

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: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/30/2022 2:48 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 5/30/2022	Time: 2:48 pm
	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 COMMUNITY HEALTH NETWORK, INC. ( 15-0074 ) 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	Holly Millard	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Holly Millard		2
3	Signatory Title	SVP FINANCE		3
4	Date	(Dated when report is electronic)		4

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	691,262	-627,717	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
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	691,262	-627,717	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 15-0074		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 2:48 pm		
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1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00			
1.00	Street: 1500 NORTH RITTER AVENUE	PO Box:	Zip Code: 46219		County: MARION				1.00
2.00	City: INDIANAPOLIS	State: IN							2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		

3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	COMMUNITY HEALTH NETWORK, INC.	150074	26900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									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
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2021	12/31/2021	20.00	
21.00	Type of Control (see instructions)					2		21.00	
						1.00	2.00	3.00	

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N			22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	Y			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: 15-0074			Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 2:48 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	7,396	583	3	157	36,503	46		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			25.00	
						Urban/Rural	S	Date of Geogr		
						1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	
						Beginning:		Ending:		
						1.00		2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00	
						Y/N		Y/N		
						1.00		2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N		N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N		N	40.00	
						V	XVIII	XIX		
						1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N		N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N		N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N		N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N		N	N	48.00
<b>Teaching Hospitals</b>										
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y		Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N				59.00

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N					60.00
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	Y			32.85	29.67	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.	FAMILY MEDICINE	1350	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
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings 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)				Y		63.00
		Unweighted FTEs Nonprovi- der 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)		0.17	3.25	0.049708		64.00

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	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)	FAMILY MEDICINE	1350	3.92	25.07	0.135219		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			2.25	11.65	0.161871		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)	FAMILY PRACTICE	1350	5.95	29.31	0.168746		67.00
				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.				N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	76.00

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			1.00				
<b>Long Term Care Hospital PPS</b>							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N	80.00			
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N	81.00			
<b>TEFRA Providers</b>							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N	85.00			
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00			
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N	87.00			
			V 1.00	XIX 2.00			
<b>Title V and XIX Services</b>							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	N	98.00		
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.01		
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.02		
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03		
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04		
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.05		
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.06		
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a CAH?		N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00		
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00		
			Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 2:48 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
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:	4,290,830	0	0118.01
		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
DO NOT USE THIS LINE				
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
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	HB0720	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0074		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 2:48 pm		
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: COMMUNITY HEALTH NETWORK	Contractor's Name: WISCONSIN PHYSICIAN		Contractor's Number: 08101		141.00		
142.00	Street: 1500 N RITTER	PO Box: SERVICES				142.00		
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46219-3095		143.00		
144.00 Are provider based physicians' costs included in Worksheet A?								
						1.00	144.00	
						Y		
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.								
						1.00	2.00	
						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
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								
						1.00	147.00	
						Y		
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	
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)								
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
155.00	Hospital	N	N	N	N			
156.00	Subprovider - IPF	N	N	N	N			
157.00	Subprovider - IRF	N	N	N	N			
158.00	SUBPROVIDER							
159.00	SNF	N	N	N	N			
160.00	HOME HEALTH AGENCY	N	N	N	N			
161.00	CMHC		N	N	N			
165.00 Multi campus								
Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00	
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)								
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
							0.00	
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								
						1.00	2.00	
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								
						N	0	
171.00								

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0074		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 5/30/2022 2:48 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			Y			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A	03/31/2022	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.			Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
						Y/N	
						1.00	
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					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)			N		N	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	05/02/2022	Y	05/02/2022
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/30/2022 2:48 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SHIRLEY		BI SHOP	41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-355-4135		SBI SHOP@ECOMMUNITY.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/30/2022 2:48 pm
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	NETWORK DIRECTOR OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0074

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2022 2:48 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	280	102,200	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)		280	102,200	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	68	24,820	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						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	18	6,570	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		366	133,590	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						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
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)		366				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: 15-0074

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2022 2:48 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	14,380	7,172	82,459			1.00
2.00 HMO and other (see instructions)	20,449	36,031				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	14,380	7,172	82,459			7.00
8.00 INTENSIVE CARE UNIT	3,237	0	15,060			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	0	2,214			12.00
13.00 NURSERY		1,439	1,689			13.00
14.00 Total (see instructions)	17,617	8,611	101,422	49.16	2,911.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			130			24.10
25.00 CMHC - CMHC						25.00
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)				49.16	2,911.00	27.00
28.00 Observation Bed Days		1,782	6,358			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			647			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	46	486			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: 15-0074

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2022 2:48 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,673	1,211	20,497	1.00
2.00 HMO and other (see instructions)			3,777	6,993		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,673	1,211	20,497	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						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
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: 15-0074

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2022 2:48 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	232,552,170	-1,100,600	231,451,570	6,055,396.00	38.22
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		1,776,098	0	1,776,098	9,251.00	191.99
4.01	Physicians - Part A - Teaching		782,340	0	782,340	6,247.00	125.23
5.00	Physician and Non-Physician-Part B		8,508,640	0	8,508,640	76,802.00	110.79
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	4,260,334	-1,510	4,258,824	137,156.00	31.05
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		4,578,532	-28,052	4,550,480	174,728.00	26.04
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		7,990,524	0	7,990,524	88,816.00	89.97
12.00	Contract labor: Top level management and other management and administrative services		2,809,728	0	2,809,728	15,270.00	184.00
13.00	Contract Labor: Physician-Part A - Administrative		3,258,472	0	3,258,472	25,083.00	129.91
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		76,637,941	0	76,637,941	1,611,814.00	47.55
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		60,174,300	0	60,174,300		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,718,347	0	1,718,347		
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		119,122	0	119,122		
22.01	Physician Part A - Teaching		80,441	0	80,441		
23.00	Physician Part B		988,956	0	988,956		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		1,016,624	0	1,016,624		
25.50	Home office wage-related (core)		18,062,645	0	18,062,645		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0074

