14,667	190,606	897,058	0	2,590,124	76.05
76.97	07697	CARDIAC REHABILITATION	2,201	8,090	184,811	0	289,889	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0	0	0	0	0	90.01
90.02	09002	VEIN CENTER	0	3,490	91,931	0	122,257	90.02
90.03	09003	OBGYN	8,290	31,698	513,604	0	913,873	90.03
90.04	09004	NEUROSURGERY	0	0	125,783	0	161,608	90.04
90.05	09005	SURGICAL ASSOCIATES	6,957	490	245,260	0	465,777	90.05
91.00	09100	EMERGENCY	15,202	47,106	2,630,441	0	4,340,476	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIORAL HEALTH	1,653	0	470,461	0	636,887	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,579	510	1,583,773	0	2,026,794	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,579	0	665,994	0	1,193,797	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	307,799	4,286,632	48,428,055	-36,434,557	88,179,834	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	22,874	1,941	1,252,588	0	5,259,645	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B-1 | Date/Time Prepared: 5/23/2022 3:05 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
194.01	07951	JACKSON MOB	0	0	0	0	673,152	194.01
194.02	07952	EXTERNAL SVCS MARKETING	1,930	4,900	223,971	0	833,418	194.02
194.03	07953	WASHINGTON CLINIC	4,221	0	226,091	0	370,537	194.03
194.04	07954	PHYSICIAN OFFICES	4,567	1,581	313,801	0	1,575,904	194.04
194.05	07955	INTEGRATED MEDICINE	3,600	0	455,994	0	965,380	194.05
194.06	07956	SURGICAL PROFESSIONAL	0	0	0	0	0	194.06
194.07	07957	PRIMARY CARE	20,062	33,718	940,874	0	3,693,561	194.07
194.08	07958	EMPLOYER CLINIC	7,205	3,679	696,673	0	1,289,478	194.08
194.09	07959	UROLOGY PROF	8,202	7,431	335,706	0	2,220,816	194.09
194.10	07960	SCOTTSBURG SPECIAL	0	3,846	0	0	6,955	194.10
194.11	07961	BEHAVIORAL HEALTH	0	0	0	0	0	194.11
194.12	07962	SPC	0	3,276	540,505	0	1,999,575	194.12
194.13	07963	PULMONARY PROFESSIONAL	2,040	1,320	160,633	0	767,990	194.13
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)	7,254,090	4,453,474	15,259,086		22,404,223	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18.964941	1.024182	0.284818		0.207762	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			74,077		1,818,055	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001383		0.016859	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B-1 | Date/Time Prepared: 5/23/2022 3:05 pm

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	
			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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	325,225					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,258	432,012				8.00
9.00	00900	HOUSEKEEPING	1,931	2,416	322,036			9.00
10.00	01000	DIETARY	3,315	0	3,315	30,286		10.00
11.00	01100	CAFETERIA	3,903	0	3,903	0	1,268,155	11.00
13.00	01300	NURSING ADMINISTRATION	10,582	0	10,582	0	60,597	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,585	0	8,585	0	39,799	14.00
15.00	01500	PHARMACY	3,868	0	3,868	0	35,660	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,322	0	1,322	0	39,757	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	0	0	0	0	21,598	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	39,340	235,269	39,340	21,130	128,665	30.00
31.00	03100	INTENSIVE CARE UNIT	19,984	20,983	19,984	9,156	67,752	31.00
43.00	04300	NURSERY	1,913	9,826	1,913	0	27,736	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,059	44,449	32,059	0	106,050	50.00
51.00	05100	RECOVERY ROOM	5,067	0	5,067	0	14,738	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,999	3,514	12,999	0	21,525	52.00
53.00	05300	ANESTHESIOLOGY	86	0	86	0	18,379	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,249	36,805	11,249	0	40,593	54.00
54.01	03630	ULTRA SOUND	1,042	0	1,042	0	11,248	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	452	0	452	0	231	54.02
57.00	05700	CT SCAN	1,230	0	1,230	0	8,917	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	867	0	867	0	6,365	58.00
60.00	06000	LABORATORY	5,661	0	5,661	0	62,887	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	527	0	527	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	4,096	0	4,096	0	8,348	64.00
65.00	06500	RESPIRATORY THERAPY	3,340	0	3,340	0	31,100	65.00
66.00	06600	PHYSICAL THERAPY	12,522	21,232	12,522	0	45,754	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	11,030	67.00
68.00	06800	SPEECH PATHOLOGY	394	0	394	0	6,323	68.00
69.00	06900	ELECTROCARDIOLOGY	331	19,296	331	0	3,065	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	206	0	206	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	2,082	0	2,082	0	10,744	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0	76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	7,344	0	7,344	0	22,298	76.03
76.04	03610	SLEEP LAB	841	0	841	0	4,275	76.04
76.05	03480	ONCOLOGY	14,667	0	14,667	0	30,605	76.05
76.97	07697	CARDIAC REHABILITATION	2,201	0	2,201	0	5,569	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0	0	0	0	0	90.01
90.02	09002	VEIN CENTER	0	0	0	0	5,572	90.02
90.03	09003	OBGYN	8,290	0	8,290	0	30,343	90.03
90.04	09004	NEUROSURGERY	0	0	0	0	8,196	90.04
90.05	09005	SURGICAL ASSOCIATES	6,957	0	6,957	0	17,838	90.05
91.00	09100	EMERGENCY	15,202	38,222	15,202	0	96,037	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIORAL HEALTH	1,653	0	1,653	0	9,713	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,579	0	1,579	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,579	0	1,579	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	250,524	432,012	247,335	30,286	1,059,307	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	22,874	0	22,874	0	71,976	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00
194.01	07951	JACKSON MOB	0	0	0	0	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	1,930	0	1,930	0	5,919	194.02
194.03	07953	WASHINGTON CLINIC	4,221	0	4,221	0	11,707	194.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B-1 | Date/Time Prepared: 5/23/2022 3:05 pm

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	
			7.00	8.00	9.00	10.00	11.00	
194.04	07954	PHYSICIAN OFFICES	4,567	0	4,567	0	21,719	194.04
194.05	07955	INTEGRATED MEDICINE	3,600	0	3,600	0	8,070	194.05
194.06	07956	SURGICAL PROFESSIONAL	0	0	0	0	0	194.06
194.07	07957	PRIMARY CARE	20,062	0	20,062	0	0	194.07
194.08	07958	EMPLOYER CLINIC	7,205	0	7,205	0	23,231	194.08
194.09	07959	UROLOGY PROF	8,202	0	8,202	0	23,509	194.09
194.10	07960	SCOTTSBURG SPECIAL	0	0	0	0	0	194.10
194.11	07961	BEHAVIORAL HEALTH	0	0	0	0	0	194.11
194.12	07962	SPC	0	0	0	0	33,657	194.12
194.13	07963	PULMONARY PROFESSIONAL	2,040	0	2,040	0	9,060	194.13
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,735,405	426,567	2,169,944	945,785	681,810	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	20.709985	0.987396	6.738203	31.228455	0.537639	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	931,443	34,987	94,974	119,433	94,934	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.863996	0.080986	0.294917	3.943505	0.074860	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B-1 | Date/Time Prepared: 5/23/2022 3:05 pm

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE PHYSICIAN PRIVATE PRACTICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	18.00	
		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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	675,523					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	39,799	1,041,133				14.00
15.00	01500	PHARMACY	35,660	26,074	100			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,454	0	427,973,878		16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	0	1,305	0	0	270,797	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	128,665	72,253	0	19,483,810	0	30.00
31.00	03100	INTENSIVE CARE UNIT	67,752	12,212	0	11,914,667	0	31.00
43.00	04300	NURSERY	27,736	0	0	8,011,181	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	106,050	134,860	0	137,639,721	0	50.00
51.00	05100	RECOVERY ROOM	0	5,540	0	10,252,388	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,525	0	0	11,301,334	0	52.00
53.00	05300	ANESTHESIOLOGY	0	56	0	8,367,227	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,593	26,148	0	13,522,240	0	54.00
54.01	03630	ULTRA SOUND	0	937	0	5,701,098	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	34	0	1,962,724	0	54.02
57.00	05700	CT SCAN	0	4,033	0	28,450,719	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	725	0	8,970,427	0	58.00
60.00	06000	LABORATORY	62,887	29,217	0	29,897,060	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	699,641	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,664	0	3,070,976	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,901	0	9,595,202	0	65.00
66.00	06600	PHYSICAL THERAPY	45,754	3,653	0	7,882,101	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,071	0	3,502,915	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,119	0	1,689,656	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,065	2,403	0	6,413,697	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,711,100	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	7,792,179	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	35,502,750	0	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0	966	0	1,781,249	0	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0	76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	0	3,862	0	2,273,175	0	76.03
76.04	03610	SLEEP LAB	0	0	0	2,203,747	0	76.04
76.05	03480	ONCOLOGY	0	14,014	0	10,438,145	0	76.05
76.97	07697	CARDIAC REHABILITATION	0	1,600	0	262,992	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0	0	0	0	0	90.01
90.02	09002	VEIN CENTER	0	568	0	1,551,423	5,572	90.02
90.03	09003	OBGYN	0	16,659	0	1,271,861	30,343	90.03
90.04	09004	NEUROSURGERY	0	348	0	467,714	8,196	90.04
90.05	09005	SURGICAL ASSOCIATES	0	1,368	0	445,264	17,838	90.05
91.00	09100	EMERGENCY	96,037	21,006	0	21,128,668	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04952	BEHAVIORAL HEALTH	0	1,014	0	346,424	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	12,091	0	2,716,051	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	8,879	0	2,752,352	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	675,523	428,034	100	427,973,878	61,949	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	139,399	0	0	71,976	192.00
194.00	07950	WELLNESS	0	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B-1 | Date/Time Prepared: 5/23/2022 3:05 pm

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE PHYSICIAN PRIVATE PRACTICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	18.00	
194.01	07951	JACKSON MOB	0	0	0	0	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	0	8,458	0	0	5,919	194.02
194.03	07953	WASHINGTON CLINIC	0	0	0	0	11,707	194.03
194.04	07954	PHYSICIAN OFFICES	0	34,450	0	0	21,719	194.04
194.05	07955	INTEGRATED MEDICINE	0	202,109	0	0	8,070	194.05
194.06	07956	SURGICAL PROFESSIONAL	0	0	0	0	0	194.06
194.07	07957	PRIMARY CARE	0	93,731	0	0	0	194.07
194.08	07958	EMPLOYER CLINIC	0	42,751	0	0	23,231	194.08
194.09	07959	UROLOGY PROF	0	35,589	0	0	23,509	194.09
194.10	07960	SCOTTSBURG SPECIAL	0	954	0	0	0	194.10
194.11	07961	BEHAVIORAL HEALTH	0	0	0	0	0	194.11
194.12	07962	SPC	0	54,703	0	0	33,657	194.12
194.13	07963	PULMONARY PROFESSIONAL	0	955	0	0	9,060	194.13
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)	5,232,188	2,892,442	4,987,097	1,908,202	1,641,602	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.745388	2.778168	49,870.970000	0.004459	6.062113	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	317,980	319,191	261,475	63,119	25,983	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.470717	0.306580	2,614.750000	0.000147	0.095950	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B-1 | Date/Time Prepared: 5/23/2022 3:05 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			19.00	
		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
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
43.00	04300	NURSERY	0	43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	03630	ULTRA SOUND	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	54.02
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
60.00	06000	LABORATORY	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	76.01
76.02	03951	CASE MANAGEMENT	0	76.02
76.03	03950	PAIN MANAGEMENT	0	76.03
76.04	03610	SLEEP LAB	0	76.04
76.05	03480	ONCOLOGY	0	76.05
76.97	07697	CARDIAC REHABILITATION	0	76.97
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0	90.00
90.01	09001	PALLIATIVE HEALTH	0	90.01
90.02	09002	VEIN CENTER	0	90.02
90.03	09003	OBGYN	0	90.03
90.04	09004	NEUROSURGERY	0	90.04
90.05	09005	SURGICAL ASSOCIATES	0	90.05
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
93.00	04952	BEHAVIORAL HEALTH	0	93.00
		OTHER REIMBURSABLE COST CENTERS		
101.00	10100	HOME HEALTH AGENCY	0	101.00
		SPECIAL PURPOSE COST CENTERS		
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
		NONREIMBURSABLE COST CENTERS		
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950	WELLNESS	0	194.00
194.01	07951	JACKSON MOB	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	0	194.02
194.03	07953	WASHINGTON CLINIC	0	194.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet B-1 | Date/Time Prepared: 5/23/2022 3:05 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
			19.00		
194.04	07954	PHYSICIAN OFFICES	0		194.04
194.05	07955	INTEGRATED MEDICINE	0		194.05
194.06	07956	SURGICAL PROFESSIONAL	0		194.06
194.07	07957	PRIMARY CARE	0		194.07
194.08	07958	EMPLOYER CLINIC	0		194.08
194.09	07959	UROLOGY PROF	0		194.09
194.10	07960	SCOTTSBURG SPECIAL	0		194.10
194.11	07961	BEHAVIORAL HEALTH	0		194.11
194.12	07962	SPC	0		194.12
194.13	07963	PULMONARY PROFESSIONAL	0		194.13
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet C Part I Date/Time Prepared: 5/23/2022 3:05 pm

