

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: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/24/2022 10:23 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 5/24/2022	Time: 10:23 am
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for Full or "L" for Low.		
Contractor use only	5. <input type="checkbox"/> 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. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> 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 COLUMBUS REGIONAL HOSPITAL (15-0112) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1			I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Date			4

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	593,631	-148,821	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	50,800	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	644,431	-148,821	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 10:23 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 2400 EAST 17TH STREET	PO Box:							1.00	
2.00	City: COLUMBUS	State: IN		Zip Code: 47201-		County: BARTHOLOMEW			2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	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	COLUMBUS REGIONAL HOSPITAL	150112	18020	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	COLUMBUS REGIONAL REHAB UNIT	15T112	18020	5	01/01/1984	N	P	N	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									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
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2021	12/31/2021		20.00	
21.00	Type of Control (see instructions)					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: 15-0112			Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 10:23 am		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,297	441	3	6	7,312	163		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.	26	48	0	0	231			25.00
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	N		40.00
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					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: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 10:23 am		
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1	60.02	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	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
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 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: 15-0112

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

Worksheet S-2
Part I
Date/Time Prepared:
5/24/2022 10:23 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 10:23 am		
		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0		76.00
		1.00				
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					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 1.00			XIX 2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		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.	N		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. 1, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. 1 through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y		98.06
Rural Providers						
105.00	Does this hospital qualify as a CAH?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 10:23 am	
				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	
<u>Miscellaneous Cost Reporting Information</u>							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	481,134		0		118.01	
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
<u>Transplant Center Information</u>							
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: 15-0112		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 10:23 am	
		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)	Y				140.00	
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC						
161.10	CORF			N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	
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)					0.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 10:23 am
			Beginning	Ending
			1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0112		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 5/24/2022 10:23 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/29/2022			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					Y	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)	Y	04/03/2022	Y	04/03/2022		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	04/03/2022	Y	04/03/2022		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: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/24/2022 10:23 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	MGD CARE PART A DISCH & PT DAYS	Y	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KERRY		BEJARANO	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-383-4000		KBEJARANO@BKD.COM	43.00

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR	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: 15-0112

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2022 10:23 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Ti tle 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	221	80,665	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)		221	80,665	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	26	9,490	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		247	90,155	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	19	6,935		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		266				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: 15-0112

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2022 10:23 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	10,868	936	30,700			1.00
2.00 HMO and other (see instructions)	7,277	7,762				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	533	279				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	10,868	936	30,700			7.00
8.00 INTENSIVE CARE UNIT	810	115	3,972			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		246	2,842			13.00
14.00 Total (see instructions)	11,678	1,297	37,514	0.00	1,185.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	1,234	26	2,831	0.00	18.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,203.00	27.00
28.00 Observation Bed Days		855	3,550			28.00
29.00 Ambulance Trips	3,799					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	163	313			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: 15-0112

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2022 10:23 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	2,896	2,021	9,199	1.00
2.00 HMO and other (see instructions)				1,562	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		2,896	2,021	9,199	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0		83	28	200	17.00
18.00 SUBPROVIDER	0.00	0			0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0112

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2022 10:23 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	90,443,917	-831,376	89,612,541	2,473,238.00	36.23 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non-Physician-Part B		2,796,854	0	2,796,854	12,136.00	230.46 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		214,098	0	214,098	4,160.00	51.47 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)		6,142,077	1,010,379	7,152,456	230,715.00	31.00 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		32,620,671	0	32,620,671	420,467.00	77.58 11.00
12.00	Contract Labor: Top level management and other management and administrative services		981,569	275,705	1,257,274	22,428.00	56.06 12.00
13.00	Contract Labor: Physician-Part A - Administrative		6,580,163	0	6,580,163	58,318.00	112.83 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		4,247,648	0	4,247,648	38,332.00	110.81 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)		25,699,877	0	25,699,877		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,289,500	0	2,289,500		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		963,806	0	963,806		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		1,546,658	0	1,546,658		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0112

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2022 10:23 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	181,461	-176,430	5,031	86.00	58.50	26.00
27.00	Administrative & General	21,685,743	-2,145,276	19,540,467	474,914.00	41.15	27.00
28.00	Administrative & General under contract (see inst.)	8,513,369	0	8,513,369	97,308.00	87.49	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,935,708	112,492	3,048,200	83,412.00	36.54	30.00
31.00	Laundry & Linen Service	38,870	2,432	41,302	2,127.00	19.42	31.00
32.00	Housekeeping	2,031,865	88,787	2,120,652	115,955.00	18.29	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,125,548	-1,218,351	907,197	43,076.00	21.06	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,295,804	1,295,804	61,948.00	20.92	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	4,946,496	238,059	5,184,555	116,455.00	44.52	38.00
39.00	Central Services and Supply	79	14,448	14,527	0.00	0.00	39.00
40.00	Pharmacy	3,373,685	-219,142	3,154,543	61,152.00	51.59	40.00
41.00	Medical Records & Medical Records Library	1,796,005	-1,060,263	735,742	22,770.00	32.31	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0112

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2022 10:23 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion 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)	95,946,334	-831,376	95,114,958	2,554,250.00	37.24	1.00
2.00	Excluded area salaries (see instructions)	6,142,077	1,010,379	7,152,456	230,715.00	31.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	89,804,257	-1,841,755	87,962,502	2,323,535.00	37.86	3.00
4.00	Subtotal other wages & related costs (see inst.)	44,430,051	275,705	44,705,756	539,545.00	82.86	4.00
5.00	Subtotal wage-related costs (see inst.)	27,246,535	0	27,246,535	0.00	30.98	5.00
6.00	Total (sum of lines 3 thru 5)	161,480,843	-1,566,050	159,914,793	2,863,080.00	55.85	6.00
7.00	Total overhead cost (see instructions)	47,628,829	-3,067,440	44,561,389	1,079,203.00	41.29	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2022 10:23 am
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			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		3,812,425	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)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		16,711,782	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		352,712	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		45,063	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)		1,281,634	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		77,748	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		6,473,809	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		79,903	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		118,107	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		28,953,183	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: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part V Date/Time Prepared: 5/24/2022 10:23 am
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	32,620,671	28,953,183	1.00
2.00	Hospital	32,620,671	28,953,183	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	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			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/24/2022 10:23 am
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.327610	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			26,520,928	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?			N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			2,969,828	5.00	
6.00	Medicaid charges			139,954,899	6.00	
7.00	Medicaid cost (line 1 times line 6)			45,850,624	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)			16,359,868	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)			16,359,868	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)	14,270,480	4,058,083	18,328,563	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,675,152	4,058,083	8,733,235	21.00	
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00	
23.00	Cost of charity care (line 21 minus line 22)	4,675,152	4,058,083	8,733,235	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)			8,709,418	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			536,981	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			826,125	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			7,883,293	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,871,790	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			11,605,025	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			27,964,893	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0112

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

Worksheet A
Date/Time Prepared:
5/24/2022 10:23 am

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		21,775,438	21,775,438	-11,902,466	9,872,972	1.00
2.00	00200		0	0	13,681,585	13,681,585	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	181,461	32,340,737	32,522,198	-1,970,593	30,551,605	4.00
5.00	00500	21,685,743	52,460,509	74,146,252	-8,072,273	66,073,979	5.00
7.00	00700	2,935,708	7,605,957	10,541,665	-2,555,047	7,986,618	7.00
8.00	00800	38,870	810,821	849,691	2,432	852,123	8.00
9.00	00900	2,031,865	522,271	2,554,136	88,787	2,642,923	9.00
10.00	01000	2,125,548	1,004,628	3,130,176	-1,809,277	1,320,899	10.00
11.00	01100	0	0	0	1,886,730	1,886,730	11.00
13.00	01300	4,946,496	850,707	5,797,203	242,954	6,040,157	13.00
14.00	01400	79	722,510	722,589	229,547	952,136	14.00
15.00	01500	3,373,685	2,114,476	5,488,161	-195,468	5,292,693	15.00
16.00	01600	1,796,005	320,552	2,116,557	-1,081,228	1,035,329	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	136,027	1,450	137,477	353,095	490,572	23.01
23.02	02302	229,935	8,568	238,503	147,343	385,846	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	16,788,653	9,611,473	26,400,126	-1,193,700	25,206,426	30.00
31.00	03100	2,299,748	5,027,358	7,327,106	-159,930	7,167,176	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	1,472,014	179,672	1,651,686	256,962	1,908,648	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,138,187	182,976	1,321,163	15,805	1,336,968	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	980,351	26,648,329	27,628,680	-6,033,465	21,595,215	50.00
51.00	05100	11,276	1,082,069	1,093,345	318,522	1,411,867	51.00
52.00	05200	0	0	0	1,937,407	1,937,407	52.00
53.00	05300	0	53,173	53,173	60,000	113,173	53.00
54.00	05400	1,567,071	384,156	1,951,227	-43,263	1,907,964	54.00
54.01	05402	510,036	1,367,041	1,877,077	199,112	2,076,189	54.01
54.02	05404	516,810	82,458	599,268	96,750	696,018	54.02
54.03	05405	509,609	294,424	804,033	189,535	993,568	54.03
55.00	05500	706,472	1,289,656	1,996,128	816,369	2,812,497	55.00
57.00	05700	781,826	431,331	1,213,157	345,044	1,558,201	57.00
58.00	05800	343,412	36,547	379,959	139,133	519,092	58.00
59.00	05900	1,694,233	5,080,968	6,775,201	-4,363,897	2,411,304	59.00
60.00	06000	4,183,682	7,637,615	11,821,297	424,979	12,246,276	60.00
60.01	06001	371,974	707,983	1,079,957	252,261	1,332,218	60.01
62.00	06200	0	628,770	628,770	83,111	711,881	62.00
65.00	06500	2,036,170	543,721	2,579,891	44,994	2,624,885	65.00
66.00	06600	234,481	5,395,763	5,630,244	-170,796	5,459,448	66.00
67.00	06700	53,224	1,186,792	1,240,016	813,323	2,053,339	67.00
68.00	06800	206,779	804,326	1,011,105	-120,431	890,674	68.00
69.00	06900	695,878	172,965	868,843	20,110	888,953	69.00
70.00	07000	682,451	184,066	866,517	170,948	1,037,465	70.00
71.00	07100	0	0	0	6,970,123	6,970,123	71.00
72.00	07200	0	0	0	7,339,047	7,339,047	72.00
73.00	07300	0	25,149,633	25,149,633	0	25,149,633	73.00
74.00	07400	0	822,564	822,564	0	822,564	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	200,929	59,634	260,563	10,377	270,940	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	1,478,367	262,169	1,740,536	65,029	1,805,565	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	302,168	11,428	313,596	8,523	322,119	90.02
90.03	09003	666,623	901,592	1,568,215	9,008	1,577,223	90.03
90.04	09004	0	0	0	248,143	248,143	90.04
90.05	09005	535,143	39,225	574,368	35,657	610,025	90.05
90.06	09006	231,464	2,964	234,428	2,733	237,161	90.06
91.00	09100	5,459,363	1,278,149	6,737,512	2,826,661	9,564,173	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	2,880,029	363,507	3,243,536	242,893	3,486,429	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0112

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

Worksheet A

Date/Time Prepared:
5/24/2022 10:23 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		788,908	788,908	-788,908	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	89,019,845	219,232,029	308,251,874	114,290	308,366,164	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	39,167	39,167	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	298,869	298,869	194.00
194.01	07951	BUILDING RENTALS	0	1,942,331	1,942,331	-1,724,092	218,239	194.01
194.02	07952	HOSPICE	0	108,830	108,830	0	108,830	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	203,832	203,832	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	559,921	559,921	194.05
194.06	07956	CRH FOUNDATION	46,865	1,012	47,877	4,897	52,774	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0	194.07
194.08	07958	CRHP	1,377,207	1,206,879	2,584,086	503,116	3,087,202	194.08
194.09	07959	NEUROPSYCH PART B	0	0	0	0	0	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	90,443,917	222,491,081	312,934,998	0	312,934,998	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0112

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

Worksheet A
Date/Time Prepared:
5/24/2022 10:23 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-4,472,984	5,399,988	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-704,725	12,976,860	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-423,994	30,127,611	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-25,147,088	40,926,891	5.00
7.00	00700	OPERATION OF PLANT	-445,178	7,541,440	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	852,123	8.00
9.00	00900	HOUSEKEEPING	0	2,642,923	9.00
10.00	01000	DIETARY	-1,627	1,319,272	10.00
11.00	01100	CAFETERIA	-698,053	1,188,677	11.00
13.00	01300	NURSING ADMINISTRATION	0	6,040,157	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	952,136	14.00
15.00	01500	PHARMACY	-43,267	5,249,426	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,813	1,032,516	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
23.00	02300	PARAMED ED PRGM	0	0	23.00
23.01	02301	XRAY EDUCATION	-32,060	458,512	23.01
23.02	02302	PHARMACY RESIDENCY PROG	0	385,846	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	362,799	25,569,225	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,167,176	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	1,908,648	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,336,968	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-4,362,610	17,232,605	50.00
51.00	05100	RECOVERY ROOM	0	1,411,867	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,937,407	52.00
53.00	05300	ANESTHESIOLOGY	-4,178	108,995	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-74,423	1,833,541	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	2,076,189	54.01
54.02	05404	ULTRA SOUND	0	696,018	54.02
54.03	05405	MAMMOGRAPHY	-10,308	983,260	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	-24,332	2,788,165	55.00
57.00	05700	CT SCAN	-3,150	1,555,051	57.00
58.00	05800	MRI	0	519,092	58.00
59.00	05900	CARDIAC CATHETERIZATION	-11,988	2,399,316	59.00
60.00	06000	LABORATORY	-10,808	12,235,468	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	-37,284	1,294,934	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-20,600	691,281	62.00
65.00	06500	RESPIRATORY THERAPY	-16,843	2,608,042	65.00
66.00	06600	PHYSICAL THERAPY	-18,827	5,440,621	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,053,339	67.00
68.00	06800	SPEECH PATHOLOGY	-10,667	880,007	68.00
69.00	06900	ELECTROCARDIOLOGY	0	888,953	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,037,465	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,970,123	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,339,047	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	25,149,633	73.00
74.00	07400	RENAL DIALYSIS	0	822,564	74.00
76.00	03020	ACUPUNCTURE	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	270,940	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	1,805,565	90.00
90.01	09001	DIABETES CENTER	0	0	90.01
90.02	09002	NEUROPSYCH	-214,098	108,021	90.02
90.03	09003	WOUND CENTER	-25,604	1,551,619	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	-1,689	246,454	90.04
90.05	09005	VIMCARE CLINIC	0	610,025	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	237,161	90.06
91.00	09100	EMERGENCY	-354,745	9,209,428	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-271,910	3,214,519	95.00
99.10	09910	CORF	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0112

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

Worksheet A
Date/Time Prepared:
5/24/2022 10:23 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-37,083,054	271,283,110	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	39,167	190.00
194.00	07950 WELLNESS COMMUNITY	0	298,869	194.00
194.01	07951 BUILDING RENTALS	0	218,239	194.01
194.02	07952 HOSPICE	0	108,830	194.02
194.03	07953 OUTREACH CLINICS	0	0	194.03
194.04	07954 SPEECH - HEARING AIDS	0	203,832	194.04
194.05	07955 NONALLOWABLE MARKETING	0	559,921	194.05
194.06	07956 CRH FOUNDATION	0	52,774	194.06
194.07	07957 HEALTHY COMMUNITIES	0	0	194.07
194.08	07958 CRHP	-348,320	2,738,882	194.08
194.09	07959 NEUROPSYCH PART B	0	0	194.09
200.00	TOTAL (SUM OF LINES 118 through 199)	-37,431,374	275,503,624	200.00

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6
Date/Time Prepared:
5/24/2022 10:23 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
B - RECLASS INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	605,625	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	183,283	2.00
	O		0	788,908	
C - RECLASS INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	990,211	1.00
2.00	LABORATORY	60.00	0	5,316	2.00
3.00	OCCUPATIONAL THERAPY	67.00	0	2,616	3.00
4.00	AMBULANCE SERVICES	95.00	0	55,591	4.00
	O		0	1,053,734	
D - RECLASS BILLING COST					
1.00	ADMINISTRATIVE & GENERAL	5.00	1,142,095	20,965	1.00
	O		1,142,095	20,965	
E - RECLASS HYPERBARIC THERAPY EXPENSE					
1.00	HYPERBARIC OXYGEN THERAPY	90.04	105,283	82,813	1.00
	O		105,283	82,813	
F - RECLASS CAFETERIA EXPENSE					
1.00	CAFETERIA	11.00	1,250,246	590,926	1.00
	O		1,250,246	590,926	
G - RECLASS WELLNESS					
1.00	WELLNESS COMMUNITY	194.00	174,637	36,745	1.00
	O		174,637	36,745	
H - RECLASS PHYSICIAN FEES					
1.00	ADULTS & PEDIATRICS	30.00	0	677,591	1.00
2.00	SUBPROVIDER - IRF	41.00	0	220,798	2.00
3.00	OPERATING ROOM	50.00	0	940,925	3.00
4.00	ANESTHESIOLOGY	53.00	0	60,000	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	50,000	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	45,000	6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	55,000	7.00
8.00	LABORATORY-PATHOLOGICAL	60.01	0	225,000	8.00
9.00	RESPIRATORY THERAPY	65.00	0	50,000	9.00
10.00	PHYSICAL THERAPY	66.00	0	38,350	10.00
11.00	ELECTROCARDIOLOGY	69.00	0	3,600	11.00
12.00	ELECTROENCEPHALOGRAPHY	70.00	0	19,600	12.00
13.00	WOUND CENTER	90.03	0	65,769	13.00
14.00	HYPERBARIC OXYGEN THERAPY	90.04	0	4,231	14.00
15.00	VIMCARE CLINIC	90.05	0	20,000	15.00
16.00	EMERGENCY	91.00	0	2,649,726	16.00
17.00	AMBULANCE SERVICES	95.00	0	13,125	17.00
	O		0	5,138,715	
J - RECLASS PHARMACY RES PROGRAM					
1.00	PHARMACY RESIDENCY PROG	23.02	145,016	1,884	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,159	2.00
3.00		0.00	0	0	3.00
	O		145,016	4,043	
K - RECLASS RENT EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	35,122	1.00
2.00	OPERATION OF PLANT	7.00	0	101,446	2.00
3.00	XRAY EDUCATION	23.01	0	12,000	3.00
4.00	MAMMOGRAPHY	54.03	0	164,643	4.00
5.00	LABORATORY	60.00	0	24,689	5.00
6.00	PHYSICAL THERAPY	66.00	0	364,666	6.00
7.00	OCCUPATIONAL THERAPY	67.00	0	177,582	7.00
8.00	SPEECH PATHOLOGY	68.00	0	67,475	8.00
9.00	ELECTROENCEPHALOGRAPHY	70.00	0	127,536	9.00
10.00	WOUND CENTER	90.03	0	101,435	10.00
11.00	HYPERBARIC OXYGEN THERAPY	90.04	0	55,816	11.00
12.00	AMBULANCE SERVICES	95.00	0	15,000	12.00
13.00	WELLNESS COMMUNITY	194.00	0	76,614	13.00
14.00	CRHP	194.08	0	400,068	14.00
	O		0	1,724,092	
L - RECLASS MARKETING EXPENSE					
1.00	NONALLOWABLE MARKETING	194.05	0	140,000	1.00
	O		0	140,000	
M - RECLASS DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	13,498,302	1.00
	TOTALS		0	13,498,302	
N - RECLASS MAINTENANCE EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	11,700	1.00
2.00	NURSING ADMINISTRATION	13.00	0	4,895	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	60,172	3.00
4.00	PHARMACY	15.00	0	36,969	4.00
5.00	OPERATING ROOM	50.00	0	239,897	5.00

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6

Date/Time Prepared:
5/24/2022 10:23 am

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	259,774	6.00
7.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	202,154	7.00
8.00	ULTRA SOUND	54.02	0	89,268	8.00
9.00	MAMMOGRAPHY	54.03	0	142,139	9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	723,033	10.00
11.00	CT SCAN	57.00	0	352,840	11.00
12.00	MRI	58.00	0	129,349	12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	173,434	13.00
14.00	LABORATORY	60.00	0	301,037	14.00
15.00	LABORATORY-PATHOLOGICAL	60.01	0	10,200	15.00
16.00	EMERGENCY	91.00	0	32,124	16.00
	O		0	2,768,985	
O - RECLASS DIRECTOR PHARMACY					
1.00	RADIOLOGY-THERAPEUTIC	55.00	29,144	0	1.00
2.00	RESPIRATORY THERAPY	65.00	34,972	0	2.00
3.00	OCCUPATIONAL THERAPY	67.00	2,914	0	3.00
4.00	SPEECH PATHOLOGY	68.00	2,914	0	4.00
5.00	ELECTROENCEPHALOGRAPHY	70.00	2,914	0	5.00
6.00	CLINIC	90.00	29,144	0	6.00
7.00	NEUROPSYCH	90.02	2,914	0	7.00
8.00	AMBULANCE SERVICES	95.00	34,972	0	8.00
9.00	CRHP	194.08	46,630	0	9.00
	O		186,518	0	
P - GIFT SHOP					
1.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	39,167	0	1.00
	TOTALS		39,167	0	
Q - RECLASS XRAY EDUCATION EXPENSES					
1.00	XRAY EDUCATION	23.01	333,827	4,125	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	O		333,827	4,125	
R - OTHER EXPENSE					
1.00	CRHP	194.08	0	31,049	1.00
	TOTALS		0	31,049	
S - RECLASS NON ALLOW ADVERTISING COSTS					
1.00	NONALLOWABLE MARKETING	194.05	0	419,921	1.00
	O		0	419,921	
U - RECLASS CHARGEABLE SUPPLY COST					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,970,123	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,339,047	2.00
3.00	SPEECH - HEARING AIDS	194.04	0	203,832	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
	O		0	14,513,002	
V - RECL PTO COST FOR STD ELIMINATION PD					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	831,376	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