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2022 2:48 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	225,065	0	225,065	4,088.00	55.06	26.00
27.00	Administrative & General	14,409,483	-58,095	14,351,388	366,237.00	39.19	27.00
28.00	Administrative & General under contract (see inst.)	19,749,242	0	19,749,242	138,523.00	142.57	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,872,601	-25,100	1,847,501	62,699.00	29.47	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	3,652,785	-12,376	3,640,409	191,994.00	18.96	32.00
33.00	Housekeeping under contract (see instructions)	585,725	0	585,725	12,563.00	46.62	33.00
34.00	Dietary	2,614,425	-1,761,499	852,926	42,732.00	19.96	34.00
35.00	Dietary under contract (see instructions)	482,091	0	482,091	10,400.00	46.35	35.00
36.00	Cafeteria	245,206	1,752,951	1,998,157	99,718.00	20.04	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,663,924	-21,271	2,642,653	74,415.00	35.51	38.00
39.00	Central Services and Supply	473,403	-2,521	470,882	18,511.00	25.44	39.00
40.00	Pharmacy	9,696,607	-1,852,601	7,844,006	213,194.00	36.79	40.00
41.00	Medical Records & Medical Records Library	161,904	0	161,904	4,160.00	38.92	41.00
42.00	Social Service	1,873,585	-4,523	1,869,062	43,092.00	43.37	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0074

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2022 2:48 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	239,817,914	-1,099,090	238,718,824	5,996,677.00	39.81	1.00
2.00	Excluded area salaries (see instructions)	4,578,532	-28,052	4,550,480	174,728.00	26.04	2.00
3.00	Subtotal salaries (line 1 minus line 2)	235,239,382	-1,071,038	234,168,344	5,821,949.00	40.22	3.00
4.00	Subtotal other wages & related costs (see inst.)	90,696,665	0	90,696,665	1,740,983.00	52.10	4.00
5.00	Subtotal wage-related costs (see inst.)	78,356,067	0	78,356,067	0.00	33.46	5.00
6.00	Total (sum of lines 3 thru 5)	404,292,114	-1,071,038	403,221,076	7,562,932.00	53.32	6.00
7.00	Total overhead cost (see instructions)	58,706,046	-1,985,035	56,721,011	1,282,326.00	44.23	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2022 2:48 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			9,385,632 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)			757,737 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			6,111,055 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			0 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			21,917,748 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			6,843,050 9.00
10.00	Dental, Hearing and Vision Plan			235,959 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			127,022 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)			1,794,471 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			540,830 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			16,187,315 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			196,972 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			64,097,791 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part V Date/Time Prepared: 5/30/2022 2:48 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	7,990,524	64,097,791	1.00
2.00	Hospital	7,990,524	64,097,791	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			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
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/30/2022 2:48 pm
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			1.00	
<b>Uncompensated and indigent care cost computation</b>				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.227681	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		168,458,881	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		-20,327,491	5.00
6.00	Medicaid charges		680,483,770	6.00
7.00	Medicaid cost (line 1 times line 6)		154,933,225	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)		6,801,835	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)		6,801,835	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)	23,607,941	3,441,839	27,049,780
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,375,080	3,441,839	8,816,919
22.00	Payments received from patients for amounts previously written off as charity care	0	762	762
23.00	Cost of charity care (line 21 minus line 22)	5,375,080	3,441,077	8,816,157
			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)		25,705,665	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		650,797	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,001,227	27.01
28.00	Non-Medicare bad debt expense (see instructions)		24,704,438	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		5,975,161	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		14,791,318	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		21,593,153	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0074