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		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	12,864,821		12,864,821	109,673	12,974,494	30.00
31.00	03100	INTENSIVE CARE UNIT	6,110,804		6,110,804	0	6,110,804	31.00
43.00	04300	NURSERY	2,360,098		2,360,098	0	2,360,098	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,112,479		13,112,479	0	13,112,479	50.00
51.00	05100	RECOVERY ROOM	1,398,263		1,398,263	0	1,398,263	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,429,958		2,429,958	0	2,429,958	52.00
53.00	05300	ANESTHESIOLOGY	159,135		159,135	0	159,135	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,344,494		4,344,494	0	4,344,494	54.00
54.01	03630	ULTRA SOUND	923,218		923,218	0	923,218	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	184,941		184,941	0	184,941	54.02
57.00	05700	CT SCAN	1,464,925		1,464,925	0	1,464,925	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	899,662		899,662	0	899,662	58.00
60.00	06000	LABORATORY	5,356,837		5,356,837	75,384	5,432,221	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	370,575		370,575	0	370,575	63.00
64.00	06400	INTRAVENOUS THERAPY	757,581		757,581	0	757,581	64.00
65.00	06500	RESPIRATORY THERAPY	2,597,129	0	2,597,129	0	2,597,129	65.00
66.00	06600	PHYSICAL THERAPY	3,329,651	0	3,329,651	0	3,329,651	66.00
67.00	06700	OCCUPATIONAL THERAPY	778,108	0	778,108	0	778,108	67.00
68.00	06800	SPEECH PATHOLOGY	496,000	0	496,000	0	496,000	68.00
69.00	06900	ELECTROCARDIOLOGY	478,880		478,880	1,069	479,949	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,692,183		9,692,183	0	9,692,183	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	4,417,393		4,417,393	0	4,417,393	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,867,522		19,867,522	0	19,867,522	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	739,447		739,447	0	739,447	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0		0	0	0	76.01
76.02	03951	CASE MANAGEMENT	0		0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	1,360,538		1,360,538	968	1,361,506	76.03
76.04	03610	SLEEP LAB	417,660		417,660	0	417,660	76.04
76.05	03480	ONCOLOGY	3,632,766		3,632,766	182,163	3,814,929	76.05
76.97	07697	CARDIAC REHABILITATION	419,143		419,143	0	419,143	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0		0	0	0	90.01
90.02	09002	VEIN CENTER	192,927		192,927	0	192,927	90.02
90.03	09003	OBGYN	1,583,497		1,583,497	0	1,583,497	90.03
90.04	09004	NEUROSURGERY	252,328		252,328	0	252,328	90.04
90.05	09005	SURGICAL ASSOCIATES	877,017		877,017	968	877,985	90.05
91.00	09100	EMERGENCY	6,645,317		6,645,317	0	6,645,317	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,967,860		2,967,860		2,967,860	92.00
93.00	04952	BEHAVIORAL HEALTH	824,164		824,164	0	824,164	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	2,536,928		2,536,928		2,536,928	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,522,104		1,522,104		1,522,104	116.00
200.00		Subtotal (see instructions)	118,366,353	0	118,366,353	370,225	118,736,578	200.00
201.00		Less Observation Beds	2,967,860		2,967,860		2,967,860	201.00
202.00		Total (see instructions)	115,398,493	0	115,398,493	370,225	115,768,718	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet C Part I Date/Time Prepared: 5/23/2022 3:05 pm

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,985,221		13,985,221			30.00
31.00	03100	INTENSIVE CARE UNIT	11,914,667		11,914,667			31.00
43.00	04300	NURSERY	8,011,181		8,011,181			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,741,695	123,898,026	137,639,721	0.095267	0.000000	50.00
51.00	05100	RECOVERY ROOM	791,662	9,460,726	10,252,388	0.136384	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,660,302	641,032	11,301,334	0.215015	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	939,213	7,428,014	8,367,227	0.019019	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	600,133	12,922,107	13,522,240	0.321285	0.000000	54.00
54.01	03630	ULTRA SOUND	361,530	5,339,568	5,701,098	0.161937	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	8,958	1,953,766	1,962,724	0.094227	0.000000	54.02
57.00	05700	CT SCAN	1,269,635	27,181,084	28,450,719	0.051490	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	364,153	8,606,274	8,970,427	0.100292	0.000000	58.00
60.00	06000	LABORATORY	4,686,357	25,210,703	29,897,060	0.179176	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	203,001	496,640	699,641	0.529664	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	236,655	2,834,321	3,070,976	0.246691	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	5,855,275	3,739,927	9,595,202	0.270670	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	577,534	7,304,567	7,882,101	0.422432	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	504,829	2,998,086	3,502,915	0.222132	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	686,495	1,003,161	1,689,656	0.293551	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	751,975	5,661,722	6,413,697	0.074665	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,221,881	6,489,219	8,711,100	1.112624	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	982,178	6,810,001	7,792,179	0.566901	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,835,443	29,667,307	35,502,750	0.559605	0.000000	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	58,124	1,723,125	1,781,249	0.415128	0.000000	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0.000000	0.000000	76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0.000000	0.000000	76.02
76.03	03950	PAIN MANAGEMENT	0	2,273,175	2,273,175	0.598519	0.000000	76.03
76.04	03610	SLEEP LAB	1,000	2,202,747	2,203,747	0.189523	0.000000	76.04
76.05	03480	ONCOLOGY	38,251	10,399,894	10,438,145	0.348028	0.000000	76.05
76.97	07697	CARDIAC REHABILITATION	143	262,849	262,992	1.593748	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	PALLIATIVE HEALTH	0	0	0	0.000000	0.000000	90.01
90.02	09002	VEIN CENTER	0	1,551,423	1,551,423	0.124355	0.000000	90.02
90.03	09003	OBGYN	200,000	1,071,861	1,271,861	1.245024	0.000000	90.03
90.04	09004	NEUROSURGERY	46,000	421,714	467,714	0.539492	0.000000	90.04
90.05	09005	SURGICAL ASSOCIATES	90	445,174	445,264	1.969656	0.000000	90.05
91.00	09100	EMERGENCY	1,462,973	19,665,695	21,128,668	0.314517	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	184,459	5,314,130	5,498,589	0.539749	0.000000	92.00
93.00	04952	BEHAVIORAL HEALTH	0	346,424	346,424	2.379061	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	2,716,051	2,716,051			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,752,352	2,752,352			116.00
200.00		Subtotal (see instructions)	87,181,013	340,792,865	427,973,878			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	87,181,013	340,792,865	427,973,878			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet C Part I Date/Time Prepared: 5/23/2022 3:05 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.095267		50.00
51.00	05100	RECOVERY ROOM	0.136384		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.215015		52.00
53.00	05300	ANESTHESIOLOGY	0.019019		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.321285		54.00
54.01	03630	ULTRA SOUND	0.161937		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.094227		54.02
57.00	05700	CT SCAN	0.051490		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.100292		58.00
60.00	06000	LABORATORY	0.181697		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.529664		63.00
64.00	06400	INTRAVENOUS THERAPY	0.246691		64.00
65.00	06500	RESPIRATORY THERAPY	0.270670		65.00
66.00	06600	PHYSICAL THERAPY	0.422432		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.222132		67.00
68.00	06800	SPEECH PATHOLOGY	0.293551		68.00
69.00	06900	ELECTROCARDIOLOGY	0.074832		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.112624		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.566901		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.559605		73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.415128		76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0.000000		76.01
76.02	03951	CASE MANAGEMENT	0.000000		76.02
76.03	03950	PAIN MANAGEMENT	0.598945		76.03
76.04	03610	SLEEP LAB	0.189523		76.04
76.05	03480	ONCOLOGY	0.365480		76.05
76.97	07697	CARDIAC REHABILITATION	1.593748		76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	PALLIATIVE HEALTH	0.000000		90.01
90.02	09002	VEIN CENTER	0.124355		90.02
90.03	09003	OBGYN	1.245024		90.03
90.04	09004	NEUROSURGERY	0.539492		90.04
90.05	09005	SURGICAL ASSOCIATES	1.971830		90.05
91.00	09100	EMERGENCY	0.314517		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.539749		92.00
93.00	04952	BEHAVIORAL HEALTH	2.379061		93.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet C Part I Date/Time Prepared: 5/23/2022 3:05 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,864,821		12,864,821	109,673	12,974,494	30.00
31.00	03100	INTENSIVE CARE UNIT	6,110,804		6,110,804	0	6,110,804	31.00
43.00	04300	NURSERY	2,360,098		2,360,098	0	2,360,098	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,112,479		13,112,479	0	13,112,479	50.00
51.00	05100	RECOVERY ROOM	1,398,263		1,398,263	0	1,398,263	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,429,958		2,429,958	0	2,429,958	52.00
53.00	05300	ANESTHESIOLOGY	159,135		159,135	0	159,135	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,344,494		4,344,494	0	4,344,494	54.00
54.01	03630	ULTRA SOUND	923,218		923,218	0	923,218	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	184,941		184,941	0	184,941	54.02
57.00	05700	CT SCAN	1,464,925		1,464,925	0	1,464,925	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	899,662		899,662	0	899,662	58.00
60.00	06000	LABORATORY	5,356,837		5,356,837	75,384	5,432,221	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	370,575		370,575	0	370,575	63.00
64.00	06400	INTRAVENOUS THERAPY	757,581		757,581	0	757,581	64.00
65.00	06500	RESPIRATORY THERAPY	2,597,129	0	2,597,129	0	2,597,129	65.00
66.00	06600	PHYSICAL THERAPY	3,329,651	0	3,329,651	0	3,329,651	66.00
67.00	06700	OCCUPATIONAL THERAPY	778,108	0	778,108	0	778,108	67.00
68.00	06800	SPEECH PATHOLOGY	496,000	0	496,000	0	496,000	68.00
69.00	06900	ELECTROCARDIOLOGY	478,880		478,880	1,069	479,949	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,692,183		9,692,183	0	9,692,183	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	4,417,393		4,417,393	0	4,417,393	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,867,522		19,867,522	0	19,867,522	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	739,447		739,447	0	739,447	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0		0	0	0	76.01
76.02	03951	CASE MANAGEMENT	0		0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	1,360,538		1,360,538	968	1,361,506	76.03
76.04	03610	SLEEP LAB	417,660		417,660	0	417,660	76.04
76.05	03480	ONCOLOGY	3,632,766		3,632,766	182,163	3,814,929	76.05
76.97	07697	CARDIAC REHABILITATION	419,143		419,143	0	419,143	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0		0	0	0	90.01
90.02	09002	VEIN CENTER	192,927		192,927	0	192,927	90.02
90.03	09003	OBGYN	1,583,497		1,583,497	0	1,583,497	90.03
90.04	09004	NEUROSURGERY	252,328		252,328	0	252,328	90.04
90.05	09005	SURGICAL ASSOCIATES	877,017		877,017	968	877,985	90.05
91.00	09100	EMERGENCY	6,645,317		6,645,317	0	6,645,317	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,967,860		2,967,860		2,967,860	92.00
93.00	04952	BEHAVIORAL HEALTH	824,164		824,164	0	824,164	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	2,536,928		2,536,928		2,536,928	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,522,104		1,522,104		1,522,104	116.00
200.00		Subtotal (see instructions)	118,366,353	0	118,366,353	370,225	118,736,578	200.00
201.00		Less Observation Beds	2,967,860		2,967,860		2,967,860	201.00
202.00		Total (see instructions)	115,398,493	0	115,398,493	370,225	115,768,718	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet C Part I Date/Time Prepared: 5/23/2022 3:05 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,985,221		13,985,221			30.00
31.00	03100	INTENSIVE CARE UNIT	11,914,667		11,914,667			31.00
43.00	04300	NURSERY	8,011,181		8,011,181			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,741,695	123,898,026	137,639,721	0.095267	0.000000	50.00
51.00	05100	RECOVERY ROOM	791,662	9,460,726	10,252,388	0.136384	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,660,302	641,032	11,301,334	0.215015	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	939,213	7,428,014	8,367,227	0.019019	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	600,133	12,922,107	13,522,240	0.321285	0.000000	54.00
54.01	03630	ULTRA SOUND	361,530	5,339,568	5,701,098	0.161937	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	8,958	1,953,766	1,962,724	0.094227	0.000000	54.02
57.00	05700	CT SCAN	1,269,635	27,181,084	28,450,719	0.051490	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	364,153	8,606,274	8,970,427	0.100292	0.000000	58.00
60.00	06000	LABORATORY	4,686,357	25,210,703	29,897,060	0.179176	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	203,001	496,640	699,641	0.529664	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	236,655	2,834,321	3,070,976	0.246691	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	5,855,275	3,739,927	9,595,202	0.270670	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	577,534	7,304,567	7,882,101	0.422432	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	504,829	2,998,086	3,502,915	0.222132	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	686,495	1,003,161	1,689,656	0.293551	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	751,975	5,661,722	6,413,697	0.074665	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,221,881	6,489,219	8,711,100	1.112624	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	982,178	6,810,001	7,792,179	0.566901	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,835,443	29,667,307	35,502,750	0.559605	0.000000	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	58,124	1,723,125	1,781,249	0.415128	0.000000	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0.000000	0.000000	76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0.000000	0.000000	76.02
76.03	03950	PAIN MANAGEMENT	0	2,273,175	2,273,175	0.598519	0.000000	76.03
76.04	03610	SLEEP LAB	1,000	2,202,747	2,203,747	0.189523	0.000000	76.04
76.05	03480	ONCOLOGY	38,251	10,399,894	10,438,145	0.348028	0.000000	76.05
76.97	07697	CARDIAC REHABILITATION	143	262,849	262,992	1.593748	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	PALLIATIVE HEALTH	0	0	0	0.000000	0.000000	90.01
90.02	09002	VEIN CENTER	0	1,551,423	1,551,423	0.124355	0.000000	90.02
90.03	09003	OBGYN	200,000	1,071,861	1,271,861	1.245024	0.000000	90.03
90.04	09004	NEUROSURGERY	46,000	421,714	467,714	0.539492	0.000000	90.04
90.05	09005	SURGICAL ASSOCIATES	90	445,174	445,264	1.969656	0.000000	90.05
91.00	09100	EMERGENCY	1,462,973	19,665,695	21,128,668	0.314517	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	184,459	5,314,130	5,498,589	0.539749	0.000000	92.00
93.00	04952	BEHAVIORAL HEALTH	0	346,424	346,424	2.379061	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	2,716,051	2,716,051			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,752,352	2,752,352			116.00
200.00		Subtotal (see instructions)	87,181,013	340,792,865	427,973,878			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	87,181,013	340,792,865	427,973,878			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet C Part I Date/Time Prepared: 5/23/2022 3:05 pm