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6

Date/Time Prepared:
5/24/2022 10:23 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
				831,376	
X - RECLASS OT SALARIES AND OTHER EXP					
1.00	OCCUPATIONAL THERAPY	67.00	0	620,280	1.00
			0	620,280	
Y - LDRP					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,683,710	253,697	1.00
	TOTALS		1,683,710	253,697	
Z - RECLASS LAB BLOOD SUPERVISOR					
1.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	83,111	0	1.00
			83,111	0	
WA - RECLASS CONTRACT LABOR BENEFITS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	430,777	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	141,185	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	475	3.00
4.00	OPERATING ROOM	50.00	0	1,791,814	4.00
5.00	RECOVERY ROOM	51.00	0	274,362	5.00
6.00	CLINIC	90.00	0	710	6.00
			0	2,639,323	
WB - RECLASS SALARIES TO HOME DEPT					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	56,429	1.00
2.00	OPERATION OF PLANT	7.00	124,269	0	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	2,432	0	3.00
4.00	HOUSEKEEPING	9.00	116,389	0	4.00
5.00	DIETARY	10.00	49,216	0	5.00
6.00	CAFETERIA	11.00	70,298	0	6.00
7.00	NURSING ADMINISTRATION	13.00	311,936	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	14,448	13,742	8.00
9.00	PHARMACY	15.00	158,397	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	94,361	0	10.00
11.00	XRAY EDUCATION	23.01	3,143	0	11.00
12.00	PHARMACY RESIDENCY PROG	23.02	2,602	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	489,218	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	64,687	0	14.00
15.00	SUBPROVIDER - IRF	41.00	71,940	0	15.00
16.00	NURSERY	43.00	40,166	0	16.00
17.00	OPERATING ROOM	50.00	216,601	141,390	17.00
18.00	RECOVERY ROOM	51.00	25,287	18,891	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	117,567	0	19.00
20.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	16,740	0	20.00
21.00	ULTRA SOUND	54.02	15,513	0	21.00
22.00	MAMMOGRAPHY	54.03	29,856	0	22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	25,959	0	23.00
24.00	CT SCAN	57.00	25,273	0	24.00
25.00	MRI	58.00	12,109	0	25.00
26.00	CARDIAC CATHETERIZATION	59.00	58,973	0	26.00
27.00	LABORATORY	60.00	206,781	0	27.00
28.00	LABORATORY-PATHOLOGICAL	60.01	17,650	0	28.00
29.00	RESPIRATORY THERAPY	65.00	82,235	0	29.00
30.00	PHYSICAL THERAPY	66.00	59,840	0	30.00
31.00	OCCUPATIONAL THERAPY	67.00	9,931	0	31.00
32.00	SPEECH PATHOLOGY	68.00	13,012	0	32.00

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
33.00	ELECTROCARDIOLOGY	69.00	24,110	0		33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	28,343	0		34.00
35.00	CARDIAC REHABILITATION	76.97	10,377	0		35.00
36.00	CLINIC	90.00	65,460	0		36.00
37.00	NEUROPSYCH	90.02	5,609	0		37.00
38.00	WOUND CENTER	90.03	29,900	0		38.00
39.00	VIMCARE CLINIC	90.05	26,728	0		39.00
40.00	MEDICATION MGMT CLINIC	90.06	8,689	0		40.00
41.00	EMERGENCY	91.00	222,006	0		41.00
42.00	AMBULANCE SERVICES	95.00	161,781	0		42.00
43.00	WELLNESS COMMUNITY	194.00	11,443	0		43.00
44.00	CRH FOUNDATION	194.06	4,897	0		44.00
45.00	CRHP	194.08	25,369	0		45.00
46.00	ADMINISTRATIVE & GENERAL	5.00	6,778	0		46.00
	0		3,178,319	230,452		
	WC - RECLASS SEVERANCE PAY					
1.00	AMBULANCE SERVICES	95.00	13,088	0		1.00
	0		13,088	0		
500.00	Grand Total: Increases		8,335,017	45,391,453		500.00

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6

Date/Time Prepared: 5/24/2022 10:23 am

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
B - RECLASS INTEREST						
1.00	INTEREST EXPENSE	113.00	0	788,908	11	1.00
2.00		0.00	0	0	11	2.00
	O		0	788,908		
C - RECLASS INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,053,734	12	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
	O		0	1,053,734		
D - RECLASS BILLING COST						
1.00	MEDICAL RECORDS & LIBRARY	16.00	1,142,095	20,965	0	1.00
	O		1,142,095	20,965		
E - RECLASS HYPERBARIC THERAPY EXPENSE						
1.00	WOUND CENTER	90.03	105,283	82,813	0	1.00
	O		105,283	82,813		
F - RECLASS CAFETERIA EXPENSE						
1.00	DIETARY	10.00	1,250,246	590,926	0	1.00
	O		1,250,246	590,926		
G - RECLASS WELLNESS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	174,637	36,745	0	1.00
	O		174,637	36,745		
H - RECLASS PHYSICIAN FEES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,692,455	0	1.00
2.00	OPERATING ROOM	50.00	0	446,260	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
	O		0	5,138,715		
J - RECLASS PHARMACY RES PROGRAM						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,884	0	1.00
2.00	PHARMACY	15.00	145,016	0	0	2.00
3.00	PHARMACY RESIDENCY PROG	23.02	0	2,159	0	3.00
	O		145,016	4,043		
K - RECLASS RENT EXPENSE						
1.00	BUILDING RENTALS	194.01	0	1,724,092	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
	O		0	1,724,092		
L - RECLASS MARKETING EXPENSE						
1.00	OPERATING ROOM	50.00	0	140,000	0	1.00
	O		0	140,000		
M - RECLASS DEPRECIATION EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	13,498,302	9	1.00
	TOTALS		0	13,498,302		
N - RECLASS MAINTENANCE EXPENSE						
1.00	OPERATION OF PLANT	7.00	0	2,768,985	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6
Date/Time Prepared:
5/24/2022 10:23 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
6.00	0.00	0	0	0	0	6.00	
7.00	0.00	0	0	0	0	7.00	
8.00	0.00	0	0	0	0	8.00	
9.00	0.00	0	0	0	0	9.00	
10.00	0.00	0	0	0	0	10.00	
11.00	0.00	0	0	0	0	11.00	
12.00	0.00	0	0	0	0	12.00	
13.00	0.00	0	0	0	0	13.00	
14.00	0.00	0	0	0	0	14.00	
15.00	0.00	0	0	0	0	15.00	
16.00	0.00	0	0	0	0	16.00	
0		0	2,768,985				
O - RECLASS DIRECTOR PHARMACY							
1.00	PHARMACY	15.00	186,518	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
0			186,518	0			
P - GIFT SHOP							
1.00	ADMINISTRATIVE & GENERAL	5.00	39,167	0	0	1.00	
	TOTALS		39,167	0			
Q - RECLASS XRAY EDUCATION EXPENSES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,016	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	109	0	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	333,588	0	0	3.00	
4.00	MAMMOGRAPHY	54.03	211	0	0	4.00	
5.00	RESPIRATORY THERAPY	65.00	28	0	0	5.00	
0			333,827	4,125			
R - OTHER EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	31,049	0	1.00	
	TOTALS		0	31,049			
S - RECLASS NON ALLOW ADVERTISING COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	419,921	0	1.00	
0			0	419,921			
U - RECLASS CHARGEABLE SUPPLY COST							
1.00	PHARMACY	15.00	0	13,295	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	225,560	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	204,806	0	3.00	
4.00	SUBPROVIDER - IRF	41.00	0	3,720	0	4.00	
5.00	NURSERY	43.00	0	1,203	0	5.00	
6.00	OPERATING ROOM	50.00	0	8,765,023	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	110,818	0	7.00	
8.00	ULTRA SOUND	54.02	0	2,406	0	8.00	
9.00	MAMMOGRAPHY	54.03	0	142,174	0	9.00	
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	5,123	0	10.00	
11.00	CT SCAN	57.00	0	25,166	0	11.00	
12.00	CARDIAC CATHETERIZATION	59.00	0	4,635,020	0	12.00	
13.00	RESPIRATORY THERAPY	65.00	0	87,904	0	13.00	
14.00	PHYSICAL THERAPY	66.00	0	13,372	0	14.00	
15.00	VI MCARE CLINIC	90.05	0	9,147	0	15.00	
16.00	EMERGENCY	91.00	0	39,276	0	16.00	
17.00	AMBULANCE SERVICES	95.00	0	25,157	0	17.00	
18.00	SPEECH PATHOLOGY	68.00	0	203,832	0	18.00	
0			0	14,513,002			
V - RECL PTO COST FOR STD ELIMINATION PD							
1.00	ADMINISTRATIVE & GENERAL	5.00	66,741	0	0	1.00	
2.00	OPERATION OF PLANT	7.00	11,777	0	0	2.00	
3.00	HOUSEKEEPING	9.00	27,602	0	0	3.00	
4.00	DIETARY	10.00	17,321	0	0	4.00	
5.00	CAFETERIA	11.00	24,740	0	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	73,877	0	0	6.00	
7.00	PHARMACY	15.00	46,005	0	0	7.00	
8.00	MEDICAL RECORDS & LIBRARY	16.00	12,529	0	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	198,017	0	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	19,811	0	0	10.00	
11.00	SUBPROVIDER - IRF	41.00	32,056	0	0	11.00	
12.00	NURSERY	43.00	23,158	0	0	12.00	
13.00	OPERATING ROOM	50.00	12,809	0	0	13.00	
14.00	RECOVERY ROOM	51.00	18	0	0	14.00	

RECLASSIFICATIONS

Provider CCN: 15-0112

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

Worksheet A-6

Date/Time Prepared:
5/24/2022 10:23 am

		Decreases			Wkst. A-7 Ref.		
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
15.00	RADIOLOGY-DIAGNOSTIC	54.00	26,198	0	0		15.00
16.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	19,782	0	0		16.00
17.00	ULTRA SOUND	54.02	5,625	0	0		17.00
18.00	MAMMOGRAPHY	54.03	4,718	0	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	1,644	0	0		19.00
20.00	CT SCAN	57.00	7,903	0	0		20.00
21.00	MRI	58.00	2,325	0	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	16,284	0	0		22.00
23.00	LABORATORY	60.00	28,360	0	0		23.00
24.00	LABORATORY-PATHOLOGICAL	60.01	589	0	0		24.00
25.00	RESPIRATORY THERAPY	65.00	34,281	0	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	7,600	0	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	7,445	0	0		27.00
28.00	CLINIC	90.00	30,285	0	0		28.00
29.00	VIMCARE CLINIC	90.05	1,924	0	0		29.00
30.00	MEDICATION MGMT CLINIC	90.06	5,956	0	0		30.00
31.00	EMERGENCY	91.00	37,919	0	0		31.00
32.00	AMBULANCE SERVICES	95.00	25,507	0	0		32.00
33.00	WELLNESS COMMUNITY	194.00	570	0	0		33.00
			831,376	0	0		
X - RECLASS OT SALARIES AND OTHER EXP							
1.00	PHYSICAL THERAPY	66.00	0	620,280	0		1.00
			0	620,280			
Y - LDRP							
1.00	ADULTS & PEDIATRICS	30.00	1,683,710	253,697	0		1.00
	TOTALS		1,683,710	253,697			
Z - RECLASS LAB BLOOD SUPERVISOR							
1.00	LABORATORY	60.00	83,111	0	0		1.00
			83,111	0	0		
WA - RECLASS CONTRACT LABOR BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,639,323	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
			0	2,639,323			
WB - RECLASS SALARIES TO HOME DEPT							
1.00	ADMINISTRATIVE & GENERAL	5.00	3,175,153	230,452	0		1.00
2.00	LABORATORY	60.00	1,373	0	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,793	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00

	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
37.00		0.00	0	0	0	37.00
38.00		0.00	0	0	0	38.00
39.00		0.00	0	0	0	39.00
40.00		0.00	0	0	0	40.00
41.00		0.00	0	0	0	41.00
42.00		0.00	0	0	0	42.00
43.00		0.00	0	0	0	43.00
44.00		0.00	0	0	0	44.00
45.00		0.00	0	0	0	45.00
46.00		0.00	0	0	0	46.00
			3,178,319	230,452		
WC - RECLASS SEVERANCE PAY						
1.00	ADMINISTRATIVE & GENERAL	5.00	13,088	0	0	1.00
			13,088	0		
500.00	Grand Total: Decreases		9,166,393	44,560,077		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0112

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2022 10:23 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,979,352	0	0	106,977	1.00
2.00	Land Improvements	21,020,698	0	0	0	2.00
3.00	Buildings and Fixtures	102,842,834	1,376,280	0	578,931	3.00
4.00	Building Improvements	106,828,165	508,164	0	0	4.00
5.00	Fixed Equipment	9,579,494	40,002	0	1,121	5.00
6.00	Movable Equipment	170,867,684	10,153,445	0	4,028,126	6.00
7.00	HIT designated Assets	0	127,429	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	413,118,227	12,205,320	0	4,715,155	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	413,118,227	12,205,320	0	4,715,155	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,872,375	0			1.00
2.00	Land Improvements	21,020,698	0			2.00
3.00	Buildings and Fixtures	103,640,183	0			3.00
4.00	Building Improvements	107,336,329	0			4.00
5.00	Fixed Equipment	9,618,375	0			5.00
6.00	Movable Equipment	176,993,003	0			6.00
7.00	HIT designated Assets	127,429	0			7.00
8.00	Subtotal (sum of lines 1-7)	420,608,392	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	420,608,392	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0112

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2022 10:23 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	21,775,438	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)	21,775,438	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	21,775,438				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	21,775,438				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0112

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

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2022 10:23 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	243,615,389	0	243,615,389	0.579198	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	176,993,003	0	176,993,003	0.420802	0	2.00
3.00	Total (sum of lines 1-2)	420,608,392	0	420,608,392	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	8,298,971	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	13,583,885	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	21,882,856	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-3,889,194	990,211	0	0	5,399,988	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-607,025	0	0	0	12,976,860	2.00
3.00	Total (sum of lines 1-2)	-4,496,219	990,211	0	0	18,376,848	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0112

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

Worksheet A-8

Date/Time Prepared:
5/24/2022 10:23 am

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
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-4,494,819	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-701,504	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-47,876	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-114,483	ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-190,273	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-11,869	OPERATION OF PLANT	7.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-8,080,590			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	-128,021			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-582,233	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-2,813	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)	B	-32,060	XRAY EDUCATION	23.01	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0112

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

Worksheet A-8

Date/Time Prepared:
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31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		68.00	31.00				
				Cost Center Description	Basis/Code (2)			Amount	Cost Center	Line #	Wkst. A-7 Ref.
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00				
33.00	DEPR PAT PHONES NEW EQUIP	A	-4,555	CAP REL COSTS-MVBLE EQUIP		2.00	9 33.00				
34.00	TV DEPR NEW EQUIP	A	-3,120	CAP REL COSTS-MVBLE EQUIP		2.00	9 34.00				
35.00	CAFETERIA VISITORS	A	-115,820	CAFETERIA		11.00	0 35.00				
36.00	MEALS TO GO	A		DIETARY		10.00	0 36.00				
37.00	OPERATING ROOM OTHER REV	B	-4,653	OPERATING ROOM		50.00	0 37.00				
38.00	BOND AMORTIZATION	A	82,092	CAP REL COSTS-BLDG & FIXT		1.00	9 38.00				
40.00	TELEPHONE SEVICES	B	-353	ADMINISTRATIVE & GENERAL		5.00	0 40.00				
41.00	LAND RENT MOB	B	-2,000	ADMINISTRATIVE & GENERAL		5.00	0 41.00				
42.00	LABORATORY OTHER REV	B	-5,400	LABORATORY		60.00	0 42.00				
43.00	EMPLOY BENEFITS OTHER REVENUE	B	-66,937	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 43.00				
44.00	EMERGENCY ROOM OTHER REV	B	-28,505	EMERGENCY		91.00	0 44.00				
44.01	MEDICAL STAFF INCOME	B	-2,000	ADMINISTRATIVE & GENERAL		5.00	0 44.01				
45.00	RADIOLOGY OTHER REVENUE	B	-68,868	RADIOLOGY-DIAGNOSTIC		54.00	0 45.00				
45.01	FACILITIES OTHER REVENUE	B	-424,884	OPERATION OF PLANT		7.00	0 45.01				
45.02	RADIATION ONCOLOGY OTHER REVENUE	B	-17,764	RADIOLOGY-THERAPEUTIC		55.00	0 45.02				
45.03	CRHP OTHER REVENUE ADMIN	B	-3,703,652	ADMINISTRATIVE & GENERAL		5.00	0 45.03				
45.04	CRHP OTHER REVENUE BUILDING RENTALS	B	-348,320	CRHP		194.08	0 45.04				
45.05	CRHP OTHER REVENUE EMPLOYEE BENEFITS	B	-355,261	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 45.05				
45.07	FOOD OTHER REVENUE	B	-1,627	DIETARY		10.00	0 45.07				
45.08	PROTECTIVE SERV OTHER REVENUE	B	-8,425	OPERATION OF PLANT		7.00	0 45.08				
45.09	PHARMACY OTHER REVENUE	B	-43,267	PHARMACY		15.00	0 45.09				
45.10	HUMAN RESOURCES OTHER REVENUE	B	-1,796	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 45.10				
45.11	LACTATION AND PREPARE OTHER REVENUE	B		ADULTS & PEDIATRICS		30.00	0 45.11				
45.12	VOLUNTEER OTHER REVENUE	B	3,847	ADMINISTRATIVE & GENERAL		5.00	0 45.12				
45.13	RENTAL PROPERTIES DEPRECIATION	A	-94,070	CAP REL COSTS-BLDG & FIXT		1.00	9 45.13				
45.14	LOSS ON DISPOSAL DEMOLITION	A	11,195	CAP REL COSTS-BLDG & FIXT		1.00	9 45.14				
45.15	UNALLOWABLE PHYS RECRUITMENT	A	-21,575	ADMINISTRATIVE & GENERAL		5.00	0 45.15				
45.16	DEPRECIATION RELI FED BUILDING	A	15,907	CAP REL COSTS-BLDG & FIXT		1.00	9 45.16				
45.17	DEPRECIATION RELI FED EQUIPMENT	A	93,258	CAP REL COSTS-MVBLE EQUIP		2.00	9 45.17				
45.18	PRIOR YEAR AUDIT ADJUSTMENT	A	6,711	CAP REL COSTS-BLDG & FIXT		1.00	9 45.18				
45.19	NONALLOWABLE INT EXP 1993 BONDS	A	-25,063	CAP REL COSTS-MVBLE EQUIP		2.00	11 45.19				
45.21	NONALLOWABLE INT EXP 2003/2009 BONDS	A	-63,741	CAP REL COSTS-MVBLE EQUIP		2.00	11 45.21				
45.22	UNALLOWABLE AHA MEMBERSHIP DUES	A	-18,126	ADMINISTRATIVE & GENERAL		5.00	0 45.22				
45.23	AMBULANCE SERVICES	B	-267,326	AMBULANCE SERVICES		95.00	0 45.23				
45.24	HAF ADJUSTMENT	A	-17,494,091	ADMINISTRATIVE & GENERAL		5.00	0 45.24				
45.25	OTHER OPERATING REVENUE - MISC SALES	B	446	ADMINISTRATIVE & GENERAL		5.00	0 45.25				
45.27	AUDIOLOGY - OTHER REVENUE	B	-10,667	SPEECH PATHOLOGY		68.00	0 45.27				
45.28	BUILDING RENT - HOSPICE PALLIATIVE	B	-22,665	ADMINISTRATIVE & GENERAL		5.00	0 45.28				
45.29	ORTHOPEDICS OTHER REVENUE	B	-3,500	ADULTS & PEDIATRICS		30.00	0 45.29				
45.30	LUNG INSTITUTE OTHER REVENUE	B	-500	RESPIRATORY THERAPY		65.00	0 45.30				
45.31	BLOOD BANK OTHER REVENUE	B	-20,600	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0 45.31				
45.32	LAB SPECIMENT PROC OTHER REVENUE	B	-5,408	LABORATORY		60.00	0 45.32				
45.33	X-RAY CT SCAN OTHER REVENUE	B	-3,150	CT SCAN		57.00	0 45.33				
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-37,431,374				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.

Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet A-8 Date/Time Prepared: 5/24/2022 10:23 am
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 15-0112

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2022 10:23 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEE	4,706,816	5,316,828 1.00
2.00	30.00	ADULTS & PEDIATRICS	HOSPITAL BASED PHYS PART A S	481,991	0 2.00
3.00	0.00			0	0 3.00
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5,188,807	5,316,828 5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	E	J BICKEL	0.00	SI HEALTH MANAGEMENT	0.00	6.00
7.00	E	D TRAPP	0.00	SI HEALTH MANAGEMENT	0.00	7.00
8.00	E	Z ELLISON	0.00	SI HEALTH MANAGEMENT	0.00	8.00
9.00	E	R SHEDD	0.00	SI HEALTH MANAGEMENT	0.00	9.00
10.00	E	S STARK	0.00	SI HEALTH MANAGEMENT	0.00	10.00
10.01	E	D DOUP	0.00	SI HEALTH MANAGMENT	0.00	10.01
10.02	E	D MICHAEL	0.00	SI HEALTH MANAGEMENT	0.00	10.02
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 15-0112

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2022 10:23 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-610,012	0		1.00
2.00	481,991	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	-128,021			5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Related Organization(s) and/or Home Office	Type of Business	
	6.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	MANAGEMENT COMPANY		6.00
7.00	MANAGEMENT COMPANY		7.00
8.00	MANAGEMENT COMPANY		8.00
9.00	MANAGEMENT COMPANY		9.00
10.00	MANAGEMENT COMPANY		10.00
10.01	MANAGEMENT COMPANY		10.01
10.02	MANAGEMENT COMPANY		10.02
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0112

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2022 10:23 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	2,995,463	2,795,713	199,750	211,500	706	1.00
2.00	30.00	ADULTS & PEDIATRICS	677,591	0	677,591	211,500	5,526	2.00
3.00	41.00	SUBPROVIDER - IRF	220,798	0	220,798	211,500	9,549	3.00
4.00	50.00	OPERATING ROOM	6,627,827	4,357,957	2,269,870	246,400	19,811	4.00
5.00	53.00	ANESTHESIOLOGY	60,000	0	60,000	239,400	485	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	50,000	0	50,000	271,900	340	6.00
7.00	54.03	MAMMOGRAPHY	22,917	0	22,917	211,500	124	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	45,000	0	45,000	271,900	294	8.00
9.00	59.00	CARDIAC CATHETERIZATION	55,000	0	55,000	211,500	423	9.00
10.00	60.01	LABORATORY-PATHOLOGICAL	225,000	0	225,000	260,300	1,500	10.00
11.00	65.00	RESPIRATORY THERAPY	50,000	0	50,000	211,500	331	11.00
12.00	66.00	PHYSICAL THERAPY	38,350	0	38,350	211,500	192	12.00
13.00	69.00	ELECTROCARDIOLOGY	3,600	0	3,600	211,500	36	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	19,600	0	19,600	211,500	196	14.00
15.00	90.02	NEUROPSYCH	214,098	214,098	0	181,300	0	15.00
16.00	90.03	WOUND CENTER	65,769	0	65,769	211,500	395	16.00
17.00	90.04	HYPERBARIC OXYGEN THERAPY	4,231	0	4,231	211,500	25	17.00
18.00	90.05	VIMCARE CLINIC	20,000	0	20,000	211,500	356	18.00
19.00	91.00	EMERGENCY	3,099,726	326,240	2,773,486	211,500	27,578	19.00
20.00	95.00	AMBULANCE SERVICES	13,125	0	13,125	211,500	84	20.00
200.00			14,508,095	7,694,008	6,814,087		67,951	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0112

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

Worksheet A-8-2
Date/Time Prepared:
5/24/2022 10:23 am

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	71,788	3,589	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	561,899	28,095	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	970,968	48,548	0	0	0	3.00
4.00	50.00	OPERATING ROOM	2,346,841	117,342	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	55,822	2,791	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	44,445	2,222	0	0	0	6.00
7.00	54.03	MAMMOGRAPHY	12,609	630	0	0	0	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	38,432	1,922	0	0	0	8.00
9.00	59.00	CARDIAC CATHETERIZATION	43,012	2,151	0	0	0	9.00
10.00	60.01	LABORATORY-PATHOLOGICAL	187,716	9,386	0	0	0	10.00
11.00	65.00	RESPIRATORY THERAPY	33,657	1,683	0	0	0	11.00
12.00	66.00	PHYSICAL THERAPY	19,523	976	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	3,661	183	0	0	0	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	19,930	997	0	0	0	14.00
15.00	90.02	NEUROPSYCH	0	0	0	0	0	15.00
16.00	90.03	WOUND CENTER	40,165	2,008	0	0	0	16.00
17.00	90.04	HYPERBARIC OXYGEN THERAPY	2,542	127	0	0	0	17.00
18.00	90.05	VIMCARE CLINIC	36,199	1,810	0	0	0	18.00
19.00	91.00	EMERGENCY	2,804,205	140,210	0	0	0	19.00
20.00	95.00	AMBULANCE SERVICES	8,541	427	0	0	0	20.00
200.00			7,301,955	365,097	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0112

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2022 10:23 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	71,788	127,962	2,923,675		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	561,899	115,692	115,692		2.00
3.00	41.00	SUBPROVIDER - IRF	0	970,968	0	0		3.00
4.00	50.00	OPERATING ROOM	0	2,346,841	0	4,357,957		4.00
5.00	53.00	ANESTHESIOLOGY	0	55,822	4,178	4,178		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	44,445	5,555	5,555		6.00
7.00	54.03	MAMMOGRAPHY	0	12,609	10,308	10,308		7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	0	38,432	6,568	6,568		8.00
9.00	59.00	CARDIAC CATHETERIZATION	0	43,012	11,988	11,988		9.00
10.00	60.01	LABORATORY-PATHOLOGICAL	0	187,716	37,284	37,284		10.00
11.00	65.00	RESPIRATORY THERAPY	0	33,657	16,343	16,343		11.00
12.00	66.00	PHYSICAL THERAPY	0	19,523	18,827	18,827		12.00
13.00	69.00	ELECTROCARDIOLOGY	0	3,661	0	0		13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	19,930	0	0		14.00
15.00	90.02	NEUROPSYCH	0	0	0	214,098		15.00
16.00	90.03	WOUND CENTER	0	40,165	25,604	25,604		16.00
17.00	90.04	HYPERBARIC OXYGEN THERAPY	0	2,542	1,689	1,689		17.00
18.00	90.05	VIMCARE CLINIC	0	36,199	0	0		18.00
19.00	91.00	EMERGENCY	0	2,804,205	0	326,240		19.00
20.00	95.00	AMBULANCE SERVICES	0	8,541	4,584	4,584		20.00
200.00			0	7,301,955	386,582	8,080,590		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2022 10:23 am

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			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,399,988	5,399,988			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	12,976,860		12,976,860		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	30,127,611	82,486	5,735	30,215,832	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	40,926,891	474,442	6,906,121	5,779,665	5.00
7.00 00700	OPERATION OF PLANT	7,541,440	2,598,298	297,113	1,064,523	11,501,374
8.00 00800	LAUNDRY & LINEN SERVICE	852,123	5,871	0	14,424	872,418
9.00 00900	HOUSEKEEPING	2,642,923	38,500	129,007	740,595	3,551,025
10.00 01000	DIETARY	1,319,272	58,292	8,631	316,820	1,703,015
11.00 01100	CAFETERIA	1,188,677	45,816	12,330	452,534	1,699,357
13.00 01300	NURSING ADMINISTRATION	6,040,157	74,466	29,509	1,810,601	7,954,733
14.00 01400	CENTRAL SERVICES & SUPPLY	952,136	56,312	48,194	9,872	1,066,514
15.00 01500	PHARMACY	5,249,426	35,580	178,732	1,166,799	6,630,537
16.00 01600	MEDICAL RECORDS & LIBRARY	1,032,516	27,078	1,229	256,943	1,317,766
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
23.00 02300	PARAMED PRGM	0	0	0	0	0
23.01 02301	XRAY EDUCATION	458,512	741	13,779	165,185	638,217
23.02 02302	PHARMACY RESIDENCY PROG	385,846	2,787	7,767	131,853	528,253
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	25,569,225	581,426	170,387	5,964,760	32,285,798
31.00 03100	INTENSIVE CARE UNIT	7,167,176	83,079	61,233	818,813	8,130,301
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00 04100	SUBPROVIDER - I/RF	1,908,648	76,578	9,085	528,000	2,522,311
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	1,336,968	4,321	17,616	403,428	1,762,333
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	17,232,605	295,216	966,567	462,916	18,957,304
51.00 05100	RECOVERY ROOM	1,411,867	23,609	3,068	19,360	1,457,904
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,937,407	28,330	18,709	0	1,984,446
53.00 05300	ANESTHESIOLOGY	108,995	882	2,885	0	112,762
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,833,541	62,984	142,976	462,678	2,502,179
54.01 05402	NUCLEAR MEDICINE-DIAGNOSTIC	2,076,189	24,913	118,856	177,057	2,397,015
54.02 05404	ULTRA SOUND	696,018	11,148	44,872	183,938	935,976
54.03 05405	MAMMOGRAPHY	983,260	749	161,163	186,676	1,331,848
55.00 05500	RADIOLOGY-THERAPEUTIC	2,788,165	58,003	995,949	255,213	4,097,330
57.00 05700	CT SCAN	1,555,051	13,328	60,308	279,103	1,907,790
58.00 05800	MRI	519,092	6,671	9,520	123,347	658,630
59.00 05900	CARDIAC CATHETERIZATION	2,399,316	66,001	119,229	606,585	3,191,131
60.00 06000	LABORATORY	12,235,468	80,559	238,172	1,493,873	14,048,072
60.01 06001	LABORATORY-PATHOLOGICAL	1,294,934	8,984	12,898	135,862	1,452,678
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	691,281	3,173	1,812	29,025	725,291
65.00 06500	RESPIRATORY THERAPY	2,608,042	58,566	75,565	727,831	3,470,004
66.00 06600	PHYSICAL THERAPY	5,440,621	4,566	17,564	102,786	5,565,537
67.00 06700	OCCUPATIONAL THERAPY	2,053,339	1,638	3,318	22,056	2,080,351
68.00 06800	SPEECH PATHOLOGY	880,007	0	18,355	76,758	975,120
69.00 06900	ELECTROCARDIOLOGY	888,953	10,363	256,087	248,787	1,404,190
70.00 07000	ELECTROENCEPHALOGRAPHY	1,037,465	0	7,157	245,630	1,290,252
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,970,123	0	0	0	6,970,123
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	7,339,047	0	0	0	7,339,047
73.00 07300	DRUGS CHARGED TO PATIENTS	25,149,633	0	0	0	25,149,633
74.00 07400	RENAL DIALYSIS	822,564	0	0	0	822,564
76.00 03020	ACUPUNCTURE	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	270,940	11,719	3,655	73,794	360,108
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	1,805,565	54,126	19,735	528,574	2,408,000
90.01 09001	DIABETES CENTER	0	0	0	0	0
90.02 09002	NEUROPSYCH	108,021	645	126	32,716	141,508
90.03 09003	WOUND CENTER	1,551,619	0	3,326	206,479	1,761,424
90.04 09004	HYPERBARIC OXYGEN THERAPY	246,454	0	213	36,768	283,435
90.05 09005	VIMCARE CLINIC	610,025	31,540	6,213	195,550	843,328
90.06 09006	MEDICATION MGMT CLINIC	237,161	6,797	7,361	81,789	333,108
91.00 09100	EMERGENCY	9,209,428	133,832	128,621	1,970,862	11,442,743
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2022 10:23 am

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
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,214,519	59,537	218,604	1,057,955	4,550,615	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	271,283,110	5,303,952	11,559,352	29,648,783	269,202,517	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	39,167	20,214	173	0	59,554	190.00
194.00	07950	WELLNESS COMMUNITY	298,869	0	3,349	64,786	367,004	194.00
194.01	07951	BUILDING RENTALS	218,239	0	0	0	218,239	194.01
194.02	07952	HOSPICE	108,830	0	0	0	108,830	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	203,832	0	0	0	203,832	194.04
194.05	07955	NONALLOWABLE MARKETING	559,921	0	0	0	559,921	194.05
194.06	07956	CRH FOUNDATION	52,774	14,254	0	18,077	85,105	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0	194.07
194.08	07958	CRHP	2,738,882	57,595	1,413,214	484,186	4,693,877	194.08
194.09	07959	NEUROPSYCH PART B	0	3,973	772	0	4,745	194.09
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)	275,503,624	5,399,988	12,976,860	30,215,832	275,503,624	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 5/24/2022 10:23 am		
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	54,087,119				5.00
7.00	00700	OPERATION OF PLANT	2,809,533	14,310,907			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	213,113	37,427	1,122,958		8.00
9.00	00900	HOUSEKEEPING	867,437	245,449	0	4,663,911	9.00
10.00	01000	DIETARY	416,009	371,623	0	44,831	2,535,478
11.00	01100	CAFETERIA	415,116	292,091	0	63,827	0
13.00	01300	NURSING ADMINISTRATION	1,943,166	474,737	0	17,476	0
14.00	01400	CENTRAL SERVICES & SUPPLY	260,526	359,006	0	64,587	0
15.00	01500	PHARMACY	1,619,694	226,830	0	37,992	0
16.00	01600	MEDICAL RECORDS & LIBRARY	321,901	172,627	0	3,799	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
23.00	02300	PARAMED ED PRGM	0	0	0	0	0
23.01	02301	XRAY EDUCATION	155,902	4,726	0	760	0
23.02	02302	PHARMACY RESIDENCY PROG	129,041	17,768	0	3,039	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,886,651	3,706,738	372,642	1,822,101	2,007,454
31.00	03100	INTENSIVE CARE UNIT	1,986,054	529,649	46,768	241,630	261,430
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	616,145	488,205	42,413	215,035	181,344
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	430,499	27,550	12,068	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,630,852	1,882,076	242,956	624,590	12,026
51.00	05100	RECOVERY ROOM	356,134	150,511	49,201	53,949	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	484,756	180,614	17,664	55,468	0
53.00	05300	ANESTHESIOLOGY	27,545	5,623	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	611,227	401,537	80,963	107,138	3,115
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	585,538	158,828	0	60,028	0
54.02	05404	ULTRA SOUND	228,638	71,073	0	21,276	0
54.03	05405	MAMMOGRAPHY	325,341	4,773	5,527	43,311	0
55.00	05500	RADIOLOGY-THERAPEUTIC	1,000,888	369,781	14,901	63,827	13,109
57.00	05700	CT SCAN	466,031	84,967	0	12,157	0
58.00	05800	MRI	160,889	42,531	0	7,598	0
59.00	05900	CARDIAC CATHETERIZATION	779,523	420,770	65,813	72,945	9,828
60.00	06000	LABORATORY	3,431,635	513,581	0	100,299	0
60.01	06001	LABORATORY-PATHOLOGICAL	354,857	57,275	0	4,559	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	177,173	20,226	0	3,039	0
65.00	06500	RESPIRATORY THERAPY	847,646	373,372	0	124,614	0
66.00	06600	PHYSICAL THERAPY	1,359,538	29,110	30,795	760	0
67.00	06700	OCCUPATIONAL THERAPY	508,184	10,444	11,872	0	0
68.00	06800	SPEECH PATHOLOGY	238,200	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	343,013	66,064	0	1,520	0
70.00	07000	ELECTROENCEPHALOGRAPHY	315,180	0	1,270	109,417	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,702,648	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,792,768	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	6,143,502	0	0	0	0
74.00	07400	RENAL DIALYSIS	200,934	0	0	0	0
76.00	03020	ACUPUNCTURE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	87,966	74,712	0	1,520	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	588,221	345,065	45,622	63,067	40,093
90.01	09001	DIABETES CENTER	0	0	0	0	0
90.02	09002	NEUROPSYCH	34,567	4,111	0	0	0
90.03	09003	WOUND CENTER	430,277	0	3,237	0	0
90.04	09004	HYPERBARIC OXYGEN THERAPY	69,237	0	207	0	0
90.05	09005	VIMCARE CLINIC	206,006	201,076	6,031	158,807	0
90.06	09006	MEDICATION MGMT CLINIC	81,371	43,334	0	13,677	0
91.00	09100	EMERGENCY	2,795,210	853,212	73,008	408,795	7,079
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,111,615	379,563	0	0	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2022 10:23 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	52,547,897	13,698,655	1,122,958	4,627,438	2,535,478 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	14,548	128,868	0	0	0 190.00
194.00	07950	WELLNESS COMMUNITY	89,651	0	0	0	0 194.00
194.01	07951	BUILDING RENTALS	53,311	0	0	0	0 194.01
194.02	07952	HOSPICE	26,585	0	0	0	0 194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0 194.03
194.04	07954	SPEECH - HEARING AIDS	49,792	0	0	0	0 194.04
194.05	07955	NONALLOWABLE MARKETING	136,776	0	0	0	0 194.05
194.06	07956	CRH FOUNDATION	20,789	90,874	0	35,713	0 194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0 194.07
194.08	07958	CRHP	1,146,611	367,181	0	0	0 194.08
194.09	07959	NEUROPSYCH PART B	1,159	25,329	0	760	0 194.09
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	54,087,119	14,310,907	1,122,958	4,663,911	2,535,478 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2022 10:23 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	2,470,391					11.00
13.00	01300	145,618	10,535,730				13.00
14.00	01400	28,102	173,714	1,952,449			14.00
15.00	01500	76,641	480,009	0	9,071,703		15.00
16.00	01600	74,086	0	0	0	1,890,179	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	17,883	0	0	0	0	23.01
23.02	02302	10,219	58,024	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	592,690	3,752,190	53,781	13,204	427,213	30.00
31.00	03100	71,531	455,185	1,727	2,867	4,934	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	48,539	298,899	0	234	3,701	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	30,656	194,133	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	255,470	1,621,511	1,682,226	43,599	964,619	50.00
51.00	05100	30,656	200,434	0	98	0	51.00
52.00	05200	0	0	24,917	0	0	52.00
53.00	05300	0	0	0	15,161	0	53.00
54.00	05400	40,875	0	15,419	16,108	0	54.00
54.01	05402	15,328	0	0	107,225	0	54.01
54.02	05404	15,328	0	0	305	0	54.02
54.03	05405	20,438	0	5,345	688	0	54.03
55.00	05500	20,438	0	0	79	0	55.00
57.00	05700	30,656	0	0	62,278	0	57.00
58.00	05800	10,219	0	0	9,415	0	58.00
59.00	05900	48,539	303,343	17,804	33,304	64,555	59.00
60.00	06000	194,157	0	0	15	0	60.00
60.01	06001	12,773	0	0	31	0	60.01
62.00	06200	2,555	0	0	0	0	62.00
65.00	06500	66,422	420,012	329	3,766	124,998	65.00
66.00	06600	12,773	0	70,927	1,040	0	66.00
67.00	06700	2,555	0	0	0	0	67.00
68.00	06800	7,664	0	0	0	0	68.00
69.00	06900	20,438	136,350	0	36,084	0	69.00
70.00	07000	22,992	0	0	2	225,736	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	8,702,818	0	73.00
74.00	07400	0	0	0	4,565	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	5,109	39,004	0	12	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	56,203	258,395	5,798	1,060	74,423	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	2,555	0	0	0	0	90.02
90.03	09003	17,883	114,035	67,638	3,536	0	90.03
90.04	09004	5,109	24,420	0	0	0	90.04
90.05	09005	25,547	156,994	370	937	0	90.05
90.06	09006	5,109	25,609	0	0	0	90.06
91.00	09100	189,048	981,572	6,168	3,510	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	132,844	841,897	0	9,171	0	95.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2022 10:23 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,365,648	10,535,730	1,952,449	9,071,112	1,890,179
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,555	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	7,664	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	591	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	2,555	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	194.07
194.08	07958	CRHP	84,305	0	0	0	194.08
194.09	07959	NEUROPSYCH PART B	7,664	0	0	0	194.09
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		TOTAL (sum lines 118 through 201)	2,470,391	10,535,730	1,952,449	9,071,703	1,890,179

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2022 10:23 am

Cost Center Description			SOCIAL SERVICE	PARAMED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
			17.00	23.00	23.01	23.02	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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
17.00	01700	SOCIAL SERVICE	0					17.00
23.00	02300	PARAMED PRGM	0	0				23.00
23.01	02301	XRAY EDUCATION	0		817,488			23.01
23.02	02302	PHARMACY RESIDENCY PROG	0			746,344		23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	52,920,462	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	11,732,076	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	4,416,826	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	2,457,239	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	30,917,229	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	2,298,887	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	2,747,865	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	161,091	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	817,488	0	4,596,049	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	3,323,962	54.01
54.02	05404	ULTRASOUND	0	0	0	0	1,272,596	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	0	1,737,271	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	5,580,353	55.00
57.00	05700	CT SCAN	0	0	0	0	2,563,879	57.00
58.00	05800	MRI	0	0	0	0	889,282	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	5,007,555	59.00
60.00	06000	LABORATORY	0	0	0	0	18,287,759	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	1,882,173	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	928,284	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	5,431,163	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	7,070,480	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,613,406	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,220,984	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	2,007,659	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,964,849	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	8,672,771	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	9,131,815	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	746,344	40,742,297	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,028,063	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	568,431	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	3,885,947	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	0	0	0	0	182,741	90.02
90.03	09003	WOUND CENTER	0	0	0	0	2,398,030	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	0	382,408	90.04
90.05	09005	VIMCARE CLINIC	0	0	0	0	1,599,096	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	0	0	0	502,208	90.06
91.00	09100	EMERGENCY	0	0	0	0	16,760,345	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	7,025,705	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2022 10:23 am