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

Worksheet A  
Date/Time Prepared:  
5/30/2022 2:48 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT		0	0	26,958,952	26,958,952	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	26,198,976	26,198,976	2.00
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	225,065	485,199	710,264	-25,409	684,855	4.00
5.00 00500 ADMINISTRATIVE & GENERAL	14,409,483	223,396,226	237,805,709	-26,850,663	210,955,046	5.00
7.00 00700 OPERATION OF PLANT	1,872,601	11,620,372	13,492,973	-957,396	12,535,577	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	1,457,265	1,457,265	0	1,457,265	8.00
9.00 00900 HOUSEKEEPING	3,652,785	2,324,015	5,976,800	-37,802	5,938,998	9.00
10.00 01000 DIETARY	2,614,425	3,556,855	6,171,280	-4,210,679	1,960,601	10.00
11.00 01100 CAFETERIA	245,206	244,851	490,057	3,968,008	4,458,065	11.00
13.00 01300 NURSING ADMINISTRATION	2,663,924	876,973	3,540,897	-46,160	3,494,737	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	473,403	855,014	1,328,417	-2,273,537	-945,120	14.00
15.00 01500 PHARMACY	9,696,607	187,643,016	197,339,623	-186,425,338	10,914,285	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	161,904	643,594	805,498	-3,562	801,936	16.00
17.00 01700 SOCIAL SERVICE	1,873,585	506,863	2,380,448	-133	2,380,315	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	4,260,334	1,425,974	5,686,308	0	5,686,308	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	9,321,660	3,028,667	12,350,327	-177,318	12,173,009	22.00
23.00 02300 EMS TRAINING-ALLIED HEALTH	0	0	0	0	0	23.00
23.01 02301 RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0	23.02
23.03 02303 PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	49,476,673	25,387,789	74,864,462	-7,149,579	67,714,883	30.00
31.00 03100 INTENSIVE CARE UNIT	11,413,628	7,558,877	18,972,505	-2,315,892	16,656,613	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	1,504,765	710,651	2,215,416	-63,342	2,152,074	35.00
43.00 04300 NURSERY	0	0	0	533,934	533,934	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	9,431,743	34,295,980	43,727,723	-23,448,916	20,278,807	50.00
51.00 05100 RECOVERY ROOM	609,356	501,513	1,110,869	-130,333	980,536	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	494,171	1,134,109	1,628,280	3,146,520	4,774,800	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,323,081	3,177,413	7,500,494	-3,018,416	4,482,078	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	502,101	2,917,298	3,419,399	-1,364,332	2,055,067	55.00
57.00 05700 CT SCAN	1,154,426	2,246,696	3,401,122	379,872	3,780,994	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	652,633	1,264,024	1,916,657	-761,159	1,155,498	58.00
59.00 05900 CARDIAC CATHETERIZATION	3,847,851	40,626,440	44,474,291	-37,643,435	6,830,856	59.00
60.00 06000 LABORATORY	0	16,410,050	16,410,050	-117,867	16,292,183	60.00
64.00 06400 INTRAVENOUS THERAPY	778,967	1,143,048	1,922,015	-55,812	1,866,203	64.00
65.00 06500 RESPIRATORY THERAPY	4,592,510	2,110,030	6,702,540	-535,365	6,167,175	65.00
66.00 06600 PHYSICAL THERAPY	7,261,946	3,547,973	10,809,919	-4,171,194	6,638,725	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	2,163,468	2,163,468	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	774,866	774,866	68.00
69.00 06900 ELECTROCARDIOLOGY	3,081,429	1,548,477	4,629,906	-647,854	3,982,052	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	705,369	463,413	1,168,782	-172,077	996,705	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	37,429,224	37,429,224	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	28,086,184	28,086,184	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	145,521,583	145,521,583	73.00
73.01 07301 SPECIALTY PHARMACY	0	13,804,760	13,804,760	49,860,511	63,665,271	73.01
74.00 07400 RENAL DIALYSIS	0	1,652,703	1,652,703	-551	1,652,152	74.00
76.00 03330 ENDOSCOPY	437,679	784,890	1,222,569	-288,653	933,916	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	30,288,673	13,172,591	43,461,264	-1,674,422	41,786,842	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	7,983,721	5,882,061	13,865,782	-189,247	13,676,535	76.03
76.04 03952 WOUND CARE CENTER	897,283	2,157,528	3,054,811	-550,820	2,503,991	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	17,734,399	20,515,530	38,249,929	-5,662,246	32,587,683	76.05
76.06 03953 IMAGING CENTERS	3,425,767	5,430,480	8,856,247	-2,825,042	6,031,205	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	2,841,730	2,841,730	-95,587	2,746,143	76.07
76.97 07697 CARDIAC REHABILITATION	847,105	417,920	1,265,025	-181,299	1,083,726	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	340,878	340,878	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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 04950 DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02 04951 HEALTHY HEARTS CENTER	1,723,147	790,435	2,513,582	-185,025	2,328,557	90.02
90.03 09001 CLINIC	0	0	0	0	0	90.03
90.04 04953 SPINE CENTER	0	0	0	0	0	90.04
90.05 04954 INFUSION CENTERS	313,410	8,286,944	8,600,354	-8,120,896	479,458	90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07 09003 KNEE CENTER	2,011,556	2,430,695	4,442,251	-211,767	4,230,484	90.07
90.08 09004 PALLIATIVE CARE	0	0	0	0	0	90.08
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	90.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0074		Period: From 01/01/2021 To 12/31/2021		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	11,009,267	7,551,057	18,560,324	-1,246,559	17,313,765	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	227,973,638	668,827,989	896,801,627	1,527,292	898,328,919	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	53,529	53,529	-193	53,336	192.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.01	07951	CHNW LEASED SPACE	0	0	0	0	0	194.01
194.02	07952	ACCOUNTABLE CARE	425,426	134,883	560,309	0	560,309	194.02
194.03	07953	SCHOOL BASED CLINICS	42,380	87,362	129,742	-72	129,670	194.03
194.04	07954	SMO-NON PROVIDER BASED	568,745	185,346	754,091	-3,719	750,372	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	2,591,146	2,484,674	5,075,820	-1,388,116	3,687,704	194.05
194.07	07957	LIFECHECK	0	0	0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	950,835	839,986	1,790,821	-135,192	1,655,629	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00		TOTAL (SUM OF LINES 118 through 199)	232,552,170	672,613,769	905,165,939	0	905,165,939	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0074

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

Worksheet A  
Date/Time Prepared:  
5/30/2022 2:48 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-8,675,305	18,283,647	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,194,401	31,393,377	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	11,640,638	12,325,493	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-77,121,378	133,833,668	5.00
7.00	00700	OPERATION OF PLANT	5,082,413	17,617,990	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,457,265	8.00
9.00	00900	HOUSEKEEPING	0	5,938,998	9.00
10.00	01000	DIETARY	0	1,960,601	10.00
11.00	01100	CAFETERIA	-2,209,333	2,248,732	11.00
13.00	01300	NURSING ADMINISTRATION	4,827,171	8,321,908	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,990,846	6,045,726	14.00
15.00	01500	PHARMACY	-99,796	10,814,489	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,020,964	5,822,900	16.00
17.00	01700	SOCIAL SERVICE	0	2,380,315	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-1,889,751	3,796,557	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-3,532,337	8,640,672	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-11,133,237	56,581,646	30.00
31.00	03100	INTENSIVE CARE UNIT	0	16,656,613	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	2,152,074	35.00
43.00	04300	NURSERY	0	533,934	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-1,505,690	18,773,117	50.00
51.00	05100	RECOVERY ROOM	0	980,536	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,117,442	3,657,358	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,004	4,488,082	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,055,067	55.00
57.00	05700	CT SCAN	0	3,780,994	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,155,498	58.00
59.00	05900	CARDIAC CATHETERIZATION	-179,686	6,651,170	59.00
60.00	06000	LABORATORY	-2,983	16,289,200	60.00
64.00	06400	INTRAVENOUS THERAPY	-15,765	1,850,438	64.00
65.00	06500	RESPIRATORY THERAPY	0	6,167,175	65.00
66.00	06600	PHYSICAL THERAPY	502,320	7,141,045	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,163,468	67.00
68.00	06800	SPEECH PATHOLOGY	0	774,866	68.00
69.00	06900	ELECTROCARDIOLOGY	-32,971	3,949,081	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	167,223	1,163,928	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	37,429,224	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	28,086,184	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,102,131	147,623,714	73.00
73.01	07301	SPECIALTY PHARMACY	0	63,665,271	73.01
74.00	07400	RENAL DIALYSIS	0	1,652,152	74.00
76.00	03330	ENDOSCOPY	0	933,916	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-28,296,924	13,489,918	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	-9,380,080	4,296,455	76.03
76.04	03952	WOUND CARE CENTER	0	2,503,991	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	-36,072	32,551,611	76.05
76.06	03953	IMAGING CENTERS	13,024	6,044,229	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	-133,901	2,612,242	76.07
76.97	07697	CARDIAC REHABILITATION	-18,830	1,064,896	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	340,878	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	-1,169,856	1,158,701	90.02
90.03	09001	CLINIC	0	0	90.03
90.04	04953	SPI NE CENTER	0	0	90.04
90.05	04954	INFUSION CENTERS	0	479,458	90.05
90.06	09002	MEDCHECK CLINICS	0	0	90.06
90.07	09003	KNEE CENTER	-73,846	4,156,638	90.07
90.08	09004	PALLIATIVE CARE	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	90.12
91.00	09100	EMERGENCY	2,286,187	19,599,952	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0074