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630	ULTRA SOUND	0.000000		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		54.02
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.000000		76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0.000000		76.01
76.02	03951	CASE MANAGEMENT	0.000000		76.02
76.03	03950	PAIN MANAGEMENT	0.000000		76.03
76.04	03610	SLEEP LAB	0.000000		76.04
76.05	03480	ONCOLOGY	0.000000		76.05
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	PALLIATIVE HEALTH	0.000000		90.01
90.02	09002	VEIN CENTER	0.000000		90.02
90.03	09003	OBGYN	0.000000		90.03
90.04	09004	NEUROSURGERY	0.000000		90.04
90.05	09005	SURGICAL ASSOCIATES	0.000000		90.05
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04952	BEHAVIORAL HEALTH	0.000000		93.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part I Date/Time Prepared: 5/23/2022 3:05 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,464,309	1,290	1,463,019	8,574	170.63	30.00
31.00	INTENSIVE CARE UNIT	657,748		657,748	2,878	228.54	31.00
43.00	NURSERY	89,301		89,301	1,869	47.78	43.00
200.00	Total (lines 30 through 199)	2,211,358		2,210,068	13,321		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,853	316,177				30.00
31.00	INTENSIVE CARE UNIT	552	126,154				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	2,405	442,331				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part II Date/Time Prepared: 5/23/2022 3:05 pm

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		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	2,131,124	137,639,721	0.015483	4,387,000	67,924	50.00
51.00	05100	RECOVERY ROOM	134,300	10,252,388	0.013099	253,999	3,327	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	328,141	11,301,334	0.029036	737,028	21,400	52.00
53.00	05300	ANESTHESIOLOGY	56,913	8,367,227	0.006802	230,869	1,570	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	858,415	13,522,240	0.063482	281,868	17,894	54.00
54.01	03630	ULTRA SOUND	70,639	5,701,098	0.012390	101,420	1,257	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	70,942	1,962,724	0.036145	8,004	289	54.02
57.00	05700	CT SCAN	212,147	28,450,719	0.007457	816,350	6,088	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	370,738	8,970,427	0.041329	131,373	5,430	58.00
60.00	06000	LABORATORY	404,047	29,897,060	0.013515	1,145,962	15,488	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	16,689	699,641	0.023854	91,036	2,172	63.00
64.00	06400	INTRAVENOUS THERAPY	106,875	3,070,976	0.034802	80,360	2,797	64.00
65.00	06500	RESPIRATORY THERAPY	196,138	9,595,202	0.020441	1,774,002	36,262	65.00
66.00	06600	PHYSICAL THERAPY	353,854	7,882,101	0.044893	255,724	11,480	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,085	3,502,915	0.004021	233,350	938	67.00
68.00	06800	SPEECH PATHOLOGY	16,764	1,689,656	0.009922	33,536	333	68.00
69.00	06900	ELECTROCARDIOLOGY	102,530	6,413,697	0.015986	301,491	4,820	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,839	8,711,100	0.000670	670,145	449	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	1,145	7,792,179	0.000147	429,503	63	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	472,243	35,502,750	0.013302	1,668,854	22,199	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	76,749	1,781,249	0.043087	9,490	409	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0.000000	0	0	76.01
76.02	03951	CASE MANAGEMENT	0	0	0.000000	0	0	76.02
76.03	03950	PAIN MANAGEMENT	187,816	2,273,175	0.082623	0	0	76.03
76.04	03610	SLEEP LAB	26,874	2,203,747	0.012195	653	8	76.04
76.05	03480	ONCOLOGY	572,735	10,438,145	0.054869	37,653	2,066	76.05
76.97	07697	CARDIAC REHABILITATION	63,071	262,992	0.239821	143	34	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0	0	0.000000	0	0	90.01
90.02	09002	VEIN CENTER	7,116	1,551,423	0.004587	0	0	90.02
90.03	09003	OBGYN	242,465	1,271,861	0.190638	233	44	90.03
90.04	09004	NEUROSURGERY	4,475	467,714	0.009568	0	0	90.04
90.05	09005	SURGICAL ASSOCIATES	166,141	445,264	0.373129	0	0	90.05
91.00	09100	EMERGENCY	526,614	21,128,668	0.024924	528,391	13,170	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	334,956	5,498,589	0.060917	26,810	1,633	92.00
93.00	04952	BEHAVIORAL HEALTH	49,047	346,424	0.141581	0	0	93.00
200.00		Total (lines 50 through 199)	8,181,627	388,594,406		14,235,247	239,544	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part III Date/Time Prepared: 5/23/2022 3:05 pm

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		Cost Center Description	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	8,574	0.00	1,853	30.00
31.00	03100	INTENSIVE CARE UNIT		0	2,878	0.00	552	31.00
43.00	04300	NURSERY		0	1,869	0.00	0	43.00
200.00		Total (lines 30 through 199)		0	13,321		2,405	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			9.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
43.00	04300	NURSERY	0	43.00
200.00		Total (lines 30 through 199)	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part IV Date/Time Prepared: 5/23/2022 3:05 pm

Title XVIII | Hospital | 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	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0	0	0	0	0	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0	76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	0	0	0	0	0	76.03
76.04	03610	SLEEP LAB	0	0	0	0	0	76.04
76.05	03480	ONCOLOGY	0	0	0	0	0	76.05
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0	0	0	0	0	90.01
90.02	09002	VEIN CENTER	0	0	0	0	0	90.02
90.03	09003	OBGYN	0	0	0	0	0	90.03
90.04	09004	NEUROSURGERY	0	0	0	0	0	90.04
90.05	09005	SURGICAL ASSOCIATES	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		0	92.00
93.00	04952	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
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: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part IV Date/Time Prepared: 5/23/2022 3:05 pm

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		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	137,639,721	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	10,252,388	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	11,301,334	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	8,367,227	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	13,522,240	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	5,701,098	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	1,962,724	0.000000	54.02
57.00	05700	CT SCAN	0	0	0	28,450,719	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	8,970,427	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	29,897,060	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	699,641	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	3,070,976	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	9,595,202	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,882,101	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,502,915	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,689,656	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	6,413,697	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,711,100	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	7,792,179	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	35,502,750	0.000000	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0	0	0	1,781,249	0.000000	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0	0	0	0.000000	76.01
76.02	03951	CASE MANAGEMENT	0	0	0	0	0.000000	76.02
76.03	03950	PAIN MANAGEMENT	0	0	0	2,273,175	0.000000	76.03
76.04	03610	SLEEP LAB	0	0	0	2,203,747	0.000000	76.04
76.05	03480	ONCOLOGY	0	0	0	10,438,145	0.000000	76.05
76.97	07697	CARDIAC REHABILITATION	0	0	0	262,992	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	PALLIATIVE HEALTH	0	0	0	0	0.000000	90.01
90.02	09002	VEIN CENTER	0	0	0	1,551,423	0.000000	90.02
90.03	09003	OBGYN	0	0	0	1,271,861	0.000000	90.03
90.04	09004	NEUROSURGERY	0	0	0	467,714	0.000000	90.04
90.05	09005	SURGICAL ASSOCIATES	0	0	0	445,264	0.000000	90.05
91.00	09100	EMERGENCY	0	0	0	21,128,668	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	5,498,589	0.000000	92.00
93.00	04952	BEHAVIORAL HEALTH	0	0	0	346,424	0.000000	93.00
200.00		Total (lines 50 through 199)	0	0	0	388,594,406		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part IV Date/Time Prepared: 5/23/2022 3:05 pm

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		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	4,387,000	0	21,233,144	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	253,999	0	1,714,521	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	737,028	0	1,098	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	230,869	0	1,207,807	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	281,868	0	1,850,015	0	54.00
54.01	03630	ULTRA SOUND	0.000000	101,420	0	985,288	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	8,004	0	536,419	0	54.02
57.00	05700	CT SCAN	0.000000	816,350	0	5,506,540	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	131,373	0	1,992,448	0	58.00
60.00	06000	LABORATORY	0.000000	1,145,962	0	2,433,240	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	91,036	0	107,302	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	80,360	0	499,209	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,774,002	0	584,118	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	255,724	0	40,299	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	233,350	0	154,046	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	33,536	0	12,046	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	301,491	0	1,254,193	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	670,145	0	1,116,141	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	429,503	0	1,703,776	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,668,854	0	8,413,546	0	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.000000	9,490	0	547,838	0	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0.000000	0	0	0	0	76.01
76.02	03951	CASE MANAGEMENT	0.000000	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	0.000000	0	0	384,098	0	76.03
76.04	03610	SLEEP LAB	0.000000	653	0	370,906	0	76.04
76.05	03480	ONCOLOGY	0.000000	37,653	0	3,165,039	0	76.05
76.97	07697	CARDIAC REHABILITATION	0.000000	143	0	76,442	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0.000000	0	0	0	0	90.01
90.02	09002	VEIN CENTER	0.000000	0	0	444,948	0	90.02
90.03	09003	OBGYN	0.000000	233	0	250,789	0	90.03
90.04	09004	NEUROSURGERY	0.000000	0	0	55,488	0	90.04
90.05	09005	SURGICAL ASSOCIATES	0.000000	0	0	47,160	0	90.05
91.00	09100	EMERGENCY	0.000000	528,391	0	3,084,836	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	26,810	0	1,106,295	0	92.00
93.00	04952	BEHAVIORAL HEALTH	0.000000	0	0	0	0	93.00
200.00		Total (lines 50 through 199)		14,235,247	0	60,879,035	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part V Date/Time Prepared: 5/23/2022 3:05 pm