Cost Center Description		SOCIAL SERVICE	PARAMED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
		17.00	23.00	23.01	23.02	24.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	817,488	746,344	266,909,236
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	205,525	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	464,319	194.00
194.01	07951	BUILDING RENTALS	0	0	0	271,550	194.01
194.02	07952	HOSPICE	0	0	0	136,006	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	253,624	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	696,697	194.05
194.06	07956	CRH FOUNDATION	0	0	0	235,036	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	194.07
194.08	07958	CRHP	0	0	0	6,291,974	194.08
194.09	07959	NEUROPSYCH PART B	0	0	0	39,657	194.09
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	817,488	746,344	275,503,624

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2022 10:23 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	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
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED ED PRGM		23.00
23.01	02301	XRAY EDUCATION		23.01
23.02	02302	PHARMACY RESIDENCY PROG		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
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	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	54.01
54.02	05404	ULTRA SOUND	0	54.02
54.03	05405	MAMMOGRAPHY	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03020	ACUPUNCTURE	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	DIABETES CENTER	0	90.01
90.02	09002	NEUROPSYCH	0	90.02
90.03	09003	WOUND CENTER	0	90.03
90.04	09004	HYPERBARI C OXYGEN THERAPY	0	90.04
90.05	09005	VIMCARE CLINIC	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	90.06
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0112

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2022 10:23 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	266,909,236	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	205,525	190.00
194.00	07950	WELLNESS COMMUNITY	0	464,319	194.00
194.01	07951	BUILDING RENTALS	0	271,550	194.01
194.02	07952	HOSPICE	0	136,006	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	253,624	194.04
194.05	07955	NONALLOWABLE MARKETING	0	696,697	194.05
194.06	07956	CRH FOUNDATION	0	235,036	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	194.07
194.08	07958	CRHP	0	6,291,974	194.08
194.09	07959	NEUROPSYCH PART B	0	39,657	194.09
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	275,503,624	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/24/2022 10:23 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
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	82,486	5,735	88,221	88,221 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	1,045,365	474,442	6,906,121	8,425,928	16,881 5.00
7.00 00700	OPERATION OF PLANT	97,867	2,598,298	297,113	2,993,278	3,109 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	5,871	0	5,871	42 8.00
9.00 00900	HOUSEKEEPING	5,082	38,500	129,007	172,589	2,163 9.00
10.00 01000	DIETARY	690	58,292	8,631	67,613	925 10.00
11.00 01100	CAFETERIA	0	45,816	12,330	58,146	1,322 11.00
13.00 01300	NURSING ADMINISTRATION	9,773	74,466	29,509	113,748	5,288 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,873	56,312	48,194	107,379	29 14.00
15.00 01500	PHARMACY	8,527	35,580	178,732	222,839	3,408 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	929	27,078	1,229	29,236	750 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
23.00 02300	PARAMEDICAL PRGM	0	0	0	0	0 23.00
23.01 02301	XRAY EDUCATION	12,000	741	13,779	26,520	482 23.01
23.02 02302	PHARMACY RESIDENCY PROG	0	2,787	7,767	10,554	385 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	356,384	581,426	170,387	1,108,197	17,393 30.00
31.00 03100	INTENSIVE CARE UNIT	28,597	83,079	61,233	172,909	2,392 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	50,176	76,578	9,085	135,839	1,542 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	1,819	4,321	17,616	23,756	1,178 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	928,369	295,216	966,567	2,190,152	1,352 50.00
51.00 05100	RECOVERY ROOM	0	23,609	3,068	26,677	57 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	28,330	18,709	47,039	0 52.00
53.00 05300	ANESTHESIOLOGY	0	882	2,885	3,767	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,022	62,984	142,976	208,982	1,351 54.00
54.01 05402	NUCLEAR MEDICINE-DIAGNOSTIC	31,938	24,913	118,856	175,707	517 54.01
54.02 05404	ULTRASOUND	0	11,148	44,872	56,020	537 54.02
54.03 05405	MAMMOGRAPHY	155,795	749	161,163	317,707	545 54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	5,140	58,003	995,949	1,059,092	745 55.00
57.00 05700	CT SCAN	903	13,328	60,308	74,539	815 57.00
58.00 05800	MRI	0	6,671	9,520	16,191	360 58.00
59.00 05900	CARDIAC CATHETERIZATION	42,815	66,001	119,229	228,045	1,772 59.00
60.00 06000	LABORATORY	30,060	80,559	238,172	348,791	4,363 60.00
60.01 06001	LABORATORY-PATHOLOGICAL	1,021	8,984	12,898	22,903	397 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,173	1,812	4,985	85 62.00
65.00 06500	RESPIRATORY THERAPY	27,274	58,566	75,565	161,405	2,126 65.00
66.00 06600	PHYSICAL THERAPY	356,936	4,566	17,564	379,066	300 66.00
67.00 06700	OCCUPATIONAL THERAPY	122,398	1,638	3,318	127,354	64 67.00
68.00 06800	SPEECH PATHOLOGY	51,803	0	18,355	70,158	224 68.00
69.00 06900	ELECTROCARDIOLOGY	854	10,363	256,087	267,304	727 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	146,920	0	7,157	154,077	717 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00 03020	ACUPUNCTURE	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	40	11,719	3,655	15,414	216 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	11	54,126	19,735	73,872	1,544 90.00
90.01 09001	DIABETES CENTER	0	0	0	0	0 90.01
90.02 09002	NEUROPSYCH	0	645	126	771	96 90.02
90.03 09003	WOUND CENTER	155,375	0	3,326	158,701	603 90.03
90.04 09004	HYPERBARIC OXYGEN THERAPY	41,197	0	213	41,410	107 90.04
90.05 09005	VIMCARE CLINIC	1,255	31,540	6,213	39,008	571 90.05
90.06 09006	MEDICATION MGMT CLINIC	0	6,797	7,361	14,158	239 90.06
91.00 09100	EMERGENCY	3,505	133,832	128,621	265,958	5,756 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2022 10:23 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	24,316	59,537	218,604	302,457	3,090	95.00
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,751,029	5,303,952	11,559,352	20,614,333	86,565	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	20,214	173	20,387	0	190.00
194.00 07950	WELLNESS COMMUNITY	60,922	0	3,349	64,271	189	194.00
194.01 07951	BUILDING RENTALS	61,134	0	0	61,134	0	194.01
194.02 07952	HOSPICE	0	0	0	0	0	194.02
194.03 07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04 07954	SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05 07955	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06 07956	CRH FOUNDATION	0	14,254	0	14,254	53	194.06
194.07 07957	HEALTHY COMMUNITIES	0	0	0	0	0	194.07
194.08 07958	CRHP	400,566	57,595	1,413,214	1,871,375	1,414	194.08
194.09 07959	NEUROPSYCH PART B	0	3,973	772	4,745	0	194.09
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)	4,273,651	5,399,988	12,976,860	22,650,499	88,221	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/24/2022 10:23 am
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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	8,442,809				5.00
7.00	00700	OPERATION OF PLANT	438,559	3,434,946			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	33,266	8,983	48,162		8.00
9.00	00900	HOUSEKEEPING	135,404	58,913	0	369,069	9.00
10.00	01000	DIETARY	64,938	89,198	0	3,548	226,222
11.00	01100	CAFETERIA	64,798	70,109	0	5,051	0
13.00	01300	NURSING ADMINISTRATION	303,322	113,948	0	1,383	0
14.00	01400	CENTRAL SERVICES & SUPPLY	40,667	86,170	0	5,111	0
15.00	01500	PHARMACY	252,829	54,444	0	3,006	0
16.00	01600	MEDICAL RECORDS & LIBRARY	50,248	41,434	0	301	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
23.00	02300	PARAMED ED PRGM	0	0	0	0	0
23.01	02301	XRAY EDUCATION	24,336	1,134	0	60	0
23.02	02302	PHARMACY RESIDENCY PROG	20,143	4,265	0	241	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,231,064	889,701	15,981	144,188	179,110
31.00	03100	INTENSIVE CARE UNIT	310,017	127,128	2,006	19,121	23,325
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	96,178	117,180	1,819	17,016	16,180
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	67,200	6,613	518	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	722,861	451,742	10,420	49,426	1,073
51.00	05100	RECOVERY ROOM	55,591	36,126	2,110	4,269	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	75,669	43,351	758	4,389	0
53.00	05300	ANESTHESIOLOGY	4,300	1,350	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	95,411	96,378	3,472	8,478	278
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	91,401	38,122	0	4,750	0
54.02	05404	ULTRA SOUND	35,690	17,059	0	1,684	0
54.03	05405	MAMMOGRAPHY	50,785	1,146	237	3,427	0
55.00	05500	RADIOLOGY-THERAPEUTIC	156,235	88,756	639	5,051	1,170
57.00	05700	CT SCAN	72,746	20,394	0	962	0
58.00	05800	MRI	25,114	10,208	0	601	0
59.00	05900	CARDIAC CATHETERIZATION	121,681	100,994	2,823	5,772	877
60.00	06000	LABORATORY	535,667	123,271	0	7,937	0
60.01	06001	LABORATORY-PATHOLOGICAL	55,392	13,747	0	361	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	27,656	4,855	0	241	0
65.00	06500	RESPIRATORY THERAPY	132,315	89,618	0	9,861	0
66.00	06600	PHYSICAL THERAPY	212,219	6,987	1,321	60	0
67.00	06700	OCCUPATIONAL THERAPY	79,326	2,507	509	0	0
68.00	06800	SPEECH PATHOLOGY	37,182	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	53,543	15,857	0	120	0
70.00	07000	ELECTROENCEPHALOGRAPHY	49,199	0	54	8,659	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	265,778	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	279,845	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	958,981	0	0	0	0
74.00	07400	RENAL DIALYSIS	31,365	0	0	0	0
76.00	03020	ACUPUNCTURE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	13,731	17,933	0	120	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	91,819	82,824	1,957	4,991	3,577
90.01	09001	DIABETES CENTER	0	0	0	0	0
90.02	09002	NEUROPSYCH	5,396	987	0	0	0
90.03	09003	WOUND CENTER	67,165	0	139	0	0
90.04	09004	HYPERBARIC OXYGEN THERAPY	10,808	0	9	0	0
90.05	09005	VIHCARE CLINIC	32,157	48,263	259	12,567	0
90.06	09006	MEDICATION MGMT CLINIC	12,702	10,401	0	1,082	0
91.00	09100	EMERGENCY	436,323	204,791	3,131	32,349	632
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	173,520	91,104	0	0	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2022 10:23 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,202,542	3,287,991	48,162	366,183	226,222	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,271	30,931	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	13,994	0	0	0	0	194.00
194.01	07951	BUILDING RENTALS	8,322	0	0	0	0	194.01
194.02	07952	HOSPICE	4,150	0	0	0	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	7,772	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	21,350	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	3,245	21,812	0	2,826	0	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0	194.07
194.08	07958	CRHP	178,982	88,132	0	0	0	194.08
194.09	07959	NEUROPSYCH PART B	181	6,080	0	60	0	194.09
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)	8,442,809	3,434,946	48,162	369,069	226,222	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0112		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/24/2022 10:23 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	199,426					11.00
13.00	01300	NURSING ADMINISTRATION	11,755	549,444				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,269	9,059	250,684			14.00
15.00	01500	PHARMACY	6,187	25,033	0	567,746		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,981	0	0	0	127,950	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED PRGM	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	1,444	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROG	825	3,026	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	47,847	195,677	6,905	826	28,919	30.00
31.00	03100	INTENSIVE CARE UNIT	5,774	23,738	222	179	334	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	3,918	15,588	0	15	251	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,475	10,124	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,623	84,563	215,989	2,729	65,296	50.00
51.00	05100	RECOVERY ROOM	2,475	10,453	0	6	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,199	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	949	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,300	0	1,980	1,008	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	1,237	0	0	6,711	0	54.01
54.02	05404	ULTRA SOUND	1,237	0	0	19	0	54.02
54.03	05405	MAMMOGRAPHY	1,650	0	686	43	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,650	0	0	5	0	55.00
57.00	05700	CT SCAN	2,475	0	0	3,898	0	57.00
58.00	05800	MRI	825	0	0	589	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,918	15,820	2,286	2,084	4,370	59.00
60.00	06000	LABORATORY	15,674	0	0	1	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	1,031	0	0	2	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	206	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	5,362	21,904	42	236	8,461	65.00
66.00	06600	PHYSICAL THERAPY	1,031	0	9,107	65	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	206	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	619	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,650	7,111	0	2,258	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,856	0	0	0	15,281	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	544,659	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	286	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	412	2,034	0	1	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	4,537	13,475	744	66	5,038	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	206	0	0	0	0	90.02
90.03	09003	WOUND CENTER	1,444	5,947	8,684	221	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	412	1,274	0	0	0	90.04
90.05	09005	VIMCARE CLINIC	2,062	8,187	48	59	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	412	1,336	0	0	0	90.06
91.00	09100	EMERGENCY	15,261	51,190	792	220	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	10,724	43,905	0	574	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2022 10:23 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	190,970	549,444	250,684	567,709	127,950
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	206	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	619	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	37	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	206	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	194.07
194.08	07958	CRHP	6,806	0	0	0	194.08
194.09	07959	NEUROPSYCH PART B	619	0	0	0	194.09
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		TOTAL (sum lines 118 through 201)	199,426	549,444	250,684	567,746	127,950

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2022 10:23 am

Cost Center Description			SOCIAL SERVICE	PARAMED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
			17.00	23.00	23.01	23.02	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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
17.00	01700	SOCIAL SERVICE	0					17.00
23.00	02300	PARAMED PRGM	0	0				23.00
23.01	02301	XRAY EDUCATION	0		53,976			23.01
23.02	02302	PHARMACY RESIDENCY PROG	0			39,439		23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0				3,865,808	30.00
31.00	03100	INTENSIVE CARE UNIT	0				687,145	31.00
32.00	03200	CORONARY CARE UNIT	0				0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0				0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0				0	34.00
40.00	04000	SUBPROVIDER - IPF	0				0	40.00
41.00	04100	SUBPROVIDER - IRF	0				405,526	41.00
42.00	04200	SUBPROVIDER	0				0	42.00
43.00	04300	NURSERY	0				111,864	43.00
44.00	04400	SKILLED NURSING FACILITY	0				0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0				3,816,226	50.00
51.00	05100	RECOVERY ROOM	0				137,764	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0				174,405	52.00
53.00	05300	ANESTHESIOLOGY	0				10,366	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0				420,638	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0				318,445	54.01
54.02	05404	ULTRA SOUND	0				112,246	54.02
54.03	05405	MAMMOGRAPHY	0				376,226	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0				1,313,343	55.00
57.00	05700	CT SCAN	0				175,829	57.00
58.00	05800	MRI	0				53,888	58.00
59.00	05900	CARDIAC CATHETERIZATION	0				490,442	59.00
60.00	06000	LABORATORY	0				1,035,704	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0				93,833	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0				38,028	62.00
65.00	06500	RESPIRATORY THERAPY	0				431,330	65.00
66.00	06600	PHYSICAL THERAPY	0				610,156	66.00
67.00	06700	OCCUPATIONAL THERAPY	0				209,966	67.00
68.00	06800	SPEECH PATHOLOGY	0				108,183	68.00
69.00	06900	ELECTROCARDIOLOGY	0				348,570	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0				229,843	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0				265,778	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0				279,845	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0				1,503,640	73.00
74.00	07400	RENAL DIALYSIS	0				31,651	74.00
76.00	03020	ACUPUNCTURE	0				0	76.00
76.97	07697	CARDIAC REHABILITATION	0				49,861	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0				0	89.00
90.00	09000	CLINIC	0				284,444	90.00
90.01	09001	DIABETES CENTER	0				0	90.01
90.02	09002	NEUROPSYCH	0				7,456	90.02
90.03	09003	WOUND CENTER	0				242,904	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0				54,020	90.04
90.05	09005	VIHCARE CLINIC	0				143,181	90.05
90.06	09006	MEDICATION MGMT CLINIC	0				40,330	90.06
91.00	09100	EMERGENCY	0				1,016,403	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0				0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0				625,374	95.00
99.10	09910	CORF	0				0	99.10
101.00	10100	HOME HEALTH AGENCY	0				0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2022 10:23 am

Cost Center Description		SOCIAL SERVICE	PARAMED ED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal		
		17.00	23.00	23.01	23.02	24.00		
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0			0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0			0	110.00	
111.00	11100	ISLET ACQUISITION	0			0	111.00	
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	20,120,661	118.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0			53,795	190.00	
194.00	07950	WELLNESS COMMUNITY	0			79,073	194.00	
194.01	07951	BUILDING RENTALS	0			69,456	194.01	
194.02	07952	HOSPICE	0			4,187	194.02	
194.03	07953	OUTREACH CLINICS	0			0	194.03	
194.04	07954	SPEECH - HEARING AIDS	0			7,772	194.04	
194.05	07955	NONALLOWABLE MARKETING	0			21,350	194.05	
194.06	07956	CRH FOUNDATION	0			42,396	194.06	
194.07	07957	HEALTHY COMMUNITIES	0			0	194.07	
194.08	07958	CRHP	0			2,146,709	194.08	
194.09	07959	NEUROPSYCH PART B	0			11,685	194.09	
200.00		Cross Foot Adjustments		0	53,976	39,439	93,415	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	53,976	39,439	22,650,499	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2022 10:23 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	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
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED ED PRGM		23.00
23.01	02301	XRAY EDUCATION		23.01
23.02	02302	PHARMACY RESIDENCY PROG		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
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	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	54.01
54.02	05404	ULTRA SOUND	0	54.02
54.03	05405	MAMMOGRAPHY	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03020	ACUPUNCTURE	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	DIABETES CENTER	0	90.01
90.02	09002	NEUROPSYCH	0	90.02
90.03	09003	WOUND CENTER	0	90.03
90.04	09004	HYPERBARI C OXYGEN THERAPY	0	90.04
90.05	09005	VIMCARE CLINIC	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	90.06
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0112

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2022 10:23 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	20,120,661	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	53,795	190.00
194.00	07950	WELLNESS COMMUNITY	0	79,073	194.00
194.01	07951	BUILDING RENTALS	0	69,456	194.01
194.02	07952	HOSPICE	0	4,187	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	7,772	194.04
194.05	07955	NONALLOWABLE MARKETING	0	21,350	194.05
194.06	07956	CRH FOUNDATION	0	42,396	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	194.07
194.08	07958	CRHP	0	2,146,709	194.08
194.09	07959	NEUROPSYCH PART B	0	11,685	194.09
200.00		Cross Foot Adjustments	0	93,415	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	22,650,499	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 10:23 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SAL)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQ FEET)	MVBLE EQUIP (DEPR)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	728,501				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		13,498,251			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	11,128	5,965	86,521,406		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	64,006	7,183,595	16,549,738	-54,087,119	5.00
7.00 00700	OPERATION OF PLANT	350,531	309,051	3,048,200	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	792	0	41,301	0	8.00
9.00 00900	HOUSEKEEPING	5,194	134,190	2,120,652	0	9.00
10.00 01000	DIETARY	7,864	8,978	907,196	0	10.00
11.00 01100	CAFETERIA	6,181	12,825	1,295,804	0	11.00
13.00 01300	NURSING ADMINISTRATION	10,046	30,695	5,184,552	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,597	50,130	28,269	0	14.00
15.00 01500	PHARMACY	4,800	185,913	3,341,061	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,653	1,278	735,742	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
23.00 02300	PARAMEDICAL PRGM	0	0	0	0	23.00
23.01 02301	XRAY EDUCATION	100	14,333	472,997	0	23.01
23.02 02302	PHARMACY RESIDENCY PROG	376	8,079	377,553	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	78,439	177,233	17,079,858	0	30.00
31.00 03100	INTENSIVE CARE UNIT	11,208	63,693	2,344,625	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	10,331	9,450	1,511,898	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	583	18,324	1,155,193	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	39,827	1,005,403	1,325,534	0	50.00
51.00 05100	RECOVERY ROOM	3,185	3,191	55,436	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,822	19,461	0	0	52.00
53.00 05300	ANESTHESIOLOGY	119	3,001	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,497	148,721	1,324,852	0	54.00
54.01 05402	NUCLEAR MEDICINE-DIAGNOSTIC	3,361	123,631	506,993	0	54.01
54.02 05404	ULTRA SOUND	1,504	46,675	526,697	0	54.02
54.03 05405	MAMMOGRAPHY	101	167,638	534,536	0	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	7,825	1,035,965	730,787	0	55.00
57.00 05700	CT SCAN	1,798	62,731	799,196	0	57.00
58.00 05800	MRI	900	9,903	353,196	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	8,904	124,020	1,736,922	0	59.00
60.00 06000	LABORATORY	10,868	247,742	4,277,620	0	60.00
60.01 06001	LABORATORY-PATHOLOGICAL	1,212	13,416	389,034	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	428	1,885	83,111	0	62.00
65.00 06500	RESPIRATORY THERAPY	7,901	78,601	2,084,101	0	65.00
66.00 06600	PHYSICAL THERAPY	616	18,270	294,322	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	221	3,451	63,155	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	19,092	219,791	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,398	266,376	712,386	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	7,445	703,348	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00 03020	ACUPUNCTURE	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	1,581	3,802	211,306	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	7,302	20,528	1,513,541	0	90.00
90.01 09001	DIABETES CENTER	0	0	0	0	90.01
90.02 09002	NEUROPSYCH	87	131	93,680	0	90.02
90.03 09003	WOUND CENTER	0	3,460	591,240	0	90.03
90.04 09004	HYPERBARIC OXYGEN THERAPY	0	222	105,283	0	90.04
90.05 09005	VIMCARE CLINIC	4,255	6,463	559,947	0	90.05
90.06 09006	MEDICATION MGMT CLINIC	917	7,657	234,199	0	90.06
91.00 09100	EMERGENCY	18,055	133,789	5,643,450	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 10:23 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SAL)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQ FEET)	MVBLE EQUIP (DEPR)				
	1.00	2.00				
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	8,032	227,387	3,029,394	0	4,550,615 95.00
99.10 09910	CORF	0	0	0	0	0 99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	715,545	12,023,789	84,897,696	-54,087,119	215,115,398 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,727	180	0	0	59,554 190.00
194.00 07950	WELLNESS COMMUNITY	0	3,484	185,510	0	367,004 194.00
194.01 07951	BUILDING RENTALS	0	0	0	0	218,239 194.01
194.02 07952	HOSPICE	0	0	0	0	108,830 194.02
194.03 07953	OUTREACH CLINICS	0	0	0	0	0 194.03
194.04 07954	SPEECH - HEARING AIDS	0	0	0	0	203,832 194.04
194.05 07955	NONALLOWABLE MARKETING	0	0	0	0	559,921 194.05
194.06 07956	CRH FOUNDATION	1,923	0	51,762	0	85,105 194.06
194.07 07957	HEALTHY COMMUNITIES	0	0	0	0	0 194.07
194.08 07958	CRHP	7,770	1,469,995	1,386,438	0	4,693,877 194.08
194.09 07959	NEUROPSYCH PART B	536	803	0	0	4,745 194.09
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)	5,399,988	12,976,860	30,215,832		54,087,119 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.412465	0.961373	0.349230		0.244278 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			88,221		8,442,809 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001020		0.038131 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: 15-0112