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

Worksheet A  
Date/Time Prepared:  
5/30/2022 2:48 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6.00	7.00	92.00
OTHER REIMBURSABLE COST CENTERS				
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-102,791,861	795,537,058	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	53,336	192.00
194.00	07950 HOME OFFICE	0	0	194.00
194.01	07951 CHNW LEASED SPACE	0	0	194.01
194.02	07952 ACCOUNTABLE CARE	0	560,309	194.02
194.03	07953 SCHOOL BASED CLINICS	0	129,670	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	750,372	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	3,687,704	194.05
194.07	07957 LI FE CHECK	0	0	194.07
194.08	07958 GROUP HOMES AND MI SC. N_R CTRS	0	1,655,629	194.08
194.09	07959 SURGERY CENTER EAST	0	0	194.09
200.00	TOTAL (SUM OF LINES 118 through 199)	-102,791,861	802,374,078	200.00

RECLASSIFICATIONS

Provider CCN: 15-0074

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

Worksheet A-6

Date/Time Prepared:  
5/30/2022 2:48 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - Chargeable Medical Supplies</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,957	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	37,429,224	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
<b>TOTALS</b>			0	37,434,181	
<b>B - Implantable Device Recl ass</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	28,086,184	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
<b>TOTALS</b>			0	28,086,184	
<b>C - Drugs Charges to Pat</b>					
1.00	ELECTROCARDIOLOGY	69.00	0	10,572	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	145,521,583	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00

RECLASSIFICATIONS

Provider CCN: 15-0074

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

Worksheet A-6

Date/Time Prepared:  
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
<b>TOTALS</b>					
			0	145,532,155	
<b>D - Depreciation Expense</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	29,575,195	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
<b>TOTALS</b>					
			0	29,575,195	
<b>E - Interest Expense</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	11,603,552	1.00
<b>TOTALS</b>					
			0	11,603,552	
<b>F - Other Capital Rental</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	11,306,080	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00

RECLASSIFICATIONS

Provider CCN: 15-0074

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

Worksheet A-6  
Date/Time Prepared:  
5/30/2022 2:48 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
<b>TOTALS</b>					
					11,306,080
<b>G - STD BENEFIT</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	19,200	1.00
2.00	OPERATION OF PLANT	7.00	0	25,100	2.00
3.00	HOUSEKEEPING	9.00	0	12,376	3.00
4.00	DIETARY	10.00	0	8,404	4.00
5.00	CAFETERIA	11.00	0	144	5.00
6.00	NURSING ADMINISTRATION	13.00	0	21,271	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,521	7.00
8.00	PHARMACY	15.00	0	37,269	8.00
9.00	SOCIAL SERVICE	17.00	0	4,523	9.00
10.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,510	10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	17,985	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	227,703	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	86,910	13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	7,229	14.00
15.00	OPERATING ROOM	50.00	0	38,519	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	27,969	16.00
17.00	CT SCAN	57.00	0	4,764	17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,672	18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	13,251	19.00
20.00	INTRAVENOUS THERAPY	64.00	0	2,303	20.00
21.00	RESPIRATORY THERAPY	65.00	0	41,117	21.00
22.00	PHYSICAL THERAPY	66.00	0	72,061	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	19,551	23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	135	24.00
25.00	ENDOSCOPY	76.00	0	914	25.00
26.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	151,239	26.00
27.00	LUTHERWOOD PARTNERSHIP	76.03	0	37,545	27.00
28.00	WOUND CARE CENTER	76.04	0	482	28.00
29.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	106,947	29.00
30.00	IMAGING CENTERS	76.06	0	21,053	30.00
31.00	CARDIAC REHABILITATION	76.97	0	4,495	31.00
32.00	HEALTHY HEARTS CENTER	90.02	0	3,922	32.00
33.00	KNEE CENTER	90.07	0	14,234	33.00
34.00	EMERGENCY	91.00	0	38,230	34.00
35.00	SMO-NON PROVIDER BASED	194.04	0	8,061	35.00
36.00	FAMILY PRACTICE MEDICINE	194.05	0	18,277	36.00
37.00	GROUP HOMES AND MIS. N_R CTRS	194.08	0	1,714	37.00
<b>TOTALS</b>					1,100,600
<b>H - Labor and Delivery</b>					
1.00	NURSERY	43.00	503,040	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	2,148,729	0	2.00
3.00	NURSERY	43.00	0	233,593	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	997,791	4.00
<b>TOTALS</b>					2,651,769
					1,231,384
<b>I - Cafeteria</b>					
1.00	CAFETERIA	11.00	1,753,095	0	1.00
2.00	CAFETERIA	11.00	0	2,239,378	2.00
<b>TOTALS</b>					1,753,095
					2,239,378