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		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.095267	21,233,144	0	0	2,022,818	50.00
51.00	05100	RECOVERY ROOM	0.136384	1,714,521	0	0	233,833	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.215015	1,098	0	0	236	52.00
53.00	05300	ANESTHESIOLOGY	0.019019	1,207,807	0	0	22,971	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.321285	1,850,015	0	0	594,382	54.00
54.01	03630	ULTRA SOUND	0.161937	985,288	0	0	159,555	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.094227	536,419	0	0	50,545	54.02
57.00	05700	CT SCAN	0.051490	5,506,540	0	0	283,532	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.100292	1,992,448	0	0	199,827	58.00
60.00	06000	LABORATORY	0.179176	2,433,240	0	0	435,978	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.529664	107,302	0	0	56,834	63.00
64.00	06400	INTRAVENOUS THERAPY	0.246691	499,209	0	0	123,150	64.00
65.00	06500	RESPIRATORY THERAPY	0.270670	584,118	0	0	158,103	65.00
66.00	06600	PHYSICAL THERAPY	0.422432	40,299	0	0	17,024	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.222132	154,046	0	0	34,219	67.00
68.00	06800	SPEECH PATHOLOGY	0.293551	12,046	0	0	3,536	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074665	1,254,193	0	0	93,644	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.112624	1,116,141	0	0	1,241,845	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.566901	1,703,776	0	0	965,872	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.559605	8,413,546	0	11,612	4,708,262	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.415128	547,838	0	0	227,423	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0.000000	0	0	0	0	76.01
76.02	03951	CASE MANAGEMENT	0.000000	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	0.598519	384,098	0	0	229,890	76.03
76.04	03610	SLEEP LAB	0.189523	370,906	0	0	70,295	76.04
76.05	03480	ONCOLOGY	0.348028	3,165,039	0	0	1,101,522	76.05
76.97	07697	CARDIAC REHABILITATION	1.593748	76,442	0	0	121,829	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0.000000	0	0	0	0	90.01
90.02	09002	VEIN CENTER	0.124355	444,948	0	0	55,332	90.02
90.03	09003	OBGYN	1.245024	250,789	0	0	312,238	90.03
90.04	09004	NEUROSURGERY	0.539492	55,488	0	0	29,935	90.04
90.05	09005	SURGICAL ASSOCIATES	1.969656	47,160	0	0	92,889	90.05
91.00	09100	EMERGENCY	0.314517	3,084,836	0	0	970,233	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.539749	1,106,295	0	0	597,122	92.00
93.00	04952	BEHAVIORAL HEALTH	2.379061	0	0	0	0	93.00
200.00		Subtotal (see instructions)		60,879,035	0	11,612	15,214,874	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		60,879,035	0	11,612	15,214,874	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part V Date/Time Prepared: 5/23/2022 3:05 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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	03630	ULTRA SOUND	0	0		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.02
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,498		73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0	0		76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0		76.01
76.02	03951	CASE MANAGEMENT	0	0		76.02
76.03	03950	PAIN MANAGEMENT	0	0		76.03
76.04	03610	SLEEP LAB	0	0		76.04
76.05	03480	ONCOLOGY	0	0		76.05
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PALLIATIVE HEALTH	0	0		90.01
90.02	09002	VEIN CENTER	0	0		90.02
90.03	09003	OBGYN	0	0		90.03
90.04	09004	NEUROSURGERY	0	0		90.04
90.05	09005	SURGICAL ASSOCIATES	0	0		90.05
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04952	BEHAVIORAL HEALTH	0	0		93.00
200.00		Subtotal (see instructions)	0	6,498		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	6,498		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part V Date/Time Prepared: 5/23/2022 3:05 pm

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.095267	0	0	1,733,123	0	50.00
51.00	05100	RECOVERY ROOM	0.136384	0	0	172,514	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.215015	0	0	31,038	0	52.00
53.00	05300	ANESTHESIOLOGY	0.019019	0	0	167,916	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.321285	0	0	182,440	0	54.00
54.01	03630	ULTRA SOUND	0.161937	0	0	91,846	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.094227	0	0	17,100	0	54.02
57.00	05700	CT SCAN	0.051490	0	0	461,121	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.100292	0	0	129,324	0	58.00
60.00	06000	LABORATORY	0.179176	0	0	413,652	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.529664	0	0	4,127	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.246691	0	0	27,216	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.270670	0	0	62,271	0	65.00
66.00	06600	PHYSICAL THERAPY	0.422432	0	0	98,572	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.222132	0	0	41,713	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.293551	0	0	41,593	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074665	0	0	81,867	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.112624	0	0	163,796	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.566901	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.559605	0	0	233,130	0	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.415128	0	0	24,986	0	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0.000000	0	0	0	0	76.01
76.02	03951	CASE MANAGEMENT	0.000000	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	0.598519	0	0	35,724	0	76.03
76.04	03610	SLEEP LAB	0.189523	0	0	32,352	0	76.04
76.05	03480	ONCOLOGY	0.348028	0	0	112,742	0	76.05
76.97	07697	CARDIAC REHABILITATION	1.593748	0	0	1,143	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0.000000	0	0	0	0	90.01
90.02	09002	VEIN CENTER	0.124355	0	0	24,238	0	90.02
90.03	09003	OBGYN	1.245024	0	0	59,013	0	90.03
90.04	09004	NEUROSURGERY	0.539492	0	0	9,744	0	90.04
90.05	09005	SURGICAL ASSOCIATES	1.969656	0	0	6,648	0	90.05
91.00	09100	EMERGENCY	0.314517	0	0	549,636	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.539749	0	0	97,331	0	92.00
93.00	04952	BEHAVIORAL HEALTH	2.379061	0	0	0	0	93.00
200.00		Subtotal (see instructions)		0	0	5,107,916	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	0	5,107,916	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D Part V Date/Time Prepared: 5/23/2022 3:05 pm

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	165,109		50.00
51.00	05100	RECOVERY ROOM	0	23,528		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,674		52.00
53.00	05300	ANESTHESIOLOGY	0	3,194		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	58,615		54.00
54.01	03630	ULTRA SOUND	0	14,873		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	1,611		54.02
57.00	05700	CT SCAN	0	23,743		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,970		58.00
60.00	06000	LABORATORY	0	74,117		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	2,186		63.00
64.00	06400	INTRAVENOUS THERAPY	0	6,714		64.00
65.00	06500	RESPIRATORY THERAPY	0	16,855		65.00
66.00	06600	PHYSICAL THERAPY	0	41,640		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,266		67.00
68.00	06800	SPEECH PATHOLOGY	0	12,210		68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,113		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	182,243		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	130,461		73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0	10,372		76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0	0		76.01
76.02	03951	CASE MANAGEMENT	0	0		76.02
76.03	03950	PAIN MANAGEMENT	0	21,381		76.03
76.04	03610	SLEEP LAB	0	6,131		76.04
76.05	03480	ONCOLOGY	0	39,237		76.05
76.97	07697	CARDIAC REHABILITATION	0	1,822		76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PALLIATIVE HEALTH	0	0		90.01
90.02	09002	VEIN CENTER	0	3,014		90.02
90.03	09003	OBGYN	0	73,473		90.03
90.04	09004	NEUROSURGERY	0	5,257		90.04
90.05	09005	SURGICAL ASSOCIATES	0	13,094		90.05
91.00	09100	EMERGENCY	0	172,870		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	52,534		92.00
93.00	04952	BEHAVIORAL HEALTH	0	0		93.00
200.00		Subtotal (see instructions)	0	1,191,307		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	1,191,307		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/23/2022 3:05 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	8,621	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	8,574	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)	6,611	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	47	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)	1,853	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)	28	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	243.34	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	243.34	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	231.10	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	231.10	20.00
21.00	Total general inpatient routine service cost (see instructions)	12,974,494	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)	11,437	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)	11,437	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	12,963,057	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)	12,963,057	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,511.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,801,551	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)	2,801,551	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D-1 | Date/Time Prepared: 5/23/2022 3:05 pm

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	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	6,110,804	2,878	2,123.28	552	1,172,051	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	3,849,090	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	7,822,692	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)	442,331	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	239,544	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	681,875	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	7,140,817	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)	6,814	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)	6,814	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	1,963	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,511.90	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	2,967,860	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D-1 | Date/Time Prepared: 5/23/2022 3:05 pm

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	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	1,464,309	12,974,494	0.112861	2,967,860	334,956	90.00
91.00	Nursing Program cost	0	12,974,494	0.000000	2,967,860	0	91.00
92.00	Allied health cost	0	12,974,494	0.000000	2,967,860	0	92.00
93.00	All other Medical Education	0	12,974,494	0.000000	2,967,860	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D-1 | Date/Time Prepared: 5/23/2022 3:05 pm

Title XIX | Hospital | Cost

	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)	8,621	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	8,574	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)	6,611	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	47	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)	1,575	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)	1,869	15.00
16.00	Nursery days (title V or XIX only)	1,147	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	243.34	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	243.34	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	231.10	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	231.10	20.00
21.00	Total general inpatient routine service cost (see instructions)	12,864,821	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)	11,437	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)	11,437	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	12,853,384	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)	12,853,384	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)	1,499.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,361,098	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)	2,361,098	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D-1 | Date/Time Prepared: 5/23/2022 3:05 pm

Title XIX | Hospital | Cost

	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)	2,360,098	1,869	1,262.76	1,147	1,448,386	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	6,110,804	2,878	2,123.28	170	360,958	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	955,597	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	5,126,039	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	1,963	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,499.11	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	2,942,753	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D-1 | Date/Time Prepared: 5/23/2022 3:05 pm

Title XIX | Hospital | Cost

	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	1,464,309	12,864,821	0.113823	2,942,753	334,953	90.00
91.00	Nursing Program cost	0	12,864,821	0.000000	2,942,753	0	91.00
92.00	Allied health cost	0	12,864,821	0.000000	2,942,753	0	92.00
93.00	All other Medical Education	0	12,864,821	0.000000	2,942,753	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D-3 | Date/Time Prepared: 5/23/2022 3:05 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		3,206,286		30.00
31.00	03100	INTENSIVE CARE UNIT		3,063,984		31.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.095267	4,387,000	417,936	50.00
51.00	05100	RECOVERY ROOM	0.136384	253,999	34,641	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.215015	737,028	158,472	52.00
53.00	05300	ANESTHESIOLOGY	0.019019	230,869	4,391	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.321285	281,868	90,560	54.00
54.01	03630	ULTRA SOUND	0.161937	101,420	16,424	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.094227	8,004	754	54.02
57.00	05700	CT SCAN	0.051490	816,350	42,034	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.100292	131,373	13,176	58.00
60.00	06000	LABORATORY	0.181697	1,145,962	208,218	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.529664	91,036	48,218	63.00
64.00	06400	INTRAVENOUS THERAPY	0.246691	80,360	19,824	64.00
65.00	06500	RESPIRATORY THERAPY	0.270670	1,774,002	480,169	65.00
66.00	06600	PHYSICAL THERAPY	0.422432	255,724	108,026	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.222132	233,350	51,835	67.00
68.00	06800	SPEECH PATHOLOGY	0.293551	33,536	9,845	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074832	301,491	22,561	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.112624	670,145	745,619	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.566901	429,503	243,486	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.559605	1,668,854	933,899	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.415128	9,490	3,940	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0.000000	0	0	76.01
76.02	03951	CASE MANAGEMENT	0.000000	0	0	76.02
76.03	03950	PAIN MANAGEMENT	0.598945	0	0	76.03
76.04	03610	SLEEP LAB	0.189523	653	124	76.04
76.05	03480	ONCOLOGY	0.365480	37,653	13,761	76.05
76.97	07697	CARDIAC REHABILITATION	1.593748	143	228	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0.000000	0	0	90.01
90.02	09002	VEIN CENTER	0.124355	0	0	90.02
90.03	09003	OBGYN	1.245024	233	290	90.03
90.04	09004	NEUROSURGERY	0.539492	0	0	90.04
90.05	09005	SURGICAL ASSOCIATES	1.971830	0	0	90.05
91.00	09100	EMERGENCY	0.314517	528,391	166,188	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.539749	26,810	14,471	92.00
93.00	04952	BEHAVIORAL HEALTH	2.379061	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		14,235,247	3,849,090	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)		14,235,247		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0065 | Component CCN: 15-U065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D-3 | Date/Time Prepared: 5/23/2022 3:05 pm