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 10:23 am

Cost Center Description		OPERATION OF PLANT (SQ FEET)	LAUNDRY & LINEN SERVICE (LDRY LBS)	HOUSEKEEPING (TIME SPT)	DIETARY (MEALS)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700	302,836					7.00
8.00	00800	792	2,011,968				8.00
9.00	00900	5,194	0	6,138			9.00
10.00	01000	7,864	0	59	152,218		10.00
11.00	01100	6,181	0	84	0	967	11.00
13.00	01300	10,046	0	23	0	57	13.00
14.00	01400	7,597	0	85	0	11	14.00
15.00	01500	4,800	0	50	0	30	15.00
16.00	01600	3,653	0	5	0	29	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	100	0	1	0	7	23.01
23.02	02302	376	0	4	0	4	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	78,439	667,652	2,398	120,518	232	30.00
31.00	03100	11,208	83,792	318	15,695	28	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	10,331	75,990	283	10,887	19	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	583	21,621	0	0	12	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	39,827	435,297	822	722	100	50.00
51.00	05100	3,185	88,152	71	0	12	51.00
52.00	05200	3,822	31,648	73	0	0	52.00
53.00	05300	119	0	0	0	0	53.00
54.00	05400	8,497	145,058	141	187	16	54.00
54.01	05402	3,361	0	79	0	6	54.01
54.02	05404	1,504	0	28	0	6	54.02
54.03	05405	101	9,903	57	0	8	54.03
55.00	05500	7,825	26,697	84	787	8	55.00
57.00	05700	1,798	0	16	0	12	57.00
58.00	05800	900	0	10	0	4	58.00
59.00	05900	8,904	117,915	96	590	19	59.00
60.00	06000	10,868	0	132	0	76	60.00
60.01	06001	1,212	0	6	0	5	60.01
62.00	06200	428	0	4	0	1	62.00
65.00	06500	7,901	0	164	0	26	65.00
66.00	06600	616	55,175	1	0	5	66.00
67.00	06700	221	21,271	0	0	1	67.00
68.00	06800	0	0	0	0	3	68.00
69.00	06900	1,398	0	2	0	8	69.00
70.00	07000	0	2,276	144	0	9	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	1,581	0	2	0	2	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	7,302	81,740	83	2,407	22	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	87	0	0	0	1	90.02
90.03	09003	0	5,799	0	0	7	90.03
90.04	09004	0	370	0	0	2	90.04
90.05	09005	4,255	10,806	209	0	10	90.05
90.06	09006	917	0	18	0	2	90.06
91.00	09100	18,055	130,806	538	425	74	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	8,032	0	0	0	52	95.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 10:23 am

Cost Center Description		OPERATION OF PLANT (SQ FEET)	LAUNDRY & LINEN SERVICE (LDY LBS)	HOUSEKEEPING (TIME SPT)	DIETARY (MEALS)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	289,880	2,011,968	6,090	152,218	926 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,727	0	0	0	1 190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	0	3 194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	0 194.01
194.02	07952	HOSPICE	0	0	0	0	0 194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0 194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0 194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0 194.05
194.06	07956	CRH FOUNDATION	1,923	0	47	0	1 194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0 194.07
194.08	07958	CRHP	7,770	0	0	0	33 194.08
194.09	07959	NEUROPSYCH PART B	536	0	1	0	3 194.09
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)	14,310,907	1,122,958	4,663,911	2,535,478	2,470,391 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	47.256294	0.558139	759.842131	16.656887	2,554.695967 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,434,946	48,162	369,069	226,222	199,426 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	11.342595	0.023938	60.128543	1.486171	206.231644 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: 15-0112		Period: From 01/01/2021 To 12/31/2021		Worksheet B-1	
Date/Time Prepared: 5/24/2022 10:23 am							
Cost Center Description		NURSING ADMINISTRATIVE (NURS HRS)	CENTRAL SERVICES & SUPPLY (STER SUP)	PHARMACY (DRG COST)	MEDICAL RECORDS & LIBRARY (TIME SPT)	SOCIAL SERVICE (TIME SPT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	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	1,356,010				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,358	47,485			14.00
15.00	01500	PHARMACY	61,780	0	25,813,780		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	4,597	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROG	7,468	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	482,929	1,308	37,573	1,039	0
31.00	03100	INTENSIVE CARE UNIT	58,585	42	8,158	12	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	38,470	0	667	9	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	24,986	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	208,698	40,913	124,063	2,346	0
51.00	05100	RECOVERY ROOM	25,797	0	279	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	606	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	43,142	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	375	45,836	0	0
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	305,111	0	0
54.02	05404	ULTRA SOUND	0	0	869	0	0
54.03	05405	MAMMOGRAPHY	0	130	1,957	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	226	0	0
57.00	05700	CT SCAN	0	0	177,215	0	0
58.00	05800	MRI	0	0	26,792	0	0
59.00	05900	CARDIAC CATHETERIZATION	39,042	433	94,766	157	0
60.00	06000	LABORATORY	0	0	42	0	0
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	88	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	54,058	8	10,717	304	0
66.00	06600	PHYSICAL THERAPY	0	1,725	2,958	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	17,549	0	102,678	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	6	549	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	24,764,104	0	0
74.00	07400	RENAL DIALYSIS	0	0	12,991	0	0
76.00	03020	ACUPUNCTURE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	5,020	0	34	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	33,257	141	3,016	181	0
90.01	09001	DIABETES CENTER	0	0	0	0	0
90.02	09002	NEUROPSYCH	0	0	0	0	0
90.03	09003	WOUND CENTER	14,677	1,645	10,061	0	0
90.04	09004	HYPERBARIC OXYGEN THERAPY	3,143	0	0	0	0
90.05	09005	VIMCARE CLINIC	20,206	9	2,665	0	0
90.06	09006	MEDICATION MGMT CLINIC	3,296	0	0	0	0
91.00	09100	EMERGENCY	126,334	150	9,987	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	108,357	0	26,097	0	0
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 10:23 am

Cost Center Description		NURSING ADMINISTRATIVE (NURS HRS)	CENTRAL SERVICES & SUPPLY (STER SUP)	PHARMACY (DRG COST)	MEDICAL RECORDS & LIBRARY (TIME SPT)	SOCIAL SERVICE (TIME SPT)	
		13.00	14.00	15.00	16.00	17.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,356,010	47,485	25,812,098	4,597	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 WELLNESS COMMUNITY	0	0	0	0	0	194.00
194.01	07951 BUILDING RENTALS	0	0	0	0	0	194.01
194.02	07952 HOSPICE	0	0	1,682	0	0	194.02
194.03	07953 OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954 SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05	07955 NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	07956 CRH FOUNDATION	0	0	0	0	0	194.06
194.07	07957 HEALTHY COMMUNITIES	0	0	0	0	0	194.07
194.08	07958 CRHP	0	0	0	0	0	194.08
194.09	07959 NEUROPSYCH PART B	0	0	0	0	0	194.09
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)	10,535,730	1,952,449	9,071,703	1,890,179	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.769655	41.117174	0.351429	411.176637	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	549,444	250,684	567,746	127,950	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.405192	5.279225	0.021994	27.833370	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 10:23 am

Cost Center Description		PARAMED PRGM (PERCENT)	XRAY EDUCATION (PERCENT)	PHARMACY RESIDENCY PROG (PERCENT)	
		23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
23.00	02300	0			23.00
23.01	02301		100		23.01
23.02	02302			100	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	0	0	0	30.00
31.00	03100	0	0	0	31.00
32.00	03200	0	0	0	32.00
33.00	03300	0	0	0	33.00
34.00	03400	0	0	0	34.00
40.00	04000	0	0	0	40.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
43.00	04300	0	0	0	43.00
44.00	04400	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0	0	0	50.00
51.00	05100	0	0	0	51.00
52.00	05200	0	0	0	52.00
53.00	05300	0	0	0	53.00
54.00	05400	0	100	0	54.00
54.01	05402	0	0	0	54.01
54.02	05404	0	0	0	54.02
54.03	05405	0	0	0	54.03
55.00	05500	0	0	0	55.00
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
59.00	05900	0	0	0	59.00
60.00	06000	0	0	0	60.00
60.01	06001	0	0	0	60.01
62.00	06200	0	0	0	62.00
65.00	06500	0	0	0	65.00
66.00	06600	0	0	0	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	0	0	0	69.00
70.00	07000	0	0	0	70.00
71.00	07100	0	0	0	71.00
72.00	07200	0	0	0	72.00
73.00	07300	0	0	100	73.00
74.00	07400	0	0	0	74.00
76.00	03020	0	0	0	76.00
76.97	07697	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	0	0	0	90.00
90.01	09001	0	0	0	90.01
90.02	09002	0	0	0	90.02
90.03	09003	0	0	0	90.03
90.04	09004	0	0	0	90.04
90.05	09005	0	0	0	90.05
90.06	09006	0	0	0	90.06
91.00	09100	0	0	0	91.00
92.00	09200	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	0	0	0	95.00
99.10	09910	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0112

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 10:23 am

Cost Center Description		PARAMED ED PRGM (PERCENT)	XRAY EDUCATION (PERCENT)	PHARMACY RESIDENCY PROG (PERCENT)	
		23.00	23.01	23.02	
101.00	10100 HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	111.00
113.00	11300 INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	100	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	190.00
194.00	07950 WELLNESS COMMUNITY	0	0	0	194.00
194.01	07951 BUILDING RENTALS	0	0	0	194.01
194.02	07952 HOSPICE	0	0	0	194.02
194.03	07953 OUTREACH CLINICS	0	0	0	194.03
194.04	07954 SPEECH - HEARING AIDS	0	0	0	194.04
194.05	07955 NONALLOWABLE MARKETING	0	0	0	194.05
194.06	07956 CRH FOUNDATION	0	0	0	194.06
194.07	07957 HEALTHY COMMUNITIES	0	0	0	194.07
194.08	07958 CRHP	0	0	0	194.08
194.09	07959 NEUROPSYCH PART B	0	0	0	194.09
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	817,488	746,344	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	8,174.880000	7,463.440000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	53,976	39,439	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	539.760000	394.390000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0112

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2022 10:23 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	52,920,462		52,920,462	115,692	53,036,154	30.00
31.00	03100 INTENSIVE CARE UNIT	11,732,076		11,732,076	0	11,732,076	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	4,416,826		4,416,826	0	4,416,826	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	2,457,239		2,457,239	0	2,457,239	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	30,917,229		30,917,229	0	30,917,229	50.00
51.00	05100 RECOVERY ROOM	2,298,887		2,298,887	0	2,298,887	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,747,865		2,747,865	0	2,747,865	52.00
53.00	05300 ANESTHESIOLOGY	161,091		161,091	4,178	165,269	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,596,049		4,596,049	5,555	4,601,604	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	3,323,962		3,323,962	0	3,323,962	54.01
54.02	05404 ULTRASOUND	1,272,596		1,272,596	0	1,272,596	54.02
54.03	05405 MAMMOGRAPHY	1,737,271		1,737,271	10,308	1,747,579	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	5,580,353		5,580,353	6,568	5,586,921	55.00
57.00	05700 CT SCAN	2,563,879		2,563,879	0	2,563,879	57.00
58.00	05800 MRI	889,282		889,282	0	889,282	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,007,555		5,007,555	11,988	5,019,543	59.00
60.00	06000 LABORATORY	18,287,759		18,287,759	0	18,287,759	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	1,882,173		1,882,173	37,284	1,919,457	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	928,284		928,284	0	928,284	62.00
65.00	06500 RESPIRATORY THERAPY	5,431,163	0	5,431,163	16,343	5,447,506	65.00
66.00	06600 PHYSICAL THERAPY	7,070,480	0	7,070,480	18,827	7,089,307	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,613,406	0	2,613,406	0	2,613,406	67.00
68.00	06800 SPEECH PATHOLOGY	1,220,984	0	1,220,984	0	1,220,984	68.00
69.00	06900 ELECTROCARDIOLOGY	2,007,659	0	2,007,659	0	2,007,659	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,964,849		1,964,849	0	1,964,849	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	8,672,771		8,672,771	0	8,672,771	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	9,131,815		9,131,815	0	9,131,815	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	40,742,297		40,742,297	0	40,742,297	73.00
74.00	07400 RENAL DIALYSIS	1,028,063		1,028,063	0	1,028,063	74.00
76.00	03020 ACUPUNCTURE	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	568,431		568,431	0	568,431	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	3,885,947		3,885,947	0	3,885,947	90.00
90.01	09001 DIABETES CENTER	0		0	0	0	90.01
90.02	09002 NEUROPSYCH	182,741		182,741	0	182,741	90.02
90.03	09003 WOUND CENTER	2,398,030		2,398,030	25,604	2,423,634	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	382,408		382,408	1,689	384,097	90.04
90.05	09005 VIMCARE CLINIC	1,599,096		1,599,096	0	1,599,096	90.05
90.06	09006 MEDICATION MGMT CLINIC	502,208		502,208	0	502,208	90.06
91.00	09100 EMERGENCY	16,760,345		16,760,345	0	16,760,345	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	5,497,175		5,497,175	0	5,497,175	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	7,025,705		7,025,705	4,584	7,030,289	95.00
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
200.00	Subtotal (see instructions)	272,406,411	0	272,406,411	258,620	272,665,031	200.00
201.00	Less Observation Beds	5,497,175		5,497,175	0	5,497,175	201.00
202.00	Total (see instructions)	266,909,236	0	266,909,236	258,620	267,167,856	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0112

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2022 10:23 am

			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	70,586,051		70,586,051				30.00
31.00	03100	INTENSIVE CARE UNIT	18,247,140		18,247,140				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - I/PF	0		0				40.00
41.00	04100	SUBPROVIDER - I/RF	5,988,760		5,988,760				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	2,610,921		2,610,921				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	25,057,373	70,026,055	95,083,428	0.325159	0.000000		50.00
51.00	05100	RECOVERY ROOM	2,142,684	5,663,731	7,806,415	0.294487	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,988,157	32,179	5,020,336	0.547347	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	4,744,024	9,635,893	14,379,917	0.011202	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,482,297	4,795,932	6,278,229	0.732061	0.000000		54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	796,849	12,626,729	13,423,578	0.247621	0.000000		54.01
54.02	05404	ULTRA SOUND	1,456,739	5,639,133	7,095,872	0.179343	0.000000		54.02
54.03	05405	MAMMOGRAPHY	626	5,893,216	5,893,842	0.294760	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	277,350	24,271,967	24,549,317	0.227312	0.000000		55.00
57.00	05700	CT SCAN	12,318,164	29,789,713	42,107,877	0.060888	0.000000		57.00
58.00	05800	MRI	1,913,352	6,131,486	8,044,838	0.110541	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	18,339,397	15,896,554	34,235,951	0.146266	0.000000		59.00
60.00	06000	LABORATORY	25,399,080	50,672,974	76,072,054	0.240400	0.000000		60.00
60.01	06001	LABORATORY-PATHOLOGICAL	847,660	6,627,958	7,475,618	0.251775	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,050,205	1,218,134	3,268,339	0.284023	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	19,891,733	4,902,299	24,794,032	0.219051	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	4,834,730	11,782,476	16,617,206	0.425492	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,359,061	2,495,813	5,854,874	0.446364	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	791,897	1,209,293	2,001,190	0.610129	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	5,195,362	8,304,853	13,500,215	0.148713	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	255,486	7,962,106	8,217,592	0.239103	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,492,881	9,733,284	24,226,165	0.357992	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,554,260	9,579,260	15,133,520	0.603416	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,895,952	80,425,466	121,321,418	0.335821	0.000000		73.00
74.00	07400	RENAL DIALYSIS	3,439,642	0	3,439,642	0.298887	0.000000		74.00
76.00	03020	ACUPUNCTURE	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	2,298	908,792	911,090	0.623902	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	60,048	7,616,305	7,676,353	0.506223	0.000000		90.00
90.01	09001	DIABETES CENTER	0	0	0	0.000000	0.000000		90.01
90.02	09002	NEUROPSYCH	3,576	214,799	218,375	0.836822	0.000000		90.02
90.03	09003	WOUND CENTER	71,103	9,150,674	9,221,777	0.260040	0.000000		90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	6,924	1,196,121	1,203,045	0.317867	0.000000		90.04
90.05	09005	VIMCARE CLINIC	5,460	1,686,142	1,691,602	0.945315	0.000000		90.05
90.06	09006	MEDICATION MGMT CLINIC	3,648	785,786	789,434	0.636162	0.000000		90.06
91.00	09100	EMERGENCY	23,637,624	58,934,461	82,572,085	0.202978	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	14,251,242	14,251,242	0.385733	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	7,453	12,898,944	12,906,397	0.544358	0.000000		95.00
99.10	09910	CORF	0	0	0				99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	321,755,967	492,959,770	814,715,737				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	321,755,967	492,959,770	814,715,737				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/24/2022 10:23 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.325159		50.00
51.00	05100	RECOVERY ROOM	0.294487		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.547347		52.00
53.00	05300	ANESTHESIOLOGY	0.011493		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.732946		54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.247621		54.01
54.02	05404	ULTRASOUND	0.179343		54.02
54.03	05405	MAMMOGRAPHY	0.296509		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.227579		55.00
57.00	05700	CT SCAN	0.060888		57.00
58.00	05800	MRI	0.110541		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.146616		59.00
60.00	06000	LABORATORY	0.240400		60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.256762		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.284023		62.00
65.00	06500	RESPIRATORY THERAPY	0.219710		65.00
66.00	06600	PHYSICAL THERAPY	0.426624		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.446364		67.00
68.00	06800	SPEECH PATHOLOGY	0.610129		68.00
69.00	06900	ELECTROCARDIOLOGY	0.148713		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.239103		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.357992		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.603416		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.335821		73.00
74.00	07400	RENAL DIALYSIS	0.298887		74.00
76.00	03020	ACUPUNCTURE	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.623902		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.506223		90.00
90.01	09001	DIABETES CENTER	0.000000		90.01
90.02	09002	NEUROPSYCH	0.836822		90.02
90.03	09003	WOUND CENTER	0.262816		90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.319271		90.04
90.05	09005	VIMCARE CLINIC	0.945315		90.05
90.06	09006	MEDICATION MGMT CLINIC	0.636162		90.06
91.00	09100	EMERGENCY	0.202978		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.385733		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.544714		95.00
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0112