RECLASSIFICATIONS

Provider CCN: 15-0074

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

Worksheet A-6

Date/Time Prepared:  
5/30/2022 2:48 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>J - Therapy Recl ass</b>						
1.00	OCCUPATIONAL THERAPY	67.00	1,504,941	0	1.00	
2.00	SPEECH PATHOLOGY	68.00	539,008	0	2.00	
3.00	OCCUPATIONAL THERAPY	67.00	0	658,527	3.00	
4.00	SPEECH PATHOLOGY	68.00	0	235,858	4.00	
TOTALS			2,043,949	894,385		
<b>K - Building Depreciation</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	14,682,299	1.00	
TOTALS			0	14,682,299		
<b>L - Capital Insurance Costs</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	673,101	1.00	
TOTALS			0	673,101		
<b>M - Radiology Support</b>						
1.00	RADIOLOGY-THERAPEUTIC	55.00	284,750	0	1.00	
2.00	CT SCAN	57.00	131,762	0	2.00	
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	21,479	0	3.00	
4.00	IMAGING CENTERS	76.06	89,351	0	4.00	
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	119,980	5.00	
6.00	CT SCAN	57.00	0	55,518	6.00	
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	9,050	7.00	
8.00	IMAGING CENTERS	76.06	0	37,648	8.00	
TOTALS			527,342	222,196		
<b>N - Hyperbaric Oxygen Therapy</b>						
1.00	HYPERBARIC OXYGEN THERAPY	76.98	92,235	0	1.00	
2.00	HYPERBARIC OXYGEN THERAPY	76.98	0	248,643	2.00	
TOTALS			92,235	248,643		
<b>O - IHH Cat Scan</b>						
1.00	CT SCAN	57.00	774,261	0	1.00	
2.00	CT SCAN	57.00	0	323,306	2.00	
TOTALS			774,261	323,306		
<b>P - Specialty Pharmacy</b>						
1.00	SPECIALTY PHARMACY	73.01	1,854,227	0	1.00	
2.00	SPECIALTY PHARMACY	0.00	0	0	2.00	
3.00	SPECIALTY PHARMACY	73.01	0	48,006,284	3.00	
4.00	SPECIALTY PHARMACY	0.00	0	0	4.00	
TOTALS			1,854,227	48,006,284		
500.00	Grand Total: Increases		9,696,878	333,158,923	500.00	

RECLASSIFICATIONS

Provider CCN: 15-0074

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

Worksheet A-6  
Date/Time Prepared:  
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Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
<b>A - Chargeable Medical Supplies</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,778	0	1.00
2.00	OPERATION OF PLANT	7.00	0	178,294	0	2.00
3.00	DIETARY	10.00	0	979	0	3.00
4.00	PHARMACY	15.00	0	227,756	0	4.00
5.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	103,584	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	1,101,338	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	1,085,461	0	7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	32,137	0	8.00
9.00	OPERATING ROOM	50.00	0	7,545,224	0	9.00
10.00	RECOVERY ROOM	51.00	0	12,358	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	182,007	0	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,524,312	0	12.00
13.00	CT SCAN	57.00	0	52,238	0	13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	12,659	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	21,922,656	0	15.00
16.00	INTRAVENOUS THERAPY	64.00	0	50,879	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	443,369	0	17.00
18.00	PHYSICAL THERAPY	66.00	0	13,549	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	24,829	0	19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	16,383	0	20.00
21.00	ENDOSCOPY	76.00	0	128,119	0	21.00
22.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	450	0	22.00
23.00	LUTHERWOOD PARTNERSHIP	76.03	0	14,870	0	23.00
24.00	WOUND CARE CENTER	76.04	0	136,356	0	24.00
25.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	500,188	0	25.00
26.00	IMAGING CENTERS	76.06	0	1,268,905	0	26.00
27.00	CARDIAC REHABILITATION	76.97	0	4,797	0	27.00
28.00	HEALTHY HEARTS CENTER	90.02	0	5,818	0	28.00
29.00	INFUSION CENTERS	90.05	0	3,148	0	29.00
30.00	KNEE CENTER	90.07	0	585	0	30.00
31.00	EMERGENCY	91.00	0	832,132	0	31.00
32.00	FAMILY PRACTICE MEDICINE	194.05	0	5,023	0	32.00
TOTALS			0	37,434,181		
<b>B - Implantable Device Recl ass</b>						
1.00	OPERATING ROOM	50.00	0	13,394,658	0	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	216,377	0	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	14,423,832	0	3.00
4.00	ENDOSCOPY	76.00	0	10,035	0	4.00
5.00	WOUND CARE CENTER	76.04	0	41,282	0	5.00
TOTALS			0	28,086,184		
<b>C - Drugs Charges to Pat</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,316	0	1.00
2.00	HOUSEKEEPING	9.00	0	146	0	2.00
3.00	NURSING ADMINISTRATION	13.00	0	7,018	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	45,937	0	4.00
5.00	PHARMACY	15.00	0	135,680,817	0	5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,562	0	6.00
7.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	4,548	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	34,817	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	24,997	0	9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	104	0	10.00
11.00	OPERATING ROOM	50.00	0	48,624	0	11.00
12.00	RECOVERY ROOM	51.00	0	242	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	253,551	0	13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,131	0	14.00
15.00	CT SCAN	57.00	0	171,124	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	53,617	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	87,938	0	17.00
18.00	INTRAVENOUS THERAPY	64.00	0	111	0	18.00
19.00	RESPIRATORY THERAPY	65.00	0	20	0	19.00
20.00	PHYSICAL THERAPY	66.00	0	2,821	0	20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	18	0	21.00
22.00	RENAL DIALYSIS	74.00	0	48	0	22.00
23.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	28,948	0	23.00
24.00	LUTHERWOOD PARTNERSHIP	76.03	0	13,172	0	24.00
25.00	WOUND CARE CENTER	76.04	0	25,320	0	25.00
26.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	667,968	0	26.00