Title XVIII | Swing Beds - SNF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.095267	0	0	50.00
51.00	05100	RECOVERY ROOM	0.136384	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.215015	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.019019	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.321285	1,033	332	54.00
54.01	03630	ULTRA SOUND	0.161937	738	120	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.094227	0	0	54.02
57.00	05700	CT SCAN	0.051490	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.100292	0	0	58.00
60.00	06000	LABORATORY	0.181697	2,391	434	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.529664	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.246691	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.270670	5,571	1,508	65.00
66.00	06600	PHYSICAL THERAPY	0.422432	11,899	5,027	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.222132	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.293551	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074832	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.112624	2,601	2,894	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.566901	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.559605	6,869	3,844	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.415128	0	0	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0.000000	0	0	76.01
76.02	03951	CASE MANAGEMENT	0.000000	0	0	76.02
76.03	03950	PAIN MANAGEMENT	0.598945	0	0	76.03
76.04	03610	SLEEP LAB	0.189523	0	0	76.04
76.05	03480	ONCOLOGY	0.365480	0	0	76.05
76.97	07697	CARDIAC REHABILITATION	1.593748	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0.000000	0	0	90.01
90.02	09002	VEIN CENTER	0.124355	0	0	90.02
90.03	09003	OBGYN	1.245024	0	0	90.03
90.04	09004	NEUROSURGERY	0.539492	0	0	90.04
90.05	09005	SURGICAL ASSOCIATES	1.971830	0	0	90.05
91.00	09100	EMERGENCY	0.314517	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.539749	0	0	92.00
93.00	04952	BEHAVIORAL HEALTH	2.379061	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		31,102	14,159	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)		31,102		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D-3 | Date/Time Prepared: 5/23/2022 3:05 pm

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		1,028,580		30.00
31.00	03100	INTENSIVE CARE UNIT		438,072		31.00
43.00	04300	NURSERY		1,761,774		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.095267	757,038	72,121	50.00
51.00	05100	RECOVERY ROOM	0.136384	43,375	5,916	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.215015	1,544,531	332,097	52.00
53.00	05300	ANESTHESIOLOGY	0.019019	157,911	3,003	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.321285	29,466	9,467	54.00
54.01	03630	ULTRA SOUND	0.161937	26,075	4,223	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.094227	0	0	54.02
57.00	05700	CT SCAN	0.051490	71,614	3,687	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.100292	21,107	2,117	58.00
60.00	06000	LABORATORY	0.179176	463,831	83,107	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.529664	13,876	7,350	63.00
64.00	06400	INTRAVENOUS THERAPY	0.246691	12,284	3,030	64.00
65.00	06500	RESPIRATORY THERAPY	0.270670	293,150	79,347	65.00
66.00	06600	PHYSICAL THERAPY	0.422432	19,195	8,109	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.222132	16,154	3,588	67.00
68.00	06800	SPEECH PATHOLOGY	0.293551	19,010	5,580	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074665	42,935	3,206	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.112624	132,621	147,557	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.566901	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.559605	288,006	161,170	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.415128	8,744	3,630	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0.000000	0	0	76.01
76.02	03951	CASE MANAGEMENT	0.000000	0	0	76.02
76.03	03950	PAIN MANAGEMENT	0.598519	0	0	76.03
76.04	03610	SLEEP LAB	0.189523	0	0	76.04
76.05	03480	ONCOLOGY	0.348028	78	27	76.05
76.97	07697	CARDIAC REHABILITATION	1.593748	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0.000000	0	0	90.01
90.02	09002	VEIN CENTER	0.124355	0	0	90.02
90.03	09003	OBGYN	1.245024	0	0	90.03
90.04	09004	NEUROSURGERY	0.539492	0	0	90.04
90.05	09005	SURGICAL ASSOCIATES	1.969656	0	0	90.05
91.00	09100	EMERGENCY	0.314517	54,894	17,265	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.539749	0	0	92.00
93.00	04952	BEHAVIORAL HEALTH	2.379061	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,015,895	955,597	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)		4,015,895		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0065 | Component CCN: 15-U065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet D-3 | Date/Time Prepared: 5/23/2022 3:05 pm

Title XIX | Swing Beds - NF | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.095267	0	0	50.00
51.00	05100	RECOVERY ROOM	0.136384	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.215015	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.019019	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.321285	0	0	54.00
54.01	03630	ULTRA SOUND	0.161937	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.094227	0	0	54.02
57.00	05700	CT SCAN	0.051490	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.100292	0	0	58.00
60.00	06000	LABORATORY	0.179176	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.529664	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.246691	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.270670	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.422432	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.222132	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.293551	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074665	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.112624	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.566901	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.559605	0	0	73.00
76.00	03952	WOUND CARE (DIABETES CENTER)	0.415128	0	0	76.00
76.01	03953	OTHER ANCILLARY CMS LINE	0.000000	0	0	76.01
76.02	03951	CASE MANAGEMENT	0.000000	0	0	76.02
76.03	03950	PAIN MANAGEMENT	0.598519	0	0	76.03
76.04	03610	SLEEP LAB	0.189523	0	0	76.04
76.05	03480	ONCOLOGY	0.348028	0	0	76.05
76.97	07697	CARDIAC REHABILITATION	1.593748	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	PALLIATIVE HEALTH	0.000000	0	0	90.01
90.02	09002	VEIN CENTER	0.124355	0	0	90.02
90.03	09003	OBGYN	1.245024	0	0	90.03
90.04	09004	NEUROSURGERY	0.539492	0	0	90.04
90.05	09005	SURGICAL ASSOCIATES	1.969656	0	0	90.05
91.00	09100	EMERGENCY	0.314517	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.539749	0	0	92.00
93.00	04952	BEHAVIORAL HEALTH	2.379061	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		0	0	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		0		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/23/2022 3:05 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	3,420,056	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	1,510,454	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)	125,034	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	261,000	2.04
3.00	Managed Care Simulated Payments	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	75.49	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	0.00	12.00
13.00	Total allowable FTE count for the prior year.	0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	21.00
22.00	IME payment adjustment (see instructions)	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	0	22.01
	Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	4.56	30.00
31.00	Percentage of Medicaid patient days (see instructions)	30.29	31.00
32.00	Sum of lines 30 and 31	34.85	32.00
33.00	Allowable disproportionate share percentage (see instructions)	12.00	33.00
34.00	Disproportionate share adjustment (see instructions)	147,916	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/23/2022 3:05 pm
	Title XVIII	Hospital	PPS

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,788,769	1,139,158	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,337,901	287,130	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,625,031		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)	7,089,491		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)	7,089,491	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	433,998	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).	0	52.00
53.00	Nursing and Allied Health Managed Care payment	0	53.00
54.00	Special add-on payments for new technologies	192,446	54.00
54.01	Islet isolation add-on payment	0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)	0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	0	58.00
59.00	Total (sum of amounts on lines 49 through 58)	7,715,935	59.00
60.00	Primary payer payments	0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	7,715,935	61.00
62.00	Deductibles billed to program beneficiaries	541,052	62.00
63.00	Coinsurance billed to program beneficiaries	0	63.00
64.00	Allowable bad debts (see instructions)	58,743	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	38,183	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	26,103	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	7,213,066	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)	0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)	0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)	0	70.50
70.87	Demonstration payment adjustment amount before sequestration	0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)	0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)	0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)	0	70.91
70.92	Bundled Model 1 discount amount (see instructions)	0	70.92
70.93	HVBP payment adjustment amount (see instructions)	45,855	70.93
70.94	HRR adjustment amount (see instructions)	0	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet E Part A | Date/Time Prepared: 5/23/2022 3:05 pm

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		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	2021	616,970	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	2022	270,362	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)		8,146,253	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			71.03
72.00	Interim payments		7,130,128	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)		1,016,125	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		141,746	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	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	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	0	104.00
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
	Cost Reimbursement			
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
	Adjustment to Medicare Part A Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
	Comparision 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: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/23/2022 3:05 pm

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		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	3,420,056	0	3,420,056		3,420,056	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	1,510,454	0		1,510,454	1,510,454	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	125,034	0	125,034		125,034	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	261,000	0		261,000	261,000	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
	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	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1200	0.1200	0.1200	0.1200		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	147,916	0	102,602	45,314	147,916	11.00
11.01	Uncompensated care payments	36.00	1,625,031	0	1,337,901	287,130	1,625,031	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	7,089,491	0	4,985,593	2,103,898	7,089,491	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	7,089,491	0	4,985,593	2,103,898	7,089,491	15.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/23/2022 3:05 pm

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		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	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	433,998	0	282,733	151,265	433,998	16.00
17.00	Special add-on payments for new technologies	54.00	192,446	0	96,631	95,815	192,446	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	5,364,957	2,350,978	7,715,935	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	371,668	0	260,100	111,568	371,668	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	62,330	0	22,633	39,697	62,330	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	433,998	0	282,733	151,265	433,998	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				0.115000	0.115000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			616,970		616,970	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				270,362	270,362	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/23/2022 3:05 pm

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		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,420,056	3,420,056		3,420,056	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	1,510,454		1,510,454	1,510,454	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	125,034	125,034		125,034	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	261,000		261,000	261,000	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1200	0.1200	0.1200		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	147,916	102,602	45,314	147,916	11.00
11.01	Uncompensated care payments	36.00	1,625,031	1,337,901	287,130	1,625,031	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	7,089,491	4,985,593	2,103,898	7,089,491	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	7,089,491	4,985,593	2,103,898	7,089,491	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	433,998	282,733	151,265	433,998	16.00
17.00	Special add-on payments for new technologies	54.00	192,446	96,631	95,815	192,446	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			5,364,957	2,350,978	7,715,935	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/23/2022 3:05 pm

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		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	371,668	260,100	111,568	371,668	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	62,330	22,633	39,697	62,330	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	433,998	282,733	151,265	433,998	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	616,970	616,970		616,970	28.00
29.00	Low volume adjustment on or after October 1	70.97	270,362		270,362	270,362	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	45,855	45,855	0	45,855	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	0	0	0	0	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet E Part B Date/Time Prepared: 5/23/2022 3:05 pm

Title XVIII | Hospital | PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	6,498	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	15,214,874	2.00
3.00	OPPS payments	14,364,662	3.00
4.00	Outlier payment (see instructions)	271,854	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	6,498	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	11,612	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)	11,612	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	11,612	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	5,114	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (see instructions)	6,498	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)	14,636,516	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)	2,595,601	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)	12,047,413	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)	12,047,413	30.00
31.00	Primary payer payments	12,975	31.00
32.00	Subtotal (line 30 minus line 31)	12,034,438	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)	271,606	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	176,544	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	97,047	36.00
37.00	Subtotal (see instructions)	12,210,982	37.00
38.00	MSP-LCC reconciliation amount from PS&R	151	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 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)	12,210,831	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		40.03
41.00	Interim payments	12,029,003	41.00
41.01	Interim payments-PARHM		41.01
42.00	Tentative settlement (for contractors use only)	0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01
43.00	Balance due provider/program (see instructions)	181,828	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	2,721,590	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: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet E-1 Part I Date/Time Prepared: 5/23/2022 3:05 pm

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		7,130,128		12,029,003	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		7,130,128		12,029,003	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		1,016,125		181,828	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		8,146,253		12,210,831	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0065 | Component CCN: 15-U065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet E-1 Part I | Date/Time Prepared: 5/23/2022 3:05 pm

Title XVIII | Swing Beds - SNF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		9,900		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)		9,900		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		1		0	6.02
7.00	Total Medicare program liability (see instructions)		9,899		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: 15-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/23/2022 3:05 pm
	Title XVIII	Hospital	PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS | Provider CCN: 15-0065 | Component CCN: 15-U065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet E-2 | Date/Time Prepared: 5/23/2022 3:05 pm

Title XVIII | Swing Beds - SNF | PPS

		Part A	Part B	
		1.00	2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient routine services - swing bed-SNF (see instructions)	10,827	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH and swing-bed pass-through, see instructions)	0	0	3.00
3.01	Nursing and allied health payment-PARHM (see instructions)			3.01
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	28	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	10,827	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	10,827	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	10,827	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	928	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (see instructions)	9,899	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			16.50
16.55	Rural community hospital demonstration project (§410A Demonstration) payment adjustment (see instructions)	0		16.55
16.99	Demonstration payment adjustment amount before sequestration	0	0	16.99
17.00	Allowable bad debts (see instructions)	0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)	0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (see instructions)	9,899	0	19.00
19.01	Sequestration adjustment (see instructions)	0	0	19.01
19.02	Demonstration payment adjustment amount after sequestration)	0	0	19.02
19.03	Sequestration adjustment-PARHM pass-throughs			19.03
19.25	Sequestration for non-claims based amounts (see instructions)	0	0	19.25
20.00	Interim payments	9,900	0	20.00
20.01	Interim payments-PARHM			20.01
21.00	Tentative settlement (for contractor use only)	0	0	21.00
21.01	Tentative settlement-PARHM (for contractor use only)			21.01
22.00	Balance due provider/program (line 19 minus lines 19.01, 19.02, 19.25, 20, and 21)	-1	0	22.00
22.01	Balance due provider/program-PARHM (see instructions)			22.01
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	23.00
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
	Cost Reimbursement			
201.00	Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202.00
203.00	Total (sum of lines 201 and 202)			203.00
204.00	Medicare swing-bed SNF discharges (see instructions)			204.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
205.00	Medicare swing-bed SNF target amount			205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206.00
	Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
	Comparision of PPS versus Cost Reimbursement			
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS | Provider CCN: 15-0065 | Component CCN: 15-U065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet E-2 | Date/Time Prepared: 5/23/2022 3:05 pm