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2022 10:23 am

		Title XIX		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	52,920,462	52,920,462	115,692	53,036,154	30.00
31.00	03100 INTENSIVE CARE UNIT	11,732,076	11,732,076	0	11,732,076	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	4,416,826	4,416,826	0	4,416,826	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	42.00
43.00	04300 NURSERY	2,457,239	2,457,239	0	2,457,239	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	30,917,229	30,917,229	0	30,917,229	50.00
51.00	05100 RECOVERY ROOM	2,298,887	2,298,887	0	2,298,887	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,747,865	2,747,865	0	2,747,865	52.00
53.00	05300 ANESTHESIOLOGY	161,091	161,091	4,178	165,269	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,596,049	4,596,049	5,555	4,601,604	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	3,323,962	3,323,962	0	3,323,962	54.01
54.02	05404 ULTRASOUND	1,272,596	1,272,596	0	1,272,596	54.02
54.03	05405 MAMMOGRAPHY	1,737,271	1,737,271	10,308	1,747,579	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	5,580,353	5,580,353	6,568	5,586,921	55.00
57.00	05700 CT SCAN	2,563,879	2,563,879	0	2,563,879	57.00
58.00	05800 MRI	889,282	889,282	0	889,282	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,007,555	5,007,555	11,988	5,019,543	59.00
60.00	06000 LABORATORY	18,287,759	18,287,759	0	18,287,759	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	1,882,173	1,882,173	37,284	1,919,457	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	928,284	928,284	0	928,284	62.00
65.00	06500 RESPIRATORY THERAPY	5,431,163	5,431,163	16,343	5,447,506	65.00
66.00	06600 PHYSICAL THERAPY	7,070,480	7,070,480	18,827	7,089,307	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,613,406	2,613,406	0	2,613,406	67.00
68.00	06800 SPEECH PATHOLOGY	1,220,984	1,220,984	0	1,220,984	68.00
69.00	06900 ELECTROCARDIOLOGY	2,007,659	2,007,659	0	2,007,659	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,964,849	1,964,849	0	1,964,849	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	8,672,771	8,672,771	0	8,672,771	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	9,131,815	9,131,815	0	9,131,815	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	40,742,297	40,742,297	0	40,742,297	73.00
74.00	07400 RENAL DIALYSIS	1,028,063	1,028,063	0	1,028,063	74.00
76.00	03020 ACUPUNCTURE	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	568,431	568,431	0	568,431	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	3,885,947	3,885,947	0	3,885,947	90.00
90.01	09001 DIABETES CENTER	0	0	0	0	90.01
90.02	09002 NEUROPSYCH	182,741	182,741	0	182,741	90.02
90.03	09003 WOUND CENTER	2,398,030	2,398,030	25,604	2,423,634	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	382,408	382,408	1,689	384,097	90.04
90.05	09005 VIMCARE CLINIC	1,599,096	1,599,096	0	1,599,096	90.05
90.06	09006 MEDICATION MGMT CLINIC	502,208	502,208	0	502,208	90.06
91.00	09100 EMERGENCY	16,760,345	16,760,345	0	16,760,345	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	5,497,175	5,497,175	0	5,497,175	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	7,025,705	7,025,705	4,584	7,030,289	95.00
99.10	09910 CORF	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	113.00
200.00	Subtotal (see instructions)	272,406,411	272,406,411	258,620	272,665,031	200.00
201.00	Less Observation Beds	5,497,175	5,497,175	0	5,497,175	201.00
202.00	Total (see instructions)	266,909,236	266,909,236	258,620	267,167,856	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0112

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2022 10:23 am

			Title XIX			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	70,586,051		70,586,051				30.00
31.00	03100	INTENSIVE CARE UNIT	18,247,140		18,247,140				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - I/PF	0		0				40.00
41.00	04100	SUBPROVIDER - I/RF	5,988,760		5,988,760				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	2,610,921		2,610,921				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	25,057,373	70,026,055	95,083,428	0.325159	0.000000		50.00
51.00	05100	RECOVERY ROOM	2,142,684	5,663,731	7,806,415	0.294487	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,988,157	32,179	5,020,336	0.547347	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	4,744,024	9,635,893	14,379,917	0.011202	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,482,297	4,795,932	6,278,229	0.732061	0.000000		54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	796,849	12,626,729	13,423,578	0.247621	0.000000		54.01
54.02	05404	ULTRA SOUND	1,456,739	5,639,133	7,095,872	0.179343	0.000000		54.02
54.03	05405	MAMMOGRAPHY	626	5,893,216	5,893,842	0.294760	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	277,350	24,271,967	24,549,317	0.227312	0.000000		55.00
57.00	05700	CT SCAN	12,318,164	29,789,713	42,107,877	0.060888	0.000000		57.00
58.00	05800	MRI	1,913,352	6,131,486	8,044,838	0.110541	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	18,339,397	15,896,554	34,235,951	0.146266	0.000000		59.00
60.00	06000	LABORATORY	25,399,080	50,672,974	76,072,054	0.240400	0.000000		60.00
60.01	06001	LABORATORY-PATHOLOGICAL	847,660	6,627,958	7,475,618	0.251775	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,050,205	1,218,134	3,268,339	0.284023	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	19,891,733	4,902,299	24,794,032	0.219051	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	4,834,730	11,782,476	16,617,206	0.425492	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,359,061	2,495,813	5,854,874	0.446364	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	791,897	1,209,293	2,001,190	0.610129	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	5,195,362	8,304,853	13,500,215	0.148713	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	255,486	7,962,106	8,217,592	0.239103	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,492,881	9,733,284	24,226,165	0.357992	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,554,260	9,579,260	15,133,520	0.603416	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,895,952	80,425,466	121,321,418	0.335821	0.000000		73.00
74.00	07400	RENAL DIALYSIS	3,439,642	0	3,439,642	0.298887	0.000000		74.00
76.00	03020	ACUPUNCTURE	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	2,298	908,792	911,090	0.623902	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	60,048	7,616,305	7,676,353	0.506223	0.000000		90.00
90.01	09001	DIABETES CENTER	0	0	0	0.000000	0.000000		90.01
90.02	09002	NEUROPSYCH	3,576	214,799	218,375	0.836822	0.000000		90.02
90.03	09003	WOUND CENTER	71,103	9,150,674	9,221,777	0.260040	0.000000		90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	6,924	1,196,121	1,203,045	0.317867	0.000000		90.04
90.05	09005	VIMCARE CLINIC	5,460	1,686,142	1,691,602	0.945315	0.000000		90.05
90.06	09006	MEDICATION MGMT CLINIC	3,648	785,786	789,434	0.636162	0.000000		90.06
91.00	09100	EMERGENCY	23,637,624	58,934,461	82,572,085	0.202978	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	14,251,242	14,251,242	0.385733	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	7,453	12,898,944	12,906,397	0.544358	0.000000		95.00
99.10	09910	CORF	0	0	0				99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	321,755,967	492,959,770	814,715,737				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	321,755,967	492,959,770	814,715,737				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/24/2022 10:23 am
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.325159		50.00
51.00	05100	RECOVERY ROOM	0.294487		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.547347		52.00
53.00	05300	ANESTHESIOLOGY	0.011493		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.732946		54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.247621		54.01
54.02	05404	ULTRASOUND	0.179343		54.02
54.03	05405	MAMMOGRAPHY	0.296509		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.227579		55.00
57.00	05700	CT SCAN	0.060888		57.00
58.00	05800	MRI	0.110541		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.146616		59.00
60.00	06000	LABORATORY	0.240400		60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.256762		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.284023		62.00
65.00	06500	RESPIRATORY THERAPY	0.219710		65.00
66.00	06600	PHYSICAL THERAPY	0.426624		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.446364		67.00
68.00	06800	SPEECH PATHOLOGY	0.610129		68.00
69.00	06900	ELECTROCARDIOLOGY	0.148713		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.239103		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.357992		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.603416		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.335821		73.00
74.00	07400	RENAL DIALYSIS	0.298887		74.00
76.00	03020	ACUPUNCTURE	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.623902		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.506223		90.00
90.01	09001	DIABETES CENTER	0.000000		90.01
90.02	09002	NEUROPSYCH	0.836822		90.02
90.03	09003	WOUND CENTER	0.262816		90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.319271		90.04
90.05	09005	VIMCARE CLINIC	0.945315		90.05
90.06	09006	MEDICATION MGMT CLINIC	0.636162		90.06
91.00	09100	EMERGENCY	0.202978		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.385733		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.544714		95.00
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part II Date/Time Prepared: 5/24/2022 10:23 am
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Cost Center Description		Title XIX					Hospital	PPS
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	30,917,229	3,816,226	27,101,003	0	0	50.00	
51.00	05100 RECOVERY ROOM	2,298,887	137,764	2,161,123	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,747,865	174,405	2,573,460	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	161,091	10,366	150,725	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,596,049	420,638	4,175,411	0	0	54.00	
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	3,323,962	318,445	3,005,517	0	0	54.01	
54.02	05404 ULTRASOUND	1,272,596	112,246	1,160,350	0	0	54.02	
54.03	05405 MAMMOGRAPHY	1,737,271	376,226	1,361,045	0	0	54.03	
55.00	05500 RADIOLOGY-THERAPEUTIC	5,580,353	1,313,343	4,267,010	0	0	55.00	
57.00	05700 CT SCAN	2,563,879	175,829	2,388,050	0	0	57.00	
58.00	05800 MRI	889,282	53,888	835,394	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	5,007,555	490,442	4,517,113	0	0	59.00	
60.00	06000 LABORATORY	18,287,759	1,035,704	17,252,055	0	0	60.00	
60.01	06001 LABORATORY-PATHOLOGICAL	1,882,173	93,833	1,788,340	0	0	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	928,284	38,028	890,256	0	0	62.00	
65.00	06500 RESPIRATORY THERAPY	5,431,163	431,330	4,999,833	0	0	65.00	
66.00	06600 PHYSICAL THERAPY	7,070,480	610,156	6,460,324	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	2,613,406	209,966	2,403,440	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	1,220,984	108,183	1,112,801	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	2,007,659	348,570	1,659,089	0	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	1,964,849	229,843	1,735,006	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	8,672,771	265,778	8,406,993	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	9,131,815	279,845	8,851,970	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	40,742,297	1,503,640	39,238,657	0	0	73.00	
74.00	07400 RENAL DIALYSIS	1,028,063	31,651	996,412	0	0	74.00	
76.00	03020 ACUPUNCTURE	0	0	0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION	568,431	49,861	518,570	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000 CLINIC	3,885,947	284,444	3,601,503	0	0	90.00	
90.01	09001 DIABETES CENTER	0	0	0	0	0	90.01	
90.02	09002 NEUROPSYCH	182,741	7,456	175,285	0	0	90.02	
90.03	09003 WOUND CENTER	2,398,030	242,904	2,155,126	0	0	90.03	
90.04	09004 HYPERBARIC OXYGEN THERAPY	382,408	54,020	328,388	0	0	90.04	
90.05	09005 VIMCARE CLINIC	1,599,096	143,181	1,455,915	0	0	90.05	
90.06	09006 MEDICATION MGMT CLINIC	502,208	40,330	461,878	0	0	90.06	
91.00	09100 EMERGENCY	16,760,345	1,016,403	15,743,942	0	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	5,497,175	400,689	5,096,486	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES	7,025,705	625,374	6,400,331	0	0	95.00	
99.10	09910 CORF	0	0	0	0	0	99.10	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00	
200.00	Subtotal (sum of lines 50 thru 199)	200,879,808	15,451,007	185,428,801	0	0	200.00	
201.00	Less Observation Beds	5,497,175	400,689	5,096,486	0	0	201.00	
202.00	Total (line 200 minus line 201)	195,382,633	15,050,318	180,332,315	0	0	202.00	

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part II Date/Time Prepared: 5/24/2022 10:23 am
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	30,917,229	95,083,428	0.325159		50.00
51.00	05100 RECOVERY ROOM	2,298,887	7,806,415	0.294487		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,747,865	5,020,336	0.547347		52.00
53.00	05300 ANESTHESIOLOGY	161,091	14,379,917	0.011202		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,596,049	6,278,229	0.732061		54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	3,323,962	13,423,578	0.247621		54.01
54.02	05404 ULTRASOUND	1,272,596	7,095,872	0.179343		54.02
54.03	05405 MAMMOGRAPHY	1,737,271	5,893,842	0.294760		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	5,580,353	24,549,317	0.227312		55.00
57.00	05700 CT SCAN	2,563,879	42,107,877	0.060888		57.00
58.00	05800 MRI	889,282	8,044,838	0.110541		58.00
59.00	05900 CARDIAC CATHETERIZATION	5,007,555	34,235,951	0.146266		59.00
60.00	06000 LABORATORY	18,287,759	76,072,054	0.240400		60.00
60.01	06001 LABORATORY-PATHOLOGICAL	1,882,173	7,475,618	0.251775		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	928,284	3,268,339	0.284023		62.00
65.00	06500 RESPIRATORY THERAPY	5,431,163	24,794,032	0.219051		65.00
66.00	06600 PHYSICAL THERAPY	7,070,480	16,617,206	0.425492		66.00
67.00	06700 OCCUPATIONAL THERAPY	2,613,406	5,854,874	0.446364		67.00
68.00	06800 SPEECH PATHOLOGY	1,220,984	2,001,190	0.610129		68.00
69.00	06900 ELECTROCARDIOLOGY	2,007,659	13,500,215	0.148713		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,964,849	8,217,592	0.239103		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	8,672,771	24,226,165	0.357992		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	9,131,815	15,133,520	0.603416		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	40,742,297	121,321,418	0.335821		73.00
74.00	07400 RENAL DIALYSIS	1,028,063	3,439,642	0.298887		74.00
76.00	03020 ACUPUNCTURE	0	0	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	568,431	911,090	0.623902		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	3,885,947	7,676,353	0.506223		90.00
90.01	09001 DIABETES CENTER	0	0	0.000000		90.01
90.02	09002 NEUROPSYCH	182,741	218,375	0.836822		90.02
90.03	09003 WOUND CENTER	2,398,030	9,221,777	0.260040		90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	382,408	1,203,045	0.317867		90.04
90.05	09005 VIMCARE CLINIC	1,599,096	1,691,602	0.945315		90.05
90.06	09006 MEDICATION MGMT CLINIC	502,208	789,434	0.636162		90.06
91.00	09100 EMERGENCY	16,760,345	82,572,085	0.202978		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	5,497,175	14,251,242	0.385733		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	7,025,705	12,906,397	0.544358		95.00
99.10	09910 CORF	0	0	0.000000		99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000		101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	11100 ISLET ACQUISITION	0	0	0.000000		111.00
113.00	11300 INTEREST EXPENSE	0	0	0.000000		113.00
200.00	Subtotal (sum of lines 50 thru 199)	200,879,808	717,282,865			200.00
201.00	Less Observation Beds	5,497,175	0			201.00
202.00	Total (line 200 minus line 201)	195,382,633	717,282,865			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 5/24/2022 10:23 am
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Cost Center Description	Title XVIII			Hospital	PPS
	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	3,865,808	0	3,865,808	34,250	112.87	30.00
31.00	INTENSIVE CARE UNIT	687,145		687,145	3,972	173.00	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	405,526	0	405,526	2,831	143.24	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	111,864		111,864	2,842	39.36	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	5,070,343		5,070,343	43,895		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	10,868	1,226,671				30.00
31.00	INTENSIVE CARE UNIT	810	140,130				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	1,234	176,758				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (lines 30 through 199)	12,912	1,543,559				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/24/2022 10:23 am
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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)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,816,226	95,083,428	0.040136	8,426,730	338,215	50.00
51.00	05100	RECOVERY ROOM	137,764	7,806,415	0.017648	750,837	13,251	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	174,405	5,020,336	0.034740	23,355	811	52.00
53.00	05300	ANESTHESIOLOGY	10,366	14,379,917	0.000721	1,708,594	1,232	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	420,638	6,278,229	0.066999	621,034	41,609	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	318,445	13,423,578	0.023723	360,050	8,541	54.01
54.02	05404	ULTRASOUND	112,246	7,095,872	0.015818	543,784	8,602	54.02
54.03	05405	MAMMOGRAPHY	376,226	5,893,842	0.063834	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,313,343	24,549,317	0.053498	144,280	7,719	55.00
57.00	05700	CT SCAN	175,829	42,107,877	0.004176	4,808,437	20,080	57.00
58.00	05800	MRI	53,888	8,044,838	0.006698	707,908	4,742	58.00
59.00	05900	CARDIAC CATHETERIZATION	490,442	34,235,951	0.014325	6,299,462	90,240	59.00
60.00	06000	LABORATORY	1,035,704	76,072,054	0.013615	8,947,237	121,817	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	93,833	7,475,618	0.012552	254,157	3,190	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	38,028	3,268,339	0.011635	733,675	8,536	62.00
65.00	06500	RESPIRATORY THERAPY	431,330	24,794,032	0.017397	6,640,293	115,521	65.00
66.00	06600	PHYSICAL THERAPY	610,156	16,617,206	0.036718	1,422,693	52,238	66.00
67.00	06700	OCCUPATIONAL THERAPY	209,966	5,854,874	0.035862	839,515	30,107	67.00
68.00	06800	SPEECH PATHOLOGY	108,183	2,001,190	0.054059	104,122	5,629	68.00
69.00	06900	ELECTROCARDIOLOGY	348,570	13,500,215	0.025820	2,152,909	55,588	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	229,843	8,217,592	0.027970	98,944	2,767	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	265,778	24,226,165	0.010971	5,220,942	57,279	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	279,845	15,133,520	0.018492	2,655,409	49,104	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,503,640	121,321,418	0.012394	13,430,674	166,460	73.00
74.00	07400	RENAL DIALYSIS	31,651	3,439,642	0.009202	1,442,219	13,271	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	49,861	911,090	0.054727	660	36	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	284,444	7,676,353	0.037055	35,489	1,315	90.00
90.01	09001	DIABETES CENTER	0	0	0.000000	0	0	90.01
90.02	09002	NEUROPSYCH	7,456	218,375	0.034143	0	0	90.02
90.03	09003	WOUND CENTER	242,904	9,221,777	0.026340	29,682	782	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	54,020	1,203,045	0.044903	6,924	311	90.04
90.05	09005	VIMCARE CLINIC	143,181	1,691,602	0.084642	1,266	107	90.05
90.06	09006	MEDICATION MGMT CLINIC	40,330	789,434	0.051087	1,583	81	90.06
91.00	09100	EMERGENCY	1,016,403	82,572,085	0.012309	9,053,531	111,440	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	400,689	14,251,242	0.028116	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	14,825,633	704,376,468		77,466,395	1,330,621	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/24/2022 10:23 am
Title XVIII		Hospital	PPS

Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
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 col. 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	34,250	0.00	10,868	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,972	0.00	810	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	2,831	0.00	1,234	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY	0	0	2,842	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00	
200.00		Total (lines 30 through 199)	0	0	43,895	0.00	12,912	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
32.00	03200	CORONARY CARE UNIT	0						32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/24/2022 10:23 am
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Cost Center Description	Title XVIII			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	817,488	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	54.01
54.02	05404	ULTRA SOUND	0	0	0	0	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	746,344	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	0	0	0	0	90.02
90.03	09003	WOUND CENTER	0	0	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	0	90.04
90.05	09005	VIMCARE CLINIC	0	0	0	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	1,563,832	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/24/2022 10:23 am
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Cost Center Description	Title XVIII		Hospital		Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)		
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	95,083,428	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	7,806,415	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	5,020,336	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	14,379,917	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	817,488	817,488	6,278,229	0.130210	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	13,423,578	0.000000	54.01
54.02 05404 ULTRASOUND	0	0	0	7,095,872	0.000000	54.02
54.03 05405 MAMMOGRAPHY	0	0	0	5,893,842	0.000000	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	24,549,317	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	42,107,877	0.000000	57.00
58.00 05800 MRI	0	0	0	8,044,838	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	34,235,951	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	76,072,054	0.000000	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	0	7,475,618	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	3,268,339	0.000000	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	24,794,032	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	16,617,206	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	5,854,874	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,001,190	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	13,500,215	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	8,217,592	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	24,226,165	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,133,520	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	746,344	746,344	121,321,418	0.006152	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	3,439,642	0.000000	74.00
76.00 03020 ACUPUNCTURE	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	911,090	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	7,676,353	0.000000	90.00
90.01 09001 DIABETES CENTER	0	0	0	0	0.000000	90.01
90.02 09002 NEUROPSYCH	0	0	0	218,375	0.000000	90.02
90.03 09003 WOUND CENTER	0	0	0	9,221,777	0.000000	90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	0	0	0	1,203,045	0.000000	90.04
90.05 09005 VIMCARE CLINIC	0	0	0	1,691,602	0.000000	90.05
90.06 09006 MEDICATION MGMT CLINIC	0	0	0	789,434	0.000000	90.06
91.00 09100 EMERGENCY	0	0	0	82,572,085	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	14,251,242	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	1,563,832	1,563,832	704,376,468		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/24/2022 10:23 am
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Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	8,426,730	0	15,250,038	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	750,837	0	994,414	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	23,355	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,708,594	0	2,124,856	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.130210	621,034	80,865	1,275,645	166,102	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	360,050	0	4,694,697	0	54.01
54.02	05404 ULTRASOUND	0.000000	543,784	0	1,028,659	0	54.02
54.03	05405 MAMMOGRAPHY	0.000000	0	0	463,367	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	144,280	0	7,962,209	0	55.00
57.00	05700 CT SCAN	0.000000	4,808,437	0	6,651,578	0	57.00
58.00	05800 MRI	0.000000	707,908	0	1,640,426	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	6,299,462	0	4,978,693	0	59.00
60.00	06000 LABORATORY	0.000000	8,947,237	0	4,232,339	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.000000	254,157	0	1,427,241	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	733,675	0	284,087	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	6,640,293	0	1,268,844	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,422,693	0	44,259	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	839,515	0	11,336	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	104,122	0	139,573	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,152,909	0	2,411,054	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	98,944	0	1,467,940	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	5,220,942	0	2,097,841	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,655,409	0	2,951,277	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.006152	13,430,674	82,626	29,763,256	183,104	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,442,219	0	0	0	74.00
76.00	03020 ACUPUNCTURE	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	660	0	275,706	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	35,489	0	2,987,942	0	90.00
90.01	09001 DIABETES CENTER	0.000000	0	0	0	0	90.01
90.02	09002 NEUROPSYCH	0.000000	0	0	4,615	0	90.02
90.03	09003 WOUND CENTER	0.000000	29,682	0	3,311,325	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0.000000	6,924	0	282,730	0	90.04
90.05	09005 VIMCARE CLINIC	0.000000	1,266	0	150,627	0	90.05
90.06	09006 MEDICATION MGMT CLINIC	0.000000	1,583	0	390,542	0	90.06
91.00	09100 EMERGENCY	0.000000	9,053,531	0	9,000,301	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	2,691,478	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		77,466,395	163,491	112,258,895	349,206	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/24/2022 10:23 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.325159	15,250,038	0	130	4,958,687	50.00
51.00	05100	RECOVERY ROOM	0.294487	994,414	0	0	292,842	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.547347	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.011202	2,124,856	0	0	23,803	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.732061	1,275,645	0	0	933,850	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.247621	4,694,697	0	0	1,162,506	54.01
54.02	05404	ULTRA SOUND	0.179343	1,028,659	0	0	184,483	54.02
54.03	05405	MAMMOGRAPHY	0.294760	463,367	0	0	136,582	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.227312	7,962,209	0	0	1,809,906	55.00
57.00	05700	CT SCAN	0.060888	6,651,578	0	0	405,001	57.00
58.00	05800	MRI	0.110541	1,640,426	0	0	181,334	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.146266	4,978,693	0	0	728,214	59.00
60.00	06000	LABORATORY	0.240400	4,232,339	0	0	1,017,454	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.251775	1,427,241	0	0	359,344	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.284023	284,087	0	0	80,687	62.00
65.00	06500	RESPIRATORY THERAPY	0.219051	1,268,844	0	0	277,942	65.00
66.00	06600	PHYSICAL THERAPY	0.425492	44,259	0	0	18,832	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.446364	11,336	0	0	5,060	67.00
68.00	06800	SPEECH PATHOLOGY	0.610129	139,573	0	0	85,158	68.00
69.00	06900	ELECTROCARDIOLOGY	0.148713	2,411,054	0	0	358,555	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.239103	1,467,940	0	0	350,989	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.357992	2,097,841	0	0	751,010	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.603416	2,951,277	0	0	1,780,848	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.335821	29,763,256	0	58,965	9,995,126	73.00
74.00	07400	RENAL DIALYSIS	0.298887	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.623902	275,706	0	0	172,014	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.506223	2,987,942	0	0	1,512,565	90.00
90.01	09001	DIABETES CENTER	0.000000	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	0.836822	4,615	0	0	3,862	90.02
90.03	09003	WOUND CENTER	0.260040	3,311,325	0	0	861,077	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.317867	282,730	0	0	89,871	90.04
90.05	09005	VIMCARE CLINIC	0.945315	150,627	0	0	142,390	90.05
90.06	09006	MEDICATION MGMT CLINIC	0.636162	390,542	0	0	248,448	90.06
91.00	09100	EMERGENCY	0.202978	9,000,301	0	0	1,826,863	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.385733	2,691,478	0	0	1,038,192	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.544358		0			95.00
200.00		Subtotal (see instructions)		112,258,895	0	59,095	31,793,495	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		112,258,895	0	59,095	31,793,495	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/24/2022 10:23 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	42	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	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	54.01
54.02	05404	ULTRA SOUND	0	0	54.02
54.03	05405	MAMMOGRAPHY	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,802	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	90.01
90.02	09002	NEUROPSYCH	0	0	90.02
90.03	09003	WOUND CENTER	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	90.04
90.05	09005	VIMCARE CLINIC	0	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	0	90.06
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0		95.00
200.00		Subtotal (see instructions)	0	19,844	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	19,844	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0112 Component CCN: 15-T112		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 5/24/2022 10:23 am		
Title XVIII				Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,816,226	95,083,428	0.040136	53,452	2,145	50.00
51.00	05100	RECOVERY ROOM	137,764	7,806,415	0.017648	5,861	103	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	174,405	5,020,336	0.034740	0	0	52.00
53.00	05300	ANESTHESIOLOGY	10,366	14,379,917	0.000721	12,420	9	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	420,638	6,278,229	0.066999	10,708	717	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	318,445	13,423,578	0.023723	0	0	54.01
54.02	05404	ULTRASOUND	112,246	7,095,872	0.015818	16,189	256	54.02
54.03	05405	MAMMOGRAPHY	376,226	5,893,842	0.063834	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,313,343	24,549,317	0.053498	0	0	55.00
57.00	05700	CT SCAN	175,829	42,107,877	0.004176	30,485	127	57.00
58.00	05800	MRI	53,888	8,044,838	0.006698	6,937	46	58.00
59.00	05900	CARDIAC CATHETERIZATION	490,442	34,235,951	0.014325	8,612	123	59.00
60.00	06000	LABORATORY	1,035,704	76,072,054	0.013615	219,593	2,990	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	93,833	7,475,618	0.012552	5,351	67	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	38,028	3,268,339	0.011635	18,027	210	62.00
65.00	06500	RESPIRATORY THERAPY	431,330	24,794,032	0.017397	246,476	4,288	65.00
66.00	06600	PHYSICAL THERAPY	610,156	16,617,206	0.036718	638,614	23,449	66.00
67.00	06700	OCCUPATIONAL THERAPY	209,966	5,854,874	0.035862	573,022	20,550	67.00
68.00	06800	SPEECH PATHOLOGY	108,183	2,001,190	0.054059	208,928	11,294	68.00
69.00	06900	ELECTROCARDIOLOGY	348,570	13,500,215	0.025820	7,822	202	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	229,843	8,217,592	0.027970	1,594	45	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	265,778	24,226,165	0.010971	81,611	895	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	279,845	15,133,520	0.018492	42,348	783	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,503,640	121,321,418	0.012394	378,968	4,697	73.00
74.00	07400	RENAL DIALYSIS	31,651	3,439,642	0.009202	64,422	593	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	49,861	911,090	0.054727	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	284,444	7,676,353	0.037055	168	6	90.00
90.01	09001	DIABETES CENTER	0	0	0.000000	0	0	90.01
90.02	09002	NEUROPSYCH	7,456	218,375	0.034143	0	0	90.02
90.03	09003	WOUND CENTER	242,904	9,221,777	0.026340	27,863	734	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	54,020	1,203,045	0.044903	0	0	90.04
90.05	09005	VIMCARE CLINIC	143,181	1,691,602	0.084642	0	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	40,330	789,434	0.051087	0	0	90.06
91.00	09100	EMERGENCY	1,016,403	82,572,085	0.012309	13,437	165	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	14,251,242	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	14,424,944	704,376,468		2,672,908	74,494	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/24/2022 10:23 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	817,488	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404 ULTRASOUND	0	0	0	0	0	54.02
54.03	05405 MAMMOGRAPHY	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	746,344	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETES CENTER	0	0	0	0	0	90.01
90.02	09002 NEUROPSYCH	0	0	0	0	0	90.02
90.03	09003 WOUND CENTER	0	0	0	0	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	90.04
90.05	09005 VIMCARE CLINIC	0	0	0	0	0	90.05
90.06	09006 MEDICATION MGMT CLINIC	0	0	0	0	0	90.06
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	1,563,832	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/24/2022 10:23 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	95,083,428	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	7,806,415	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	5,020,336	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	14,379,917	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	817,488	817,488	6,278,229	0.130210	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	13,423,578	0.000000	54.01
54.02 05404 ULTRA SOUND	0	0	0	7,095,872	0.000000	54.02
54.03 05405 MAMMOGRAPHY	0	0	0	5,893,842	0.000000	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	24,549,317	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	42,107,877	0.000000	57.00
58.00 05800 MRI	0	0	0	8,044,838	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	34,235,951	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	76,072,054	0.000000	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	0	7,475,618	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	3,268,339	0.000000	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	24,794,032	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	16,617,206	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	5,854,874	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,001,190	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	13,500,215	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	8,217,592	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	24,226,165	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,133,520	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	746,344	746,344	121,321,418	0.006152	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	3,439,642	0.000000	74.00
76.00 03020 ACUPUNCTURE	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	911,090	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	7,676,353	0.000000	90.00
90.01 09001 DIABETES CENTER	0	0	0	0	0.000000	90.01
90.02 09002 NEUROPSYCH	0	0	0	218,375	0.000000	90.02
90.03 09003 WOUND CENTER	0	0	0	9,221,777	0.000000	90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	0	0	0	1,203,045	0.000000	90.04
90.05 09005 VIMCARE CLINIC	0	0	0	1,691,602	0.000000	90.05
90.06 09006 MEDICATION MGMT CLINIC	0	0	0	789,434	0.000000	90.06
91.00 09100 EMERGENCY	0	0	0	82,572,085	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	14,251,242	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	1,563,832	1,563,832	704,376,468		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0112 Component CCN: 15-T112		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/24/2022 10:23 am	
Title XVIII				Subprovider - IRF		PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	53,452	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	5,861	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	12,420	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.130210	10,708	1,394	0	0	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	0	0	0	0	54.01
54.02	05404 ULTRASOUND	0.000000	16,189	0	0	0	54.02
54.03	05405 MAMMOGRAPHY	0.000000	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	30,485	0	0	0	57.00
58.00	05800 MRI	0.000000	6,937	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	8,612	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	219,593	0	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.000000	5,351	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	18,027	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	246,476	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	638,614	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	573,022	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	208,928	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	7,822	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	1,594	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	81,611	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	42,348	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.006152	378,968	2,331	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	64,422	0	0	0	74.00
76.00	03020 ACUPUNCTURE	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	168	0	0	0	90.00
90.01	09001 DIABETES CENTER	0.000000	0	0	0	0	90.01
90.02	09002 NEUROPSYCH	0.000000	0	0	0	0	90.02
90.03	09003 WOUND CENTER	0.000000	27,863	0	0	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	90.04
90.05	09005 VIMCARE CLINIC	0.000000	0	0	0	0	90.05
90.06	09006 MEDICATION MGMT CLINIC	0.000000	0	0	0	0	90.06
91.00	09100 EMERGENCY	0.000000	13,437	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		2,672,908	3,725	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 5/24/2022 10:23 am
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Cost Center Description	Title XIX			Hospital	PPS
	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	3,865,808	0	3,865,808	34,250	112.87	30.00
31.00	INTENSIVE CARE UNIT	687,145		687,145	3,972	173.00	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	405,526	0	405,526	2,831	143.24	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	111,864		111,864	2,842	39.36	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	5,070,343		5,070,343	43,895		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	936	105,646				30.00
31.00	INTENSIVE CARE UNIT	115	19,895				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	26	3,724				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	246	9,683				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (lines 30 through 199)	1,323	138,948				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0112		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 5/24/2022 10:23 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,816,226	95,083,428	0.040136	3,171,221	127,280	50.00
51.00	05100 RECOVERY ROOM	137,764	7,806,415	0.017648	269,110	4,749	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	174,405	5,020,336	0.034740	1,819,602	63,213	52.00
53.00	05300 ANESTHESIOLOGY	10,366	14,379,917	0.000721	647,419	467	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	420,638	6,278,229	0.066999	173,576	11,629	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	318,445	13,423,578	0.023723	87,399	2,073	54.01
54.02	05404 ULTRASOUND	112,246	7,095,872	0.015818	214,395	3,391	54.02
54.03	05405 MAMMOGRAPHY	376,226	5,893,842	0.063834	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	1,313,343	24,549,317	0.053498	1,390	74	55.00
57.00	05700 CT SCAN	175,829	42,107,877	0.004176	1,814,606	7,578	57.00
58.00	05800 MRI	53,888	8,044,838	0.006698	325,341	2,179	58.00
59.00	05900 CARDIAC CATHETERIZATION	490,442	34,235,951	0.014325	1,694,640	24,276	59.00
60.00	06000 LABORATORY	1,035,704	76,072,054	0.013615	4,423,797	60,230	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	93,833	7,475,618	0.012552	125,337	1,573	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	38,028	3,268,339	0.011635	321,177	3,737	62.00
65.00	06500 RESPIRATORY THERAPY	431,330	24,794,032	0.017397	2,749,533	47,834	65.00
66.00	06600 PHYSICAL THERAPY	610,156	16,617,206	0.036718	355,545	13,055	66.00
67.00	06700 OCCUPATIONAL THERAPY	209,966	5,854,874	0.035862	261,467	9,377	67.00
68.00	06800 SPEECH PATHOLOGY	108,183	2,001,190	0.054059	37,317	2,017	68.00
69.00	06900 ELECTROCARDIOLOGY	348,570	13,500,215	0.025820	696,421	17,982	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	229,843	8,217,592	0.027970	45,022	1,259	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	265,778	24,226,165	0.010971	1,474,750	16,179	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	279,845	15,133,520	0.018492	300,508	5,557	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,503,640	121,321,418	0.012394	6,217,427	77,059	73.00
74.00	07400 RENAL DIALYSIS	31,651	3,439,642	0.009202	1,043,878	9,606	74.00
76.00	03020 ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	49,861	911,090	0.054727	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	284,444	7,676,353	0.037055	108	4	90.00
90.01	09001 DIABETES CENTER	0	0	0.000000	0	0	90.01
90.02	09002 NEUROPSYCH	7,456	218,375	0.034143	0	0	90.02
90.03	09003 WOUND CENTER	242,904	9,221,777	0.026340	1,520	40	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	54,020	1,203,045	0.044903	0	0	90.04
90.05	09005 VIMCARE CLINIC	143,181	1,691,602	0.084642	3,228	273	90.05
90.06	09006 MEDICATION MGMT CLINIC	40,330	789,434	0.051087	0	0	90.06
91.00	09100 EMERGENCY	1,016,403	82,572,085	0.012309	4,286,911	52,768	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	400,689	14,251,242	0.028116	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	14,825,633	704,376,468		32,562,645	565,459	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/24/2022 10:23 am
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
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	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
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 col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	34,250	0.00	936	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,972	0.00	115	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	2,831	0.00	26	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY	0	0	2,842	0.00	246	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00	
200.00		Total (lines 30 through 199)	0	0	43,895	0.00	1,323	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS			9.00						
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/24/2022 10:23 am
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Cost Center Description	Title XIX						Total
	Non Physician Anesthetist Cost		Nursing Program Post-Stepdown Adjustments		Hospital		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	817,488	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	54.01
54.02	05404	ULTRA SOUND	0	0	0	0	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	746,344	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	0	0	0	0	90.02
90.03	09003	WOUND CENTER	0	0	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	0	90.04
90.05	09005	VIMCARE CLINIC	0	0	0	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	1,563,832	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/24/2022 10:23 am
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Cost Center Description	Title XIX			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	95,083,428	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	7,806,415	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	5,020,336	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	14,379,917	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	817,488	817,488	6,278,229	0.130210	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	13,423,578	0.000000	54.01
54.02 05404 ULTRASOUND	0	0	0	7,095,872	0.000000	54.02
54.03 05405 MAMMOGRAPHY	0	0	0	5,893,842	0.000000	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	24,549,317	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	42,107,877	0.000000	57.00
58.00 05800 MRI	0	0	0	8,044,838	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	34,235,951	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	76,072,054	0.000000	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	0	7,475,618	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	3,268,339	0.000000	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	24,794,032	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	16,617,206	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	5,854,874	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,001,190	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	13,500,215	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	8,217,592	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	24,226,165	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,133,520	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	746,344	746,344	121,321,418	0.006152	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	3,439,642	0.000000	74.00
76.00 03020 ACUPUNCTURE	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	911,090	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	7,676,353	0.000000	90.00
90.01 09001 DIABETES CENTER	0	0	0	0	0.000000	90.01
90.02 09002 NEUROPSYCH	0	0	0	218,375	0.000000	90.02
90.03 09003 WOUND CENTER	0	0	0	9,221,777	0.000000	90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	0	0	0	1,203,045	0.000000	90.04
90.05 09005 VIMCARE CLINIC	0	0	0	1,691,602	0.000000	90.05
90.06 09006 MEDICATION MGMT CLINIC	0	0	0	789,434	0.000000	90.06
91.00 09100 EMERGENCY	0	0	0	82,572,085	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	14,251,242	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	1,563,832	1,563,832	704,376,468		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/24/2022 10:23 am
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Cost Center Description		Title XIX					
		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	3,171,221	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	269,110	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	1,819,602	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	647,419	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.130210	173,576	22,601	0	0	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	87,399	0	0	0	54.01
54.02	05404 ULTRASOUND	0.000000	214,395	0	0	0	54.02
54.03	05405 MAMMOGRAPHY	0.000000	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	1,390	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	1,814,606	0	0	0	57.00
58.00	05800 MRI	0.000000	325,341	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	1,694,640	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	4,423,797	0	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.000000	125,337	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	321,177	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	2,749,533	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	355,545	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	261,467	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	37,317	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	696,421	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	45,022	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,474,750	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	300,508	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.006152	6,217,427	38,250	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,043,878	0	0	0	74.00
76.00	03020 ACUPUNCTURE	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	108	0	0	0	90.00
90.01	09001 DIABETES CENTER	0.000000	0	0	0	0	90.01
90.02	09002 NEUROPSYCH	0.000000	0	0	0	0	90.02
90.03	09003 WOUND CENTER	0.000000	1,520	0	0	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	90.04
90.05	09005 VIMCARE CLINIC	0.000000	3,228	0	0	0	90.05
90.06	09006 MEDICATION MGMT CLINIC	0.000000	0	0	0	0	90.06
91.00	09100 EMERGENCY	0.000000	4,286,911	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		32,562,645	60,851	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/24/2022 10:23 am
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.325159	0	9,970,255	0	0 50.00
51.00 05100 RECOVERY ROOM	0.294487	0	1,016,755	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.547347	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.011202	0	1,637,327	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.732061	0	996,536	0	0 54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.247621	0	1,240,482	0	0 54.01
54.02 05404 ULTRA SOUND	0.179343	0	1,304,200	0	0 54.02
54.03 05405 MAMMOGRAPHY	0.294760	0	505,637	0	0 54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0.227312	0	2,694,844	0	0 55.00
57.00 05700 CT SCAN	0.060888	0	6,666,611	0	0 57.00
58.00 05800 MRI	0.110541	0	1,006,826	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.146266	0	1,879,801	0	0 59.00
60.00 06000 LABORATORY	0.240400	0	10,227,750	0	0 60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0.251775	0	891,768	0	0 60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.284023	0	181,463	0	0 62.00
65.00 06500 RESPIRATORY THERAPY	0.219051	0	849,250	0	0 65.00
66.00 06600 PHYSICAL THERAPY	0.425492	0	1,755,136	0	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.446364	0	24,019	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.610129	0	473,110	0	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.148713	0	1,003,030	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.239103	0	1,672,481	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.357992	0	1,244,059	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.603416	0	832,841	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.335821	0	8,382,775	0	0 73.00
74.00 07400 RENAL DIALYSIS	0.298887	0	0	0	0 74.00
76.00 03020 ACUPUNCTURE	0.000000	0	0	0	0 76.00
76.97 07697 CARDIAC REHABILITATION	0.623902	0	18,762	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC					88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00 09000 CLINIC	0.506223	0	852,124	0	0 90.00
90.01 09001 DIABETES CENTER	0.000000	0	0	0	0 90.01
90.02 09002 NEUROPSYCH	0.836822	0	92,673	0	0 90.02
90.03 09003 WOUND CENTER	0.260040	0	1,514,030	0	0 90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	0.317867	0	117,708	0	0 90.04
90.05 09005 VIMCARE CLINIC	0.945315	0	1,023,229	0	0 90.05
90.06 09006 MEDICATION MGMT CLINIC	0.636162	0	32,775	0	0 90.06
91.00 09100 EMERGENCY	0.202978	0	19,758,242	0	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.385733	0	3,485,924	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.544358	0	2,916,414		95.00
200.00	Subtotal (see instructions)	0	86,268,837	0	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0 201.00
202.00	Net Charges (line 200 - line 201)	0	86,268,837	0	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/24/2022 10:23 am
		Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	3,241,918	0		50.00
51.00 05100 RECOVERY ROOM	299,421	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	18,341	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	729,525	0		54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	307,169	0		54.01
54.02 05404 ULTRA SOUND	233,899	0		54.02
54.03 05405 MAMMOGRAPHY	149,042	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	612,570	0		55.00
57.00 05700 CT SCAN	405,917	0		57.00
58.00 05800 MRI	111,296	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	274,951	0		59.00
60.00 06000 LABORATORY	2,458,751	0		60.00
60.01 06001 LABORATORY-PATHOLOGICAL	224,525	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	51,540	0		62.00
65.00 06500 RESPIRATORY THERAPY	186,029	0		65.00
66.00 06600 PHYSICAL THERAPY	746,796	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	10,721	0		67.00
68.00 06800 SPEECH PATHOLOGY	288,658	0		68.00
69.00 06900 ELECTROCARDIOLOGY	149,164	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	399,895	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	445,363	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	502,550	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,815,112	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 ACUPUNCTURE	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	11,706	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	431,365	0		90.00
90.01 09001 DIABETES CENTER	0	0		90.01
90.02 09002 NEUROPSYCH	77,551	0		90.02
90.03 09003 WOUND CENTER	393,708	0		90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	37,415	0		90.04
90.05 09005 VIMCARE CLINIC	967,274	0		90.05
90.06 09006 MEDICATION MGMT CLINIC	20,850	0		90.06
91.00 09100 EMERGENCY	4,010,488	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	1,344,636	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	1,587,573			95.00
200.00	Subtotal (see instructions)	23,545,719	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	23,545,719	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2022 10:23 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		34,250	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		34,250	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)		30,700	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		10,868	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		53,036,154	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		53,036,154	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)		53,036,154	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)		1,548.50	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,829,098	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)		16,829,098	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/24/2022 10:23 am	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	11,732,076	3,972	2,953.69	810	2,392,489	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					20,516,414	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					39,738,001	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,366,801	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,494,112	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,860,913	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					36,877,088	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)					3,550	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,548.50	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					5,497,175	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/24/2022 10:23 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,865,808	53,036,154	0.072890	5,497,175	400,689	90.00
91.00	Nursing Program cost	0	53,036,154	0.000000	5,497,175	0	91.00
92.00	Allied health cost	0	53,036,154	0.000000	5,497,175	0	92.00
93.00	All other Medical Education	0	53,036,154	0.000000	5,497,175	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/24/2022 10:23 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,831	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,831	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,831	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,234	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,416,826	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,416,826	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)		4,416,826	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)		1,560.16	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,925,237	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,925,237	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
				Component CCN: 15-T112		Date/Time Prepared: 5/24/2022 10:23 am	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00	
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					1,015,988	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,941,225	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)					176,758	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					78,219	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					254,977	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					2,686,248	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
56.00 Target amount (line 54 x line 55)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112 Component CCN: 15-T112		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/24/2022 10:23 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	405,526	4,416,826	0.091814	0	0	90.00
91.00	Nursing Program cost	0	4,416,826	0.000000	0	0	91.00
92.00	Allied health cost	0	4,416,826	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,416,826	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/24/2022 10:23 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		34,250	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		34,250	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)		30,700	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		936	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)		2,842	15.00
16.00	Nursery days (title V or XIX only)		246	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		53,036,154	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		53,036,154	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)		53,036,154	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)		1,548.50	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,449,396	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,449,396	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/24/2022 10:23 am	
Title XIX			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	2,457,239	2,842	864.62	246	212,697	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	11,732,076	3,972	2,953.69	115	339,674	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					8,875,695	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,877,462	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)					135,224	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					626,310	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					761,534	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					10,115,928	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)					3,550	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,548.50	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					5,497,175	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/24/2022 10:23 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,865,808	53,036,154	0.072890	5,497,175	400,689	90.00
91.00	Nursing Program cost	0	53,036,154	0.000000	5,497,175	0	91.00
92.00	Allied health cost	0	53,036,154	0.000000	5,497,175	0	92.00
93.00	All other Medical Education	0	53,036,154	0.000000	5,497,175	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/24/2022 10:23 am
		Title XIX	Subprovider - IRF	
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)		2,831	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,831	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,831	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		100	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)		26	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)		2,842	15.00
16.00	Nursery days (title V or XIX only)		246	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,416,826	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,416,826	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)		4,416,826	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)		1,560.16	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		40,564	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)		40,564	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112 Component CCN: 15-T112		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/24/2022 10:23 am	
		Title XIX		Subprovider - IRF			
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					276,886	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					317,450	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)					3,724	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)					3,724	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					313,726	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0112 Component CCN: 15-T112		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/24/2022 10:23 am	
		Title XIX		Subprovider - IRF			
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	0	0	0.000000	0	0	90.00
91.00	Nursing Program cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3	
		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		22,509,240	30.00
31.00	03100	INTENSIVE CARE UNIT		5,111,574	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.325159	8,426,730	2,740,027 50.00
51.00	05100	RECOVERY ROOM	0.294487	750,837	221,112 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.547347	23,355	12,783 52.00
53.00	05300	ANESTHESIOLOGY	0.011493	1,708,594	19,637 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.732946	621,034	455,184 54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.247621	360,050	89,156 54.01
54.02	05404	ULTRA SOUND	0.179343	543,784	97,524 54.02
54.03	05405	MAMMOGRAPHY	0.296509	0	0 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.227579	144,280	32,835 55.00
57.00	05700	CT SCAN	0.060888	4,808,437	292,776 57.00
58.00	05800	MRI	0.110541	707,908	78,253 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.146616	6,299,462	923,602 59.00
60.00	06000	LABORATORY	0.240400	8,947,237	2,150,916 60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.256762	254,157	65,258 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.284023	733,675	208,381 62.00
65.00	06500	RESPIRATORY THERAPY	0.219710	6,640,293	1,458,939 65.00
66.00	06600	PHYSICAL THERAPY	0.426624	1,422,693	606,955 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.446364	839,515	374,729 67.00
68.00	06800	SPEECH PATHOLOGY	0.610129	104,122	63,528 68.00
69.00	06900	ELECTROCARDIOLOGY	0.148713	2,152,909	320,166 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.239103	98,944	23,658 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.357992	5,220,942	1,869,055 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.603416	2,655,409	1,602,316 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.335821	13,430,674	4,510,302 73.00
74.00	07400	RENAL DIALYSIS	0.298887	1,442,219	431,061 74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.623902	660	412 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.506223	35,489	17,965 90.00
90.01	09001	DIABETES CENTER	0.000000	0	0 90.01
90.02	09002	NEUROPSYCH	0.836822	0	0 90.02
90.03	09003	WOUND CENTER	0.262816	29,682	7,801 90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.319271	6,924	2,211 90.04
90.05	09005	VIMCARE CLINIC	0.945315	1,266	1,197 90.05
90.06	09006	MEDICATION MGMT CLINIC	0.636162	1,583	1,007 90.06
91.00	09100	EMERGENCY	0.202978	9,053,531	1,837,668 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.385733	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		77,466,395	20,516,414 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		77,466,395	20,516,414 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/24/2022 10:23 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF		2,616,412	41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.325159	53,452	50.00
51.00	05100	RECOVERY ROOM	0.294487	5,861	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.547347	0	52.00
53.00	05300	ANESTHESIOLOGY	0.011493	12,420	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.732946	10,708	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.247621	0	54.01
54.02	05404	ULTRA SOUND	0.179343	16,189	54.02
54.03	05405	MAMMOGRAPHY	0.296509	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.227579	0	55.00
57.00	05700	CT SCAN	0.060888	30,485	57.00
58.00	05800	MRI	0.110541	6,937	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.146616	8,612	59.00
60.00	06000	LABORATORY	0.240400	219,593	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.256762	5,351	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.284023	18,027	62.00
65.00	06500	RESPIRATORY THERAPY	0.219710	246,476	65.00
66.00	06600	PHYSICAL THERAPY	0.426624	638,614	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.446364	573,022	67.00
68.00	06800	SPEECH PATHOLOGY	0.610129	208,928	68.00
69.00	06900	ELECTROCARDIOLOGY	0.148713	7,822	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.239103	1,594	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.357992	81,611	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.603416	42,348	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.335821	378,968	73.00
74.00	07400	RENAL DIALYSIS	0.298887	64,422	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.623902	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.506223	168	90.00
90.01	09001	DIABETES CENTER	0.000000	0	90.01
90.02	09002	NEUROPSYCH	0.836822	0	90.02
90.03	09003	WOUND CENTER	0.262816	27,863	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.319271	0	90.04
90.05	09005	VIMCARE CLINIC	0.945315	0	90.05
90.06	09006	MEDICATION MGMT CLINIC	0.636162	0	90.06
91.00	09100	EMERGENCY	0.202978	13,437	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.385733	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,672,908	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)		2,672,908	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/24/2022 10:23 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		16,204,609	30.00
31.00	03100	INTENSIVE CARE UNIT		2,595,777	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		65,054	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		1,587,146	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.325159	3,171,221	1,031,151 50.00
51.00	05100	RECOVERY ROOM	0.294487	269,110	79,249 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.547347	1,819,602	995,954 52.00
53.00	05300	ANESTHESIOLOGY	0.011493	647,419	7,441 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.732946	173,576	127,222 54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.247621	87,399	21,642 54.01
54.02	05404	ULTRA SOUND	0.179343	214,395	38,450 54.02
54.03	05405	MAMMOGRAPHY	0.296509	0	0 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.227579	1,390	316 55.00
57.00	05700	CT SCAN	0.060888	1,814,606	110,488 57.00
58.00	05800	MRI	0.110541	325,341	35,964 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.146616	1,694,640	248,461 59.00
60.00	06000	LABORATORY	0.240400	4,423,797	1,063,481 60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.256762	125,337	32,182 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.284023	321,177	91,222 62.00
65.00	06500	RESPIRATORY THERAPY	0.219710	2,749,533	604,100 65.00
66.00	06600	PHYSICAL THERAPY	0.426624	355,545	151,684 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.446364	261,467	116,709 67.00
68.00	06800	SPEECH PATHOLOGY	0.610129	37,317	22,768 68.00
69.00	06900	ELECTROCARDIOLOGY	0.148713	696,421	103,567 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.239103	45,022	10,765 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.357992	1,474,750	527,949 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.603416	300,508	181,331 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.335821	6,217,427	2,087,943 73.00
74.00	07400	RENAL DIALYSIS	0.298887	1,043,878	312,002 74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.623902	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.506223	108	55 90.00
90.01	09001	DIABETES CENTER	0.000000	0	0 90.01
90.02	09002	NEUROPSYCH	0.836822	0	0 90.02
90.03	09003	WOUND CENTER	0.262816	1,520	399 90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.319271	0	0 90.04
90.05	09005	VIMCARE CLINIC	0.945315	3,228	3,051 90.05
90.06	09006	MEDICATION MGMT CLINIC	0.636162	0	0 90.06
91.00	09100	EMERGENCY	0.202978	4,286,911	870,149 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.385733	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		32,562,645	8,875,695 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		32,562,645	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/24/2022 10:23 am	
		Title XIX	Subprovider - IRF		
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF		641,101	41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.325159	16,360	5,320 50.00
51.00	05100	RECOVERY ROOM	0.294487	1,356	399 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.547347	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.011493	3,812	44 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.732946	3,767	2,761 54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.247621	0	0 54.01
54.02	05404	ULTRA SOUND	0.179343	5,205	933 54.02
54.03	05405	MAMMOGRAPHY	0.296509	0	0 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.227579	291	66 55.00
57.00	05700	CT SCAN	0.060888	15,661	954 57.00
58.00	05800	MRI	0.110541	7,119	787 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.146616	1,320	194 59.00
60.00	06000	LABORATORY	0.240400	76,388	18,364 60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.256762	1,317	338 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.284023	4,231	1,202 62.00
65.00	06500	RESPIRATORY THERAPY	0.219710	44,755	9,833 65.00
66.00	06600	PHYSICAL THERAPY	0.426624	153,537	65,503 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.446364	134,878	60,205 67.00
68.00	06800	SPEECH PATHOLOGY	0.610129	67,237	41,023 68.00
69.00	06900	ELECTROCARDIOLOGY	0.148713	6,152	915 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.239103	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.357992	36,645	13,119 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.603416	548	331 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.335821	146,006	49,032 73.00
74.00	07400	RENAL DIALYSIS	0.298887	11,930	3,566 74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.623902	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.506223	222	112 90.00
90.01	09001	DIABETES CENTER	0.000000	0	0 90.01
90.02	09002	NEUROPSYCH	0.836822	1,168	977 90.02
90.03	09003	WOUND CENTER	0.262816	0	0 90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.319271	0	0 90.04
90.05	09005	VIMCARE CLINIC	0.945315	0	0 90.05
90.06	09006	MEDICATION MGMT CLINIC	0.636162	0	0 90.06
91.00	09100	EMERGENCY	0.202978	4,471	908 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.385733	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		744,376	276,886 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		744,376	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/24/2022 10:23 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		11,163,309	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		20,450,325	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)		237,838	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		320,472	2.04
3.00	Managed Care Simulated Payments		17,617,352	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		237.27	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)		4.92	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.38	31.00
32.00	Sum of lines 30 and 31		29.30	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.39	33.00
34.00	Disproportionate share adjustment (see instructions)		1,058,267	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/24/2022 10:23 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,290,014,521	7,192,008,710	35.00
35.01	Factor 3 (see instructions)	0.000246480	0.000453540	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,043,392	3,261,880	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,528,345	822,173	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,350,518		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)	35,580,729		46.00
47.00	Subtotal (see instructions)			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)		35,580,729	49.00
50.00	Payment for inpatient program capital (From Wkst. L, Pt. I and Pt. II, as applicable)		2,655,537	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		126,503	53.00
54.00	Special add-on payments for new technologies		9,001	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		163,491	58.00
59.00	Total (sum of amounts on lines 49 through 58)		38,535,261	59.00
60.00	Primary payer payments		7,365	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		38,527,896	61.00
62.00	Deductibles billed to program beneficiaries		3,103,124	62.00
63.00	Coinurance billed to program beneficiaries		27,559	63.00
64.00	Allowable bad debts (see instructions)		372,740	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		242,281	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		124,154	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		35,639,494	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		62,520	70.93
70.94	HRR adjustment amount (see instructions)		-16,505	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/24/2022 10:23 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			283,123	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			35,402,386	71.00
71.01	Sequestration adjustment (see instructions)			0	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			0	71.03
72.00	Interim payments			34,808,755	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)			593,631	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			1,885,124	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)				90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/24/2022 10:23 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		19,844	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		31,444,289	2.00
3.00	OPPS payments		27,639,185	3.00
4.00	Outlier payment (see instructions)		126,670	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		349,206	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		19,844	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		59,095	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)		59,095	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		59,095	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		39,251	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)		19,844	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)		28,115,061	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)		5,185,081	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)		22,949,824	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)		22,949,824	30.00
31.00	Primary payer payments		3,218	31.00
32.00	Subtotal (line 30 minus line 31)		22,946,606	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)		452,520	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		294,138	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		224,544	36.00
37.00	Subtotal (see instructions)		23,240,744	37.00
38.00	MSP-LCC reconciliation amount from PS&R		75	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		23,240,669	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		23,389,490	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-148,821	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		43,708	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: 15-0112