RECLASSIFICATIONS

Provider CCN: 15-0074

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

Worksheet A-6

Date/Time Prepared:  
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
27.00	IMAGING CENTERS	76.06	0	130,126	0		27.00
28.00	HEALTHY HEARTS CENTER	90.02	0	375	0		28.00
29.00	INFUSION CENTERS	90.05	0	7,885,004	0		29.00
30.00	KNEE CENTER	90.07	0	29,976	0		30.00
31.00	EMERGENCY	91.00	0	16,425	0		31.00
32.00	SCHOOL BASED CLINICS	194.03	0	72	0		32.00
33.00	SMO-NON PROVIDER BASED	194.04	0	3,719	0		33.00
34.00	FAMILY PRACTICE MEDICINE	194.05	0	308,428	0		34.00
35.00	GROUP HOMES AND MIS. N_R CTRS	194.08	0	115	0		35.00
TOTALS			0	145,532,155			
<b>D - Depreciation Expense</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	737	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	13,408,743	0		2.00
3.00	OPERATION OF PLANT	7.00	0	507,557	0		3.00
4.00	HOUSEKEEPING	9.00	0	7,995	0		4.00
5.00	DIETARY	10.00	0	212,728	0		5.00
6.00	CAFETERIA	11.00	0	12,184	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	38,530	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	117,987	0		8.00
9.00	PHARMACY	15.00	0	126,414	0		9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	69,186	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	1,279,756	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	1,205,140	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	31,101	0		13.00
14.00	OPERATING ROOM	50.00	0	1,830,160	0		14.00
15.00	RECOVERY ROOM	51.00	0	117,305	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	734,705	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	27,169	0		17.00
18.00	CT SCAN	57.00	0	677,402	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	725,243	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	1,206,202	0		20.00
21.00	LABORATORY	60.00	0	64,654	0		21.00
22.00	INTRAVENOUS THERAPY	64.00	0	4,822	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	91,332	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	74,049	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	457,131	0		25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	124,030	0		26.00
27.00	RENAL DIALYSIS	74.00	0	503	0		27.00
28.00	ENDOSCOPY	76.00	0	72,818	0		28.00
29.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	184,690	0		29.00
30.00	LUTHERWOOD PARTNERSHIP	76.03	0	135,332	0		30.00
31.00	WOUND CARE CENTER	76.04	0	6,984	0		31.00
32.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	4,050,034	0		32.00
33.00	IMAGING CENTERS	76.06	0	1,080,138	0		33.00
34.00	BREAST DIAGNOSTIC CENTER	76.07	0	587	0		34.00
35.00	CARDIAC REHABILITATION	76.97	0	39,877	0		35.00
36.00	HEALTHY HEARTS CENTER	90.02	0	17,035	0		36.00
37.00	INFUSION CENTERS	90.05	0	52,762	0		37.00
38.00	KNEE CENTER	90.07	0	178,494	0		38.00
39.00	EMERGENCY	91.00	0	397,401	0		39.00
40.00	FAMILY PRACTICE MEDICINE	194.05	0	160,308	0		40.00
41.00	GROUP HOMES AND MIS. N_R CTRS	194.08	0	45,970	0		41.00
TOTALS			0	29,575,195			
<b>E - Interest Expense</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	11,603,552	11		1.00
TOTALS			0	11,603,552			
<b>F - Other Capital Rental</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,672	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	878,802	0		2.00
3.00	OPERATION OF PLANT	7.00	0	271,545	0		3.00
4.00	HOUSEKEEPING	9.00	0	29,661	0		4.00
5.00	DIETARY	10.00	0	4,499	0		5.00
6.00	CAFETERIA	11.00	0	12,281	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	612	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,114,570	0		8.00
9.00	PHARMACY	15.00	0	811,211	0		9.00
10.00	SOCIAL SERVICE	17.00	0	133	0		10.00
11.00	NURSERY	43.00	0	202,699	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	850,515	0		12.00

RECLASSIFICATIONS

Provider CCN: 15-0074

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

Worksheet A-6  
Date/Time Prepared:  
5/30/2022 2:48 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
13.00	INTENSIVE CARE UNIT	31.00	0	294	0		13.00
14.00	OPERATING ROOM	50.00	0	630,250	0		14.00
15.00	RECOVERY ROOM	51.00	0	428	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,048	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	73	0		17.00
18.00	CT SCAN	57.00	0	4,211	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	169	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	2,807	0		20.00
21.00	LABORATORY	60.00	0	53,213	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	644	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	1,142,441	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	176,466	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	31,646	0		25.00
26.00	ENDOSCOPY	76.00	0	77,681	0		26.00
27.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	1,460,334	0		27.00
28.00	LUTHERWOOD PARTNERSHIP	76.03	0	25,873	0		28.00
29.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	444,056	0		29.00
30.00	IMAGING CENTERS	76.06	0	472,872	0		30.00
31.00	BREAST DIAGNOSTIC CENTER	76.07	0	95,000	0		31.00
32.00	CARDIAC REHABILITATION	76.97	0	136,625	0		32.00
33.00	HEALTHY HEARTS CENTER	90.02	0	161,797	0		33.00
34.00	INFUSION CENTERS	90.05	0	179,982	0		34.00
35.00	KNEE CENTER	90.07	0	2,712	0		35.00
36.00	EMERGENCY	91.00	0	601	0		36.00
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	193	0		37.00
38.00	FAMILY PRACTICE MEDICINE	194.05	0	914,357	0		38.00
39.00	GROUP HOMES AND MISC. N_R CTRS	194.08	0	89,107	0		39.00
TOTALS			0	11,306,080			
G - STD BENEFIT							
1.00	ADMINISTRATIVE & GENERAL	5.00	19,200	0	0		1.00
2.00	OPERATION OF PLANT	7.00	25,100	0	0		2.00
3.00	HOUSEKEEPING	9.00	12,376	0	0		3.00
4.00	DIETARY	10.00	8,404	0	0		4.00
5.00	CAFETERIA	11.00	144	0	0		5.00
6.00	NURSING ADMINISTRATION	13.00	21,271	0	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	2,521	0	0		7.00
8.00	PHARMACY	15.00	37,269	0	0		8.00
9.00	SOCIAL SERVICE	17.00	4,523	0	0		9.00
10.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,510	0	0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	17,985	0	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	227,703	0	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	86,910	0	0		13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	7,229	0	0		14.00
15.00	OPERATING ROOM	50.00	38,519	0	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	27,969	0	0		16.00
17.00	CT SCAN	57.00	4,764	0	0		17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	1,672	0	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	13,251	0	0		19.00
20.00	INTRAVENOUS THERAPY	64.00	2,303	0	0		20.00
21.00	RESPIRATORY THERAPY	65.00	41,117	0	0		21.00
22.00	PHYSICAL THERAPY	66.00	72,061	0	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	19,551	0	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	135	0	0		24.00
25.00	ENDOSCOPY	76.00	914	0	0		25.00
26.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	151,239	0	0		26.00
27.00	LUTHERWOOD PARTNERSHIP	76.03	37,545	0	0		27.00
28.00	WOUND CARE CENTER	76.04	482	0	0		28.00
29.00	ONCOLOGY-CANCER CARE CENTER	76.05	106,947	0	0		29.00
30.00	IMAGING CENTERS	76.06	21,053	0	0		30.00
31.00	CARDIAC REHABILITATION	76.97	4,495	0	0		31.00
32.00	HEALTHY HEARTS CENTER	90.02	3,922	0	0		32.00
33.00	KNEE CENTER	90.07	14,234	0	0		33.00
34.00	EMERGENCY	91.00	38,230	0	0		34.00
35.00	SMO-NON PROVIDER BASED	194.04	8,061	0	0		35.00
36.00	FAMILY PRACTICE MEDICINE	194.05	18,277	0	0		36.00
37.00	GROUP HOMES AND MISC. N_R CTRS	194.08	1,714	0	0		37.00