Title XIX | Swing Beds - NF | Cost

		Part A	Part B	
		1.00	2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient routine services - swing bed-SNF (see instructions)	0		1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)	0		2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH and swing-bed pass-through, see instructions)	0		3.00
3.01	Nursing and allied health payment-PARHM (see instructions)			3.01
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)	0.00		4.00
5.00	Program days	0		5.00
6.00	Interns and residents not in approved teaching program (see instructions)	0		6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	0		8.00
9.00	Primary payer payments (see instructions)	0		9.00
10.00	Subtotal (line 8 minus line 9)	0		10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0		11.00
12.00	Subtotal (line 10 minus line 11)	0		12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	0		13.00
14.00	80% of Part B costs (line 12 x 80%)	0		14.00
15.00	Subtotal (see instructions)	0		15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			16.50
16.55	Rural community hospital demonstration project (§410A Demonstration) payment adjustment (see instructions)			16.55
16.99	Demonstration payment adjustment amount before sequestration	0		16.99
17.00	Allowable bad debts (see instructions)	0		17.00
17.01	Adjusted reimbursable bad debts (see instructions)	0		17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		18.00
19.00	Total (see instructions)	0		19.00
19.01	Sequestration adjustment (see instructions)	0		19.01
19.02	Demonstration payment adjustment amount after sequestration)	0		19.02
19.03	Sequestration adjustment-PARHM pass-throughs			19.03
19.25	Sequestration for non-claims based amounts (see instructions)	0		19.25
20.00	Interim payments	0		20.00
20.01	Interim payments-PARHM			20.01
21.00	Tentative settlement (for contractor use only)	0		21.00
21.01	Tentative settlement-PARHM (for contractor use only)			21.01
22.00	Balance due provider/program (line 19 minus lines 19.01, 19.02, 19.25, 20, and 21)	0		22.00
22.01	Balance due provider/program-PARHM (see instructions)			22.01
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0		23.00
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
	Cost Reimbursement			
201.00	Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202.00
203.00	Total (sum of lines 201 and 202)			203.00
204.00	Medicare swing-bed SNF discharges (see instructions)			204.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
205.00	Medicare swing-bed SNF target amount			205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206.00
	Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
	Comparision of PPS versus Cost Reimbursement			
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet G | Date/Time Prepared: 5/23/2022 3:05 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	82,238,600	0	0	0	1.00
2.00	Temporary investments	8,000,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	113,492,504	0	0	0	4.00
5.00	Other receivable	9,540,871	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-77,020,494	0	0	0	6.00
7.00	Inventory	5,810,357	0	0	0	7.00
8.00	Prepaid expenses	1,382,451	0	0	0	8.00
9.00	Other current assets	74,031,830	0	0	0	9.00
10.00	Due from other funds	-1,747,100	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	215,729,019	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	10,922,437	0	0	0	12.00
13.00	Land improvements	4,853,948	0	0	0	13.00
14.00	Accumulated depreciation	-3,264,435	0	0	0	14.00
15.00	Buildings	152,748,139	0	0	0	15.00
16.00	Accumulated depreciation	-65,417,150	0	0	0	16.00
17.00	Leasehold improvements	5,300,487	0	0	0	17.00
18.00	Accumulated depreciation	-94,659	0	0	0	18.00
19.00	Fixed equipment	8,098,161	0	0	0	19.00
20.00	Accumulated depreciation	-5,311,109	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	61,176,989	0	0	0	23.00
24.00	Accumulated depreciation	-44,450,746	0	0	0	24.00
25.00	Minor equipment depreciable	4,567,899	0	0	0	25.00
26.00	Accumulated depreciation	-3,884,054	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	125,245,907	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	9,021,979	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	167,043,843	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	176,065,822	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	517,040,748	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	11,903,753	0	0	0	37.00
38.00	Salaries, wages, and fees payable	15,714,567	0	0	0	38.00
39.00	Payroll taxes payable	15,033	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,082	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	27,634,435	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	28,702,516	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	15,534,545	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	44,237,061	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	71,871,496	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	445,169,252				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)	445,169,252	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	517,040,748	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet G-1 | Date/Time Prepared: 5/23/2022 3:05 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		405,500,047		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		39,669,205				2.00
3.00	Total (sum of line 1 and line 2)		445,169,252		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		445,169,252		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		445,169,252		0		19.00

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet G-2 Parts I & II | Date/Time Prepared: 5/23/2022 3:05 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	13,750,333		13,750,333	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	13,750,333		13,750,333	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	12,086,714		12,086,714	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	12,086,714		12,086,714	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	25,837,047		25,837,047	17.00
18.00	Ancillary services	59,881,053	341,884,834	401,765,887	18.00
19.00	Outpatient services	7,200,430	42,687,431	49,887,861	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		2,716,051	2,716,051	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	2,752,352	2,752,352	26.00
27.00	OTHER OUTPATIENT	24,213	1,931,929	1,956,142	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	92,942,743	391,972,597	484,915,340	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		169,741,288		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		169,741,288		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 15-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet G-3 Date/Time Prepared: 5/23/2022 3:05 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	484,915,340	1.00
2.00	Less contractual allowances and discounts on patients' accounts	296,917,638	2.00
3.00	Net patient revenues (line 1 minus line 2)	187,997,702	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	169,741,288	4.00
5.00	Net income from service to patients (line 3 minus line 4)	18,256,414	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	308,700	6.00
7.00	Income from investments	11,447,169	7.00
8.00	Revenues from telephone and other miscellaneous communication services	1,318	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	68,126	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	387,538	14.00
15.00	Revenue from rental of living quarters	548,432	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	221,018	17.00
18.00	Revenue from sale of medical records and abstracts	12,567	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	5,200	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	302	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	74,590	22.00
23.00	Governmental appropriations	0	23.00
24.00	CONTRACT REVENUE	1,489,880	24.00
24.01	GRANT REVENUE	807,678	24.01
24.02	MISCELLANEOUS INCOME	-1,791,134	24.02
24.03	UNREALIZED GAIN/LOSS	95,579	24.03
24.50	COVID-19 PHE Funding	7,735,828	24.50
25.00	Total other income (sum of lines 6-24)	21,412,791	25.00
26.00	Total (line 5 plus line 25)	39,669,205	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	39,669,205	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0065 HHA CCN: 15-7155 | Period: From 01/01/2021 To 12/31/2021 | Worksheet H Date/Time Prepared: 5/23/2022 3:05 pm

Home Health Agency I | PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	263,867	0	456	10,217	106,212	380,752	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	700,731	0	0	0	0	700,731	6.00
7.00	Physical Therapy	333,820	0	0	0	0	333,820	7.00
8.00	Occupational Therapy	223,135	0	0	0	0	223,135	8.00
9.00	Speech Pathology	14,705	0	0	0	0	14,705	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	46,961	0	0	0	0	46,961	11.00
12.00	Supplies (see instructions)	0	0	0	0	7,288	7,288	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,583,219	0	456	10,217	113,500	1,707,392	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			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	-162,707	218,045	0	218,045			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	700,731	0	700,731			6.00
7.00	Physical Therapy	0	333,820	0	333,820			7.00
8.00	Occupational Therapy	0	223,135	0	223,135			8.00
9.00	Speech Pathology	0	14,705	0	14,705			9.00
10.00	Medical Social Services	554	554	0	554			10.00
11.00	Home Health Aide	0	46,961	0	46,961			11.00
12.00	Supplies (see instructions)	0	7,288	0	7,288			12.00
13.00	Drugs	0	0	0	0			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	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	-162,153	1,545,239	0	1,545,239			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.
5/23/2022 3:05 pm

COST ALLOCATION - HHA GENERAL SERVICE COST | Provider CCN: 15-0065 | HHA CCN: 15-7155 | Period: From 01/01/2021 To 12/31/2021 | Worksheet H-1 Part I | Date/Time Prepared: 5/23/2022 3:05 pm

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		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.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	218,045	0	0	0	0	218,045	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	700,731	0	0	0	0	700,731	6.00
7.00	Physical Therapy	333,820	0	0	0	0	333,820	7.00
8.00	Occupational Therapy	223,135	0	0	0	0	223,135	8.00
9.00	Speech Pathology	14,705	0	0	0	0	14,705	9.00
10.00	Medical Social Services	554	0	0	0	0	554	10.00
11.00	Home Health Aide	46,961	0	0	0	0	46,961	11.00
12.00	Supplies (see instructions)	7,288	0	0	0	0	7,288	12.00
13.00	Drugs	0	0	0	0		0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	1,545,239	0	0	0	0	1,545,239	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	218,045		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	115,124	815,855	6.00
7.00	Physical Therapy	54,843	388,663	7.00
8.00	Occupational Therapy	36,659	259,794	8.00
9.00	Speech Pathology	2,416	17,121	9.00
10.00	Medical Social Services	91	645	10.00
11.00	Home Health Aide	7,715	54,676	11.00
12.00	Supplies (see instructions)	1,197	8,485	12.00
13.00	Drugs	0	0	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	0	0	16.00
17.00	Private Duty Nursing	0	0	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	0	0	23.00
23.50	Telemedicine	0	0	23.50
24.00	Total (sum of lines 1-23)		1,545,239	24.00

COST ALLOCATION - HHA STATISTICAL BASIS | Provider CCN: 15-0065 | HHA CCN: 15-7155 | Period: From 01/01/2021 To 12/31/2021 | Worksheet H-1 Part II Date/Time Prepared: 5/23/2022 3:05 pm

Home Health Agency I | PPS

		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	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	-218,045	1,327,194	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	700,731	6.00
7.00	Physical Therapy	0	0	0	0	0	333,820	7.00
8.00	Occupational Therapy	0	0	0	0	0	223,135	8.00
9.00	Speech Pathology	0	0	0	0	0	14,705	9.00
10.00	Medical Social Services	0	0	0	0	0	554	10.00
11.00	Home Health Aide	0	0	0	0	0	46,961	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	7,288	12.00
13.00	Drugs	0	0	0		0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-218,045	1,327,194	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		218,045	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.164290	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0065 | HHA CCN: 15-7155 | Period: From 01/01/2021 To 12/31/2021 | Worksheet H-2 Part I | Date/Time Prepared: 5/23/2022 3:05 pm

Home Health Agency I | PPS

	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	29,946	522	75,154	105,622	21,944	1.00
2.00	Skilled Nursing Care	815,855	0	0	199,581	1,015,436	210,970	2.00
3.00	Physical Therapy	388,663	0	0	95,078	483,741	100,503	3.00
4.00	Occupational Therapy	259,794	0	0	63,553	323,347	67,179	4.00
5.00	Speech Pathology	17,121	0	0	4,188	21,309	4,427	5.00
6.00	Medical Social Services	645	0	0	158	803	167	6.00
7.00	Home Health Aide	54,676	0	0	13,375	68,051	14,138	7.00
8.00	Supplies (see instructions)	8,485	0	0	0	8,485	1,763	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	1,545,239	29,946	522	451,087	2,026,794	421,091	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00

	Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	32,701	0	10,640	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)	32,701	0	10,640	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0065 HHA CCN: 15-7155 | Period: From 01/01/2021 To 12/31/2021 | Worksheet H-2 Part I Date/Time Prepared: 5/23/2022 3:05 pm

Home Health Agency I | PPS

	Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE PHYSICIAN PRIVATE PRACTICE	NONPHYSICIAN ANESTHETISTS	Subtotal	
		14.00	15.00	16.00	18.00	19.00	24.00	
1.00	Administrative and General	0	0	12,111	0	0	183,018	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	1,226,406	2.00
3.00	Physical Therapy	0	0	0	0	0	584,244	3.00
4.00	Occupational Therapy	0	0	0	0	0	390,526	4.00
5.00	Speech Pathology	0	0	0	0	0	25,736	5.00
6.00	Medical Social Services	0	0	0	0	0	970	6.00
7.00	Home Health Aide	0	0	0	0	0	82,189	7.00
8.00	Supplies (see instructions)	33,591	0	0	0	0	43,839	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)	33,591	0	12,111	0	0	2,536,928	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	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
		25.00	26.00	27.00	28.00			
1.00	Administrative and General	0	183,018					1.00
2.00	Skilled Nursing Care	0	1,226,406	95,353	1,321,759			2.00
3.00	Physical Therapy	0	584,244	45,426	629,670			3.00
4.00	Occupational Therapy	0	390,526	30,364	420,890			4.00
5.00	Speech Pathology	0	25,736	2,001	27,737			5.00
6.00	Medical Social Services	0	970	75	1,045			6.00
7.00	Home Health Aide	0	82,189	6,390	88,579			7.00
8.00	Supplies (see instructions)	0	43,839	3,409	47,248			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19) (2)	0	2,536,928	183,018	2,536,928			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.			0.077751				21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0065 HHA CCN: 15-7155