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2022 10:23 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		34,808,755		23,389,490	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)		34,808,755		23,389,490	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		593,631		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		148,821	6.02	
7.00	Total Medicare program liability (see instructions)		35,402,386		23,240,669	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: 15-0112
Component CCN: 15-T112

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2022 10:23 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,605,951		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)		2,605,951		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		50,800		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,656,751		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: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/24/2022 10:23 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112 Component CCN: 15-T112	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part III Date/Time Prepared: 5/24/2022 10:23 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,127,678 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0492 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			100,852 3.00
4.00	Outlier Payments			432,096 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			7.756164 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,660,626 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,660,626 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,660,626 19.00
20.00	Deductibles			4,452 20.00
21.00	Subtotal (line 19 minus line 20)			2,656,174 21.00
22.00	Coinurance			3,710 22.00
23.00	Subtotal (line 21 minus line 22)			2,652,464 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			865 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			562 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,653,026 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			3,725 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,656,751 32.00
32.01	Sequestration adjustment (see instructions)			0 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,605,951 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			50,800 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			432,096 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2022 10:23 am	
		Title XIX	Hospital	PPS	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			23,545,719	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	23,545,719	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	23,545,719	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		32,562,645	86,268,837	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		32,562,645	86,268,837	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		32,562,645	86,268,837	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		32,562,645	62,723,118	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	23,545,719	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		60,851	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		60,851	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		60,851	23,545,719	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		60,851	23,545,719	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		60,851	23,545,719	36.00
37.00	TO ZERO OUT MEDICAID		-60,851	-23,545,719	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 15-0112

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

Worksheet G

Date/Time Prepared:
5/24/2022 10:23 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	68,213,477	0	0	0	1.00
2.00	Temporary investments	205,344	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	79,909,019	0	0	0	4.00
5.00	Other receivable	1,575,476	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-33,357,316	0	0	0	6.00
7.00	Inventory	5,580,683	0	0	0	7.00
8.00	Prepaid expenses	6,592,615	0	0	0	8.00
9.00	Other current assets	2,293,443	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	131,012,741	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,872,375	0	0	0	12.00
13.00	Land improvements	21,020,698	0	0	0	13.00
14.00	Accumulated depreciation	-13,329,255	0	0	0	14.00
15.00	Buildings	210,976,511	0	0	0	15.00
16.00	Accumulated depreciation	-153,471,888	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	9,618,376	0	0	0	19.00
20.00	Accumulated depreciation	-8,412,004	0	0	0	20.00
21.00	Automobiles and trucks	2,215,000	0	0	0	21.00
22.00	Accumulated depreciation	-1,835,026	0	0	0	22.00
23.00	Major movable equipment	174,905,432	0	0	0	23.00
24.00	Accumulated depreciation	-122,593,666	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	120,966,553	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	198,901,991	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	11,014,043	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	209,916,034	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	461,895,328	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	16,784,391	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,715,123	0	0	0	38.00
39.00	Payroll taxes payable	3,195,771	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,220,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	20,772,097	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	11,229,375	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	66,916,757	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	34,265,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	71,832	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	34,336,832	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	101,253,589	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	360,641,739				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)	360,641,739	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	461,895,328	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0112

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

Worksheet G-1

Date/Time Prepared:
5/24/2022 10:23 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		329,894,705			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		58,535,735				2.00
3.00	Total (sum of line 1 and line 2)		388,430,440			0	3.00
4.00	NURSING HOME CONTRIBUTIONS	7,908,707			0		4.00
5.00		0			0		5.00
6.00		0			0		6.00
7.00		0			0		7.00
8.00		0			0		8.00
9.00		0			0		9.00
10.00	Total additions (sum of line 4-9)		7,908,707			0	10.00
11.00	Subtotal (line 3 plus line 10)		396,339,147			0	11.00
12.00	EQUITY TRANSFERS WHOLLY OWNED SUBS	35,697,412			0		12.00
13.00		0			0		13.00
14.00		0			0		14.00
15.00		0			0		15.00
16.00		0			0		16.00
17.00		0			0		17.00
18.00	Total deductions (sum of lines 12-17)		35,697,412			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		360,641,735			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	NURSING HOME CONTRIBUTIONS		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	EQUITY TRANSFERS WHOLLY OWNED SUBS		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: 15-0112

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2022 10:23 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	78,701,935		78,701,935	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	5,996,567		5,996,567	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	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)	84,698,502		84,698,502	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	18,558,097		18,558,097	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	18,558,097		18,558,097	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	103,256,599		103,256,599	17.00
18.00	Ancillary services	194,058,319	421,127,761	615,186,080	18.00
19.00	Outpatient services	23,657,649	58,992,062	82,649,711	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES	7,453	12,868,561	12,876,014	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	LEVEL II NURSERY	2,607,147	0	2,607,147	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	323,587,167	492,988,384	816,575,551	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		312,934,998		29.00
30.00	PROVISION FOR BAD DEBT	5,274,420			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)		5,274,420		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)		318,209,418		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0112

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

Worksheet G-3

Date/Time Prepared:
5/24/2022 10:23 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	816,575,551	1.00
2.00	Less contractual allowances and discounts on patients' accounts	469,261,254	2.00
3.00	Net patient revenues (line 1 minus line 2)	347,314,297	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	318,209,418	4.00
5.00	Net income from service to patients (line 3 minus line 4)	29,104,879	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	601,686	6.00
7.00	Income from investments	2,111,771	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	47,876	10.00
11.00	Rebates and refunds of expenses	114,483	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	626,344	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	29,531	17.00
18.00	Revenue from sale of medical records and abstracts	2,813	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	32,060	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	116,206	22.00
23.00	Governmental appropriations	236,490	23.00
24.00	UNREALIZED INVESTMENT INCOME	11,695,192	24.00
24.01	JV INCOME	86,671	24.01
24.02	WELLNESS REVENUE	5,115,926	24.02
24.03	CRHP REVENUE	4,466,198	24.03
24.04	OTHER OPERATING REVENUE	1,926,377	24.04
24.50	COVID-19 PHE Funding	2,876,060	24.50
24.51	FEMA GRANT FUNDING	373,127	24.51
24.52	GAIN ON INVESTMENT INCOME	0	24.52
25.00	Total other income (sum of lines 6-24)	30,458,811	25.00
26.00	Total (line 5 plus line 25)	59,563,690	26.00
27.00	LOSS ON DISPOSAL	-335,426	27.00
27.01	OTHER NON-OPERATING EXPENSES	1,363,381	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	1,027,955	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	58,535,735	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0112	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/24/2022 10:23 am
		Title XVII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,402,390	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		106,361	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)		95.85	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)		4.92	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.38	8.00
9.00	Sum of lines 7 and 8		29.30	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.11	10.00
11.00	Disproportionate share adjustment (see instructions)		146,786	11.00
12.00	Total prospective capital payments (see instructions)		2,655,537	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