RECLASSIFICATIONS

Provider CCN: 15-0074

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

Worksheet A-6

Date/Time Prepared:  
5/30/2022 2:48 pm

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	TOTALS		1,100,600	0		
<b>H - Labor and Delivery</b>						
1.00	ADULTS & PEDIATRICS	30.00	2,651,769	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	1,231,384	0	3.00
4.00		0.00	0	0	0	4.00
	TOTALS		2,651,769	1,231,384		
<b>I - Cafeteria</b>						
1.00	DIETARY	10.00	1,753,095	0	0	1.00
2.00	DIETARY	10.00	0	2,239,378	0	2.00
	TOTALS		1,753,095	2,239,378		
<b>J - Therapy Reclass</b>						
1.00	PHYSICAL THERAPY	66.00	2,043,949	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00	PHYSICAL THERAPY	66.00	0	894,385	0	3.00
4.00		0.00	0	0	0	4.00
	TOTALS		2,043,949	894,385		
<b>K - Building Depreciation</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	14,682,299	9	1.00
	TOTALS		0	14,682,299		
<b>L - Capital Insurance Costs</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	673,101	12	1.00
	TOTALS		0	673,101		
<b>M - Radiology Support</b>						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	527,342	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	RADIOLOGY-DIAGNOSTIC	54.00	0	222,196	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
	TOTALS		527,342	222,196		
<b>N - Hyperbaric Oxygen Therapy</b>						
1.00	WOUND CARE CENTER	76.04	92,235	0	0	1.00
2.00	WOUND CARE CENTER	76.04	0	248,643	0	2.00
	TOTALS		92,235	248,643		
<b>O - IHH Cat Scan</b>						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	774,261	0	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	323,306	0	2.00
	TOTALS		774,261	323,306		
<b>P - Specialty Pharmacy</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	38,895	0	0	1.00
2.00	PHARMACY	15.00	1,815,332	0	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	242,476	0	3.00
4.00	PHARMACY	15.00	0	47,763,808	0	4.00
	TOTALS		1,854,227	48,006,284		
500.00	Grand Total: Decreases		10,797,478	332,058,323		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0074

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/30/2022 2:48 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,743,049	0	0	0	1.00
2.00	Land Improvements	4,209,543	139,500	0	139,500	2.00
3.00	Buildings and Fixtures	517,411,041	19,295,602	0	19,295,602	3.00
4.00	Building Improvements	11,643,583	263,670	0	263,670	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	218,153,931	3,692,874	0	3,692,874	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	754,161,147	23,391,646	0	23,391,646	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	754,161,147	23,391,646	0	23,391,646	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,743,049	0			1.00
2.00	Land Improvements	4,349,043	0			2.00
3.00	Buildings and Fixtures	535,232,989	0			3.00
4.00	Building Improvements	12,975,902	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	222,103,384	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	777,404,367	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	777,404,367	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0074

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/30/2022 2:48 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet A-7 Part III Date/Time Prepared: 5/30/2022 2:48 pm
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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	555,300,983	0	555,300,983	0.714301	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	222,103,384	0	222,103,384	0.285699	0	2.00
3.00	Total (sum of lines 1-2)	777,404,367	0	777,404,367	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	14,682,299	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	20,087,297	11,306,080	2.00
3.00	Total (sum of lines 1-2)	0	0	0	34,769,596	11,306,080	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	2,928,247	673,101	0	0	18,283,647	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	31,393,377	2.00
3.00	Total (sum of lines 1-2)	2,928,247	673,101	0	0	49,677,024	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0074

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

Worksheet A-8

Date/Time Prepared:  
5/30/2022 2:48 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B		0	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)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-7,703,316				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	37,065,200				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-2,031,021	0	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 Space Rental Income	B	-122,125	0	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0074