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

Worksheet H-2 Part II Date/Time Prepared: 5/23/2022 3:05 pm

Home Health Agency I

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	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		1.00	2.00	4.00	5A	5.00	7.00	
1.00	Administrative and General	1,579	510	263,867	0	105,622	1,579	1.00
2.00	Skilled Nursing Care	0	0	700,731	0	1,015,436	0	2.00
3.00	Physical Therapy	0	0	333,820	0	483,741	0	3.00
4.00	Occupational Therapy	0	0	223,135	0	323,347	0	4.00
5.00	Speech Pathology	0	0	14,705	0	21,309	0	5.00
6.00	Medical Social Services	0	0	554	0	803	0	6.00
7.00	Home Health Aide	0	0	46,961	0	68,051	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	8,485	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)	1,579	510	1,583,773		2,026,794	1,579	20.00
21.00	Total cost to be allocated	29,946	522	451,087		421,091	32,701	21.00
22.00	Unit cost multiplier	18.965168	1.023529	0.284818		0.207762	20.709943	22.00

	Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	1,579	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	12,091	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	1,579	0	0	0	12,091	20.00
21.00	Total cost to be allocated	0	10,640	0	0	0	33,591	21.00
22.00	Unit cost multiplier	0.000000	6.738442	0.000000	0.000000	0.000000	2.778182	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0065
HHA CCN: 15-7155

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

Worksheet H-2 Part II
Date/Time Prepared: 5/23/2022 3:05 pm

Home Health Agency I

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	Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE PHYSICIAN PRIVATE PRACTICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)			
		15.00	16.00	18.00	19.00			
1.00	Administrative and General	0	2,716,051	0	0			1.00
2.00	Skilled Nursing Care	0	0	0	0			2.00
3.00	Physical Therapy	0	0	0	0			3.00
4.00	Occupational Therapy	0	0	0	0			4.00
5.00	Speech Pathology	0	0	0	0			5.00
6.00	Medical Social Services	0	0	0	0			6.00
7.00	Home Health Aide	0	0	0	0			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19)	0	2,716,051	0	0			20.00
21.00	Total cost to be allocated	0	12,111	0	0			21.00
22.00	Unit cost multiplier	0.000000	0.004459	0.000000	0.000000			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0065 | HHA CCN: 15-7155 | Period: From 01/01/2021 To 12/31/2021 | Worksheet H-3 Part I | Date/Time Prepared: 5/23/2022 3:05 pm

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	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	1,321,759		1,321,759	3,615	365.63	1.00
2.00	Physical Therapy	3.00	629,670	0	629,670	2,972	211.87	2.00
3.00	Occupational Therapy	4.00	420,890	0	420,890	1,560	269.80	3.00
4.00	Speech Pathology	5.00	27,737	0	27,737	66	420.26	4.00
5.00	Medical Social Services	6.00	1,045		1,045	20	52.25	5.00
6.00	Home Health Aide	7.00	88,579		88,579	527	168.08	6.00
7.00	Total (sum of lines 1-6)		2,489,680	0	2,489,680	8,760		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Program Visits: Part A	Program Visits: Part B Not Subject to Deductibles & Coinsurance	Program Visits: Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		18020	0	17			8.00
8.01	Skilled Nursing Care		31140	0	22			8.01
8.02	Skilled Nursing Care		50002	0	67			8.02
8.03	Skilled Nursing Care		99915	0	1,461			8.03
9.00	Physical Therapy		18020	0	20			9.00
9.01	Physical Therapy		31140	0	29			9.01
9.02	Physical Therapy		50002	0	59			9.02
9.03	Physical Therapy		99915	0	1,155			9.03
10.00	Occupational Therapy		18020	0	8			10.00
10.01	Occupational Therapy		31140	0	10			10.01
10.02	Occupational Therapy		50002	0	45			10.02
10.03	Occupational Therapy		99915	0	677			10.03
11.00	Speech Pathology		18020	0	0			11.00
11.01	Speech Pathology		31140	0	0			11.01
11.02	Speech Pathology		50002	0	0			11.02
11.03	Speech Pathology		99915	0	14			11.03
12.00	Medical Social Services		18020	0	1			12.00
12.01	Medical Social Services		31140	0	0			12.01
12.02	Medical Social Services		50002	0	0			12.02
12.03	Medical Social Services		99915	0	5			12.03
13.00	Home Health Aide		18020	0	0			13.00
13.01	Home Health Aide		31140	0	0			13.01
13.02	Home Health Aide		50002	0	0			13.02
13.03	Home Health Aide		99915	0	256			13.03
14.00	Total (sum of lines 8-13)			0	3,846			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	47,248	0	47,248	57,750	0.818147	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0065 | Period: From 01/01/2021 To 12/31/2021 | Worksheet H-3 Part I | Date/Time Prepared: 5/23/2022 3:05 pm

HHA CCN: 15-7155 | Title XVIII | Home Health Agency I | PPS

	Cost Center Description	Program Visits Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles & Coinsurance	Cost of Services Part A	Cost of Services Part B Not Subject to Deductibles & Coinsurance	Cost of Services Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	1,567		0	572,942		1.00
2.00	Physical Therapy	0	1,263		0	267,592		2.00
3.00	Occupational Therapy	0	740		0	199,652		3.00
4.00	Speech Pathology	0	14		0	5,884		4.00
5.00	Medical Social Services	0	6		0	314		5.00
6.00	Home Health Aide	0	256		0	43,028		6.00
7.00	Total (sum of lines 1-6)	0	3,846		0	1,089,412		7.00
	Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
14.00	Total (sum of lines 8-13)							14.00

	Cost Center Description	Program Covered Charges Part A	Program Covered Charges Part B Not Subject to Deductibles & Coinsurance	Program Covered Charges Part B Subject to Deductibles & Coinsurance	Cost of Services Part A	Cost of Services Part B Not Subject to Deductibles & Coinsurance	Cost of Services Part B 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	28,487	28,487	0	23,307	23,307	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0065 | HHA CCN: 15-7155 | Period: From 01/01/2021 To 12/31/2021 | Worksheet H-3 Part I | Date/Time Prepared: 5/23/2022 3:05 pm

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	Cost Center Description	Total Program Cost (sum of cols. 9-10)			
		12.00			
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
	Cost Per Visit Computation				
1.00	Skilled Nursing Care	572,942			1.00
2.00	Physical Therapy	267,592			2.00
3.00	Occupational Therapy	199,652			3.00
4.00	Speech Pathology	5,884			4.00
5.00	Medical Social Services	314			5.00
6.00	Home Health Aide	43,028			6.00
7.00	Total (sum of lines 1-6)	1,089,412			7.00
	Cost Center Description				
		12.00			
	Limitation Cost Computation				
8.00	Skilled Nursing Care				8.00
8.01	Skilled Nursing Care				8.01
8.02	Skilled Nursing Care				8.02
8.03	Skilled Nursing Care				8.03
9.00	Physical Therapy				9.00
9.01	Physical Therapy				9.01
9.02	Physical Therapy				9.02
9.03	Physical Therapy				9.03
10.00	Occupational Therapy				10.00
10.01	Occupational Therapy				10.01
10.02	Occupational Therapy				10.02
10.03	Occupational Therapy				10.03
11.00	Speech Pathology				11.00
11.01	Speech Pathology				11.01
11.02	Speech Pathology				11.02
11.03	Speech Pathology				11.03
12.00	Medical Social Services				12.00
12.01	Medical Social Services				12.01
12.02	Medical Social Services				12.02
12.03	Medical Social Services				12.03
13.00	Home Health Aide				13.00
13.01	Home Health Aide				13.01
13.02	Home Health Aide				13.02
13.03	Home Health Aide				13.03
14.00	Total (sum of lines 8-13)				14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0065 | HHA CCN: 15-7155 | Period: From 01/01/2021 To 12/31/2021 | Worksheet H-3 Part II | Date/Time Prepared: 5/23/2022 3:05 pm

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	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	0.422432	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.222132	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.293551	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	1.112624	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.559605	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 15-0065 | HHA CCN: 15-7155 | Period: From 01/01/2021 To 12/31/2021 | Worksheet H-4 Part I-II | Date/Time Prepared: 5/23/2022 3:05 pm

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		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	914,670	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	12,387	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	24,553	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	6,281	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	1,065	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	958,956	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	958,956	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	958,956	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	958,956	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	958,956	31.00
31.01	Sequestration adjustment (see instructions)	0	0	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
31.75	Sequestration adjustment for non-claims based amounts (see instructions)	0	0	31.75
32.00	Interim payments (see instructions)	0	958,957	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	-1	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

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

Provider CCN: 15-0065 | HHA CCN: 15-7155 | Period: From 01/01/2021 To 12/31/2021 | Worksheet H-5 | Date/Time Prepared: 5/23/2022 3:05 pm

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		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		958,957	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		958,957	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		958,956	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0065 | Hospice CCN: 15-1529 | Period: From 01/01/2021 To 12/31/2021 | Worksheet O | Date/Time Prepared: 5/23/2022 3:05 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		9,695	9,695	0	9,695	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	73,958	48,111	122,069	0	122,069	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	959	959	0	959	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	88,750	0	88,750	0	88,750	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	5,629	5,629	0	5,629	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	3,493	3,493	13.00
14.00	PHARMACY*	0	1,125	1,125	0	1,125	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	5,049	5,049	0	5,049	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	55,603	0	55,603	0	55,603	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	424,384	0	424,384	0	424,384	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	41,688	41,688	33.00
34.00	SPIRITUAL COUNSELING**	83,532	0	83,532	-45,181	38,351	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	104,477	0	104,477	0	104,477	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	62,709	62,709	0	62,709	38.00
39.00	PATIENT TRANSPORTATION**	0	6,936	6,936	0	6,936	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	3,250	3,250	0	3,250	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0	46.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	830,704	143,463	974,167	0	974,167	100.00

* Transfer the amounts in column 7 to Wkst. O-5, column 1, line as appropriate.
** See instructions. Do not transfer the amounts in column 7 to Wkst. O-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0065 | Hospice CCN: 15-1529 | Period: From 01/01/2021 To 12/31/2021 | Worksheet O | Date/Time Prepared: 5/23/2022 3:05 pm

Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	9,695		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0		3.00
4.00	ADMINISTRATIVE & GENERAL*	0	122,069		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	959		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		6.00
7.00	HOUSEKEEPING*	0	0		7.00
8.00	DIETARY*	0	0		8.00
9.00	NURSING ADMINISTRATION*	0	88,750		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	5,629		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	0		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	3,493		13.00
14.00	PHARMACY*	0	1,125		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	5,049		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0		25.00
26.00	PHYSICIAN SERVICES**	-1	55,602		26.00
27.00	NURSE PRACTITIONER**	0	0		27.00
28.00	REGISTERED NURSE**	0	424,384		28.00
29.00	LPN/LVN**	0	0		29.00
30.00	PHYSICAL THERAPY**	0	0		30.00
31.00	OCCUPATIONAL THERAPY**	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	41,688		33.00
34.00	SPIRITUAL COUNSELING**	0	38,351		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	-2	104,475		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	62,709		38.00
39.00	PATIENT TRANSPORTATION**	0	6,936		39.00
40.00	IMAGING SERVICES**	0	0		40.00
41.00	LABS & DIAGNOSTICS**	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	3,250		42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0		42.50
43.00	OUTPATIENT SERVICES**	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0		46.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	-3	974,164		100.00

* Transfer the amounts in column 7 to Wkst. O-5, column 1, line as appropriate.
** See instructions. Do not transfer the amounts in column 7 to Wkst. O-5.

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

Provider CCN: 15-0065 Hospice CCN: 15-1529 | Period: From 01/01/2021 To 12/31/2021 | Worksheet O-2 Date/Time Prepared: 5/23/2022 3:05 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	54,869	0	54,869	0	54,869	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	418,786	0	418,786	0	418,786	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	41,138	41,138	33.00
34.00	SPIRITUAL COUNSELING	82,430	0	82,430	-44,585	37,845	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	103,099	0	103,099	0	103,099	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	62,709	62,709	0	62,709	38.00
39.00	PATIENT TRANSPORTATION	0	6,845	6,845	0	6,845	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	3,207	3,207	0	3,207	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	659,184	72,761	731,945	-3,447	728,498	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED				25.00
26.00	PHYSICIAN SERVICES	-1	54,868		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	418,786		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	41,138		33.00
34.00	SPIRITUAL COUNSELING	0	37,845		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	-2	103,097		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	62,709		38.00
39.00	PATIENT TRANSPORTATION	0	6,845		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	3,207		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	-3	728,495		100.00

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

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

Provider CCN: 15-0065 Hospice CCN: 15-1529 | Period: From 01/01/2021 To 12/31/2021 | Worksheet O-3 Date/Time Prepared: 5/23/2022 3:05 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	483	0	483	0	483	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	3,684	0	3,684	0	3,684	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	362	362	33.00
34.00	SPIRITUAL COUNSELING	725	0	725	-392	333	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	907	0	907	0	907	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	60	60	0	60	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	28	28	0	28	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	5,799	88	5,887	-30	5,857	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	483		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	3,684		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	362		33.00
34.00	SPIRITUAL COUNSELING	0	333		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	907		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	60		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	28		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	0	5,857		100.00

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

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

Provider CCN: 15-0065 Hospice CCN: 15-1529 | Period: From 01/01/2021 To 12/31/2021 | Worksheet O-4 Date/Time Prepared: 5/23/2022 3:05 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	251	0	251	0	251	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,914	0	1,914	0	1,914	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	188	188	33.00
34.00	SPIRITUAL COUNSELING	377	0	377	-204	173	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	471	0	471	0	471	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	31	31	0	31	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	15	15	0	15	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	3,013	46	3,059	-16	3,043	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	251		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	1,914		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	188		33.00
34.00	SPIRITUAL COUNSELING	0	173		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	471		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	31		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	15		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	0	3,043		100.00

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

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

Provider CCN: 15-0065 Hospice CCN: 15-1529 | Period: From 01/01/2021 To 12/31/2021 | Worksheet O-5 | Date/Time Prepared: 5/23/2022 3:05 pm

Hospice I

	Descriptions	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)	
		1.00	2.00	3.00	
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	0	29,946	29,946	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	9,695	0	9,695	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	189,687	189,687	3.00
4.00	ADMINISTRATIVE & GENERAL	122,069	248,026	370,095	4.00
5.00	PLANT OPERATION & MAINTENANCE	959	32,701	33,660	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	10,640	10,640	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	88,750	0	88,750	9.00
10.00	ROUTINE MEDICAL SUPPLIES	5,629	24,667	30,296	10.00
11.00	MEDICAL RECORDS	0	12,273	12,273	11.00
12.00	STAFF TRANSPORTATION	0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	3,493		3,493	13.00
14.00	PHARMACY	1,125	0	1,125	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	15.00
16.00	OTHER GENERAL SERVICE	5,049	0	5,049	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
	LEVEL OF CARE				
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	728,495		728,495	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	5,857		5,857	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,043		3,043	53.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM	0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0	61.00
62.00	FUNDRAISING	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	65.00
66.00	RESIDENTIAL CARE	0		0	66.00
67.00	ADVERTISING	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	68.00
69.00	THRIFT STORE	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	71.00
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	974,164	547,940	1,522,104	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS | Provider CCN: 15-0065 | Hospice CCN: 15-1529 | Period: From 01/01/2021 To 12/31/2021 | Worksheet O-6 Part I Date/Time Prepared: 5/23/2022 3:05 pm

Hospice I

	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	29,946	29,946				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	9,695		9,695			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	189,687	0	0	189,687		3.00
4.00	ADMINISTRATIVE & GENERAL	370,095	5,624	9,695	16,888	402,302	4.00
5.00	PLANT OPERATION & MAINTENANCE	33,660	0	0	0	33,660	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	10,640	0	0	0	10,640	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	88,750	1,853	0	20,266	110,869	9.00
10.00	ROUTINE MEDICAL SUPPLIES	30,296	777	0	0	31,073	10.00
11.00	MEDICAL RECORDS	12,273	0	0	0	12,273	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	3,493	0	0	0	3,493	13.00
14.00	PHARMACY	1,125	0	0	0	1,125	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	8,099	0	0	8,099	15.00
16.00	OTHER GENERAL SERVICE	5,049	3,706	0	0	8,755	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		2,760	0		2,760	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	728,495			150,521	879,016	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	5,857	0	0	1,324	7,181	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,043	0	0	688	3,731	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	7,127	0	0	7,127	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		99.00
100.00	TOTAL	1,522,104	29,946	9,695	189,687	1,522,104	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS | Provider CCN: 15-0065 Hospice CCN: 15-1529 | Period: From 01/01/2021 To 12/31/2021 | Worksheet O-6 Part I Date/Time Prepared: 5/23/2022 3:05 pm

Hospice I

	Descriptions	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL	402,302					4.00
5.00	PLANT OPERATION & MAINTENANCE	12,093	45,753				5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00	HOUSEKEEPING	3,823	0		14,463		7.00
8.00	DIETARY	0	0		0	0	8.00
9.00	NURSING ADMINISTRATION	39,831	3,486		1,102		9.00
10.00	ROUTINE MEDICAL SUPPLIES	11,163	1,463		462		10.00
11.00	MEDICAL RECORDS	4,409	0		0		11.00
12.00	STAFF TRANSPORTATION	0	0		0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	1,255	0		0		13.00
14.00	PHARMACY	404	0		0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	2,910	15,234		4,816		15.00
16.00	OTHER GENERAL SERVICE	3,145	6,971		2,204		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	992	5,192		1,641		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00	HOSPICE ROUTINE HOME CARE	315,797					51.00
52.00	HOSPICE INPATIENT RESPITE CARE	2,580	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,340	0	0	0	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	2,560	13,407		4,238		60.00
61.00	VOLUNTEER PROGRAM	0	0		0		61.00
62.00	FUNDRAISING	0	0		0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0		0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00	THRIFT STORE	0	0		0		69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	402,302	45,753	0	14,463	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS | Provider CCN: 15-0065 | Hospice CCN: 15-1529 | Period: From 01/01/2021 To 12/31/2021 | Worksheet O-6 Part I | Date/Time Prepared: 5/23/2022 3:05 pm

Hospice I

	Descriptions	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	155,288					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	44,161				10.00
11.00	MEDICAL RECORDS	0		16,682			11.00
12.00	STAFF TRANSPORTATION	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	4,748	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	4,748	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	46,587	43,579	16,462	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	46,586	383	145	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	46,586	199	75	0	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	15,529			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	155,288	44,161	16,682	0	4,748	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS | Provider CCN: 15-0065 | Hospice CCN: 15-1529 | Period: From 01/01/2021 To 12/31/2021 | Worksheet O-6 Part I | Date/Time Prepared: 5/23/2022 3:05 pm

Hospice I

	Descriptions	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES	TOTAL	
		14.00	15.00	16.00	17.00	18.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	1,529					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	31,059				15.00
16.00	OTHER GENERAL SERVICE	1,529		27,352			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				10,585		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	30,649	26,992		1,359,082	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	270	237	6,966	64,348	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	140	123	3,619	55,813	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		42,861	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	1,529	31,059	27,352	10,585	1,522,104	100.00

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

Provider CCN: 15-0065
Hospice CCN: 15-1529

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

Worksheet O-6
Part II
Date/Time Prepared:
5/23/2022 3:05 pm

Hospice I

	Cost Center Descriptions	CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	2,311					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		100				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	830,704			3.00
4.00	ADMINISTRATIVE & GENERAL	434	100	73,958	-402,302	1,119,802	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	33,660	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	10,640	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	143	0	88,750	0	110,869	9.00
10.00	ROUTINE MEDICAL SUPPLIES	60	0	0	0	31,073	10.00
11.00	MEDICAL RECORDS	0	0	0	0	12,273	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	3,493	13.00
14.00	PHARMACY	0	0	0	0	1,125	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	625	0	0	0	8,099	15.00
16.00	OTHER GENERAL SERVICE	286	0	0	0	8,755	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	213	0		0	2,760	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			659,184	0	879,016	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	5,799	0	7,181	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	3,013	0	3,731	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	550	0	0	0	7,127	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	29,946	9,695	189,687		402,302	100.00
101.00	UNIT COST MULTIPLIER	12.958027	96.950000	0.228345		0.359262	101.00

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

Provider CCN: 15-0065
Hospice CCN: 15-1529

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

Worksheet O-6
Part II
Date/Time Prepared:
5/23/2022 3:05 pm

Hospice I

	Cost Center Descriptions	PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	1,877					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		1,877			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	143		143		100	9.00
10.00	ROUTINE MEDICAL SUPPLIES	60		60		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	625		625		0	15.00
16.00	OTHER GENERAL SERVICE	286		286		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	213		213			17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					30	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	30	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	30	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	550		550		10	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	45,753	0	14,463	0	155,288	100.00
101.00	UNIT COST MULTIPLIER	24.375599	0.000000	7.705381	0.000000	1,552.880000	101.00

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

Provider CCN: 15-0065
Hospice CCN: 15-1529

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

Worksheet O-6
Part II
Date/Time Prepared:
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Hospice I

	Cost Center Descriptions	ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	11,750					10.00
11.00	MEDICAL RECORDS		11,750				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	100		13.00
14.00	PHARMACY			0	0	100	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	100	100	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	11,595	11,595	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	102	102	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	53	53	0	0	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	44,161	16,682	0	4,748	1,529	100.00
101.00	UNIT COST MULTIPLIER	3.758383	1.419745	0.000000	47.480000	15.290000	101.00

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

Provider CCN: 15-0065
Hospice CCN: 15-1529

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

Worksheet O-6
Part II
Date/Time Prepared:
5/23/2022 3:05 pm

Hospice I

	Cost Center Descriptions	PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)		
		15.00	16.00	17.00		
	GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	11,750				15.00
16.00	OTHER GENERAL SERVICE		11,750			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			155		17.00
	LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	11,595	11,595			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	102	102	102		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	53	53	53		53.00
	NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	31,059	27,352	10,585		100.00
101.00	UNIT COST MULTIPLIER	2.643319	2.327830	68.290323		101.00

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

Provider CCN: 15-0065 Hospice CCN: 15-1529

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

Worksheet O-7

Date/Time Prepared: 5/23/2022 3:05 pm

Hospice I

	Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records) HCHC	HRHC	HIRC	
		0	1.00	2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.422432	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.222132	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.293551	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.559605	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.179176	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1.112624	0	0	0	7.00
8.00	BEHAVIORAL HEALTH	93.00	2.379061	0	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	WOUND CARE (DIABETES CENTER)	76.00	0.415128	0	0	0	10.00
10.01	OTHER ANCILLARY CMS LINE	76.01	0.000000	0	0	0	10.01
10.02	CASE MANAGEMENT	76.02	0.000000	0	0	0	10.02
10.03	PAIN MANAGEMENT	76.03	0.598519	0	0	0	10.03
10.04	SLEEP LAB	76.04	0.189523	0	0	0	10.04
10.05	ONCOLOGY	76.05	0.348028	0	0	0	10.05
10.97	CARDIAC REHABILITATION	76.97	1.593748	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00

	Cost Center Descriptions	Charges by LOC (from Provider Records) HGIP	Shared Service Costs by LOC HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	7.00
8.00	BEHAVIORAL HEALTH	0	0	0	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.00	WOUND CARE (DIABETES CENTER)	0	0	0	0	0	10.00
10.01	OTHER ANCILLARY CMS LINE	0	0	0	0	0	10.01
10.02	CASE MANAGEMENT	0	0	0	0	0	10.02
10.03	PAIN MANAGEMENT	0	0	0	0	0	10.03
10.04	SLEEP LAB	0	0	0	0	0	10.04
10.05	ONCOLOGY	0	0	0	0	0	10.05
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0065 | Hospice CCN: 15-1529 | Period: From 01/01/2021 To 12/31/2021 | Worksheet O-8 | Date/Time Prepared: 5/23/2022 3:05 pm

Hospice I

		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
	HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. O-6, Part I, col. 18, line 50 plus Wkst. O-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
	HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. O-6, Part I, col. 18, line 51 plus Wkst. O-7, col. 7, line 11)			1,359,082	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			11,595	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			117.21	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	10,763	461		9.00
10.00	Program cost (line 8 times line 9)	1,261,531	54,034		10.00
	HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. O-6, Part I, col. 18, line 52 plus Wkst. O-7, col. 8, line 11)			64,348	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			102	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			630.86	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	102	0		14.00
15.00	Program cost (line 13 times line 14)	64,348	0		15.00
	HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. O-6, Part I, col. 18, line 53 plus Wkst. O-7, col. 9, line 11)			55,813	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			53	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			1,053.08	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	48	5		19.00
20.00	Program cost (line 18 times line 19)	50,548	5,265		20.00
	TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			1,479,243	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			11,750	22.00
23.00	Average cost per diem (line 21 divided by line 22)			125.89	23.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 15-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/23/2022 3:05 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	371,668	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	62,330	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)	26.41	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (see instructions)	0	11.00
12.00	Total prospective capital payments (see instructions)	433,998	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