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

Worksheet A-8

Date/Time Prepared:  
5/30/2022 2:48 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01 Space Rental Income	B	-498,663	OPERATION OF PLANT		7.00	0 33.01
34.00 HAF Tax Offset	A	-30,175,308	ADMINISTRATIVE & GENERAL		5.00	0 34.00
34.01 Loss on Assets	A	13,002	ADMINISTRATIVE & GENERAL		5.00	0 34.01
34.02 Loss on Assets	A	-9,001	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		76.01	0 34.02
34.03 Loss on Assets	A	13,200	IMAGING CENTERS		76.06	0 34.03
35.00 Bad Debt	A	-33,572,192	ADMINISTRATIVE & GENERAL		5.00	0 35.00
35.01 Bad Debt	A	-622	PHARMACY		15.00	0 35.01
35.02 Bad Debt	A	-102,960	I&R SERVICES-SALARY & FRINGES APPRVD		21.00	0 35.02
35.03 Bad Debt	A	-243,883	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0 35.03
35.04 Bad Debt	A	-378,308	ADULTS & PEDIATRICS		30.00	0 35.04
35.05 Bad Debt	A	-1,437	OPERATING ROOM		50.00	0 35.05
35.06 Bad Debt	A	-15,765	INTRAVENOUS THERAPY		64.00	0 35.06
35.07 Bad Debt	A	-1,640,523	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		76.01	0 35.07
35.08 Bad Debt	A	-16,420	LUTHERWOOD PARTNERSHIP		76.03	0 35.08
35.09 Bad Debt	A	-1,066	HEALTHY HEARTS CENTER		90.02	0 35.09
35.10 Bad Debt	A	-8,009	KNEE CENTER		90.07	0 35.10
35.11 Bad Debt	A	-1,930	EMERGENCY		91.00	0 35.11
36.00 CARDIAC CATH SHARED SERVICES	A	-179,686	CARDIAC CATHETERIZATION		59.00	0 36.00
36.01 TELEMERTY SHARED SERVICES TRUE UP	A	-32,971	ELECTROCARDIOLOGY		69.00	0 36.01
36.02 Non Allow Marketing Expense	A	-576,945	ADMINISTRATIVE & GENERAL		5.00	0 36.02
36.03 Pavillions	A	-813,442	ADMINISTRATIVE & GENERAL		5.00	0 36.03
36.04 Meals on Wheels Cost	A	-145,757	CAFETERIA		11.00	0 36.04
36.05 Debt Issuance Expense	A	-114,534	ADMINISTRATIVE & GENERAL		5.00	0 36.05
36.06 LOC Non-Allow Interest Expense	A	-96,622	CAP REL COSTS-BLDG & FIXT		1.00	11 36.06
36.07 12A Non-Allow Interest Expense	A	-120,148	CAP REL COSTS-BLDG & FIXT		1.00	11 36.07
36.08 12B Non-Allow Interest Expense	A	-88,666	CAP REL COSTS-BLDG & FIXT		1.00	11 36.08
36.11 00 Non-Allow Interest Expense	A	-4,911,072	CAP REL COSTS-BLDG & FIXT		1.00	11 36.11
36.12 00 Non-Allow Interest Expense	A	-3,458,797	CAP REL COSTS-BLDG & FIXT		1.00	11 36.12
36.13 Gallahue Professional Fee	A	-26,615,399	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		76.01	0 36.13
36.14 Gallahue Professional Fee	A	-9,363,660	LUTHERWOOD PARTNERSHIP		76.03	0 36.14
36.15 OB Laborist Loss	A	-1,117,442	DELIVERY ROOM & LABOR ROOM		52.00	0 36.15
36.16 Hospitalist Loss	A	-4,351,186	ADULTS & PEDIATRICS		30.00	0 36.16
36.17 APP	A	-1,139,341	ADULTS & PEDIATRICS		30.00	0 36.17
36.18 APP	A	-508,114	ADULTS & PEDIATRICS		30.00	0 36.18
36.19 APP	A	-535,817	OPERATING ROOM		50.00	0 36.19
36.20 APP	A	-1,168,790	HEALTHY HEARTS CENTER		90.02	0 36.20
36.21 APP	A	-65,837	KNEE CENTER		90.07	0 36.21
36.22 Misc Revenue	B	-6,048,125	ADMINISTRATIVE & GENERAL		5.00	0 36.22
36.23 Misc Revenue	B	-550,733	OPERATION OF PLANT		7.00	0 36.23
36.24 Misc Revenue	B	-32,555	CAFETERIA		11.00	0 36.24
36.25 Misc Revenue	B	-99,174	PHARMACY		15.00	0 36.25
36.26 Misc Revenue	B	-840,524	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0 36.26
36.27 Misc Revenue	B	-558	ADULTS & PEDIATRICS		30.00	0 36.27
36.28 Misc Revenue	B	-172,366	RADIOLOGY-DIAGNOSTIC		54.00	0 36.28
36.29 Misc Revenue	B	-2,983	LABORATORY		60.00	0 36.29
36.30 Misc Revenue	B	-72,776	PHYSICAL THERAPY		66.00	0 36.30
36.31 Misc Revenue	B	-1,739	ONCOLOGY-CANCER CARE CENTER		76.05	0 36.31
36.32 Misc Revenue	B	-176	IMAGING CENTERS		76.06	0 36.32
36.33 Misc Revenue	B	-133,901	BREAST DIAGNOSTIC CENTER		76.07	0 36.33
36.34 Misc Revenue	B	-878	CARDIAC REHABILITATION		76.97	0 36.34
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-102,791,861				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 15-0074

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

Worksheet A-8-1

Date/Time Prepared: 5/30/2022 2:48 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	21.00	I&R SERVICES-SALARY & FRINGE	RESIDENTS	5,211,797	6,998,588 1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COST	RESIDENTS	7,052,735	9,470,665 2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	5,194,401	0 3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	11,640,638	0 3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	114,914,574	119,803,842 3.02
3.03	7.00	OPERATION OF PLANT	HOME OFFICE	6,131,809	0 3.03
3.04	13.00	NURSING ADMINISTRATION	HOME OFFICE	4,827,171	0 3.04
3.05	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE	6,990,846	0 3.05
3.06	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	5,020,964	0 3.06
3.07	30.00	ADULTS & PEDIATRICS	HOME OFFICE	340,520	0 3.07
3.08	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	178,370	0 3.08
3.09	66.00	PHYSICAL THERAPY	HOME OFFICE	575,096	0 3.09
3.10	70.00	ELECTROENCEPHALOGRAPHY	HOME OFFICE	167,223	0 3.10
3.11	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	2,102,131	0 3.11
3.12	91.00	EMERGENCY	HOME OFFICE	310,854	0 3.12
4.00	5.00	ADMINISTRATIVE & GENERAL	CPN MEDICAL DIRECTOR	61,903	0 4.00
4.01	91.00	EMERGENCY	CPN ED ON CALL	2,617,263	0 4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			173,338,295	136,273,095 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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

6.00	B	CHNW	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:			0.00	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.

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

Provider CCN: 15-0074

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

Worksheet A-8-1

Date/Time Prepared:  
5/30/2022 2:48 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-1,786,791	0		1.00
2.00	-2,417,930	0		2.00
3.00	5,194,401	9		3.00
3.01	11,640,638	0		3.01
3.02	-4,889,268	0		3.02
3.03	6,131,809	0		3.03
3.04	4,827,171	0		3.04
3.05	6,990,846	0		3.05
3.06	5,020,964	0		3.06
3.07	340,520	0		3.07
3.08	178,370	0		3.08
3.09	575,096	0		3.09
3.10	167,223	0		3.10
3.11	2,102,131	0		3.11
3.12	310,854	0		3.12
4.00	61,903	0		4.00
4.01	2,617,263	0		4.01
5.00	37,065,200			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			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0074

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

Worksheet A-8-2

Date/Time Prepared:  
5/30/2022 2:48 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	884,344	884,344	0	0	0	1.00
2.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGMO	30,000	30,000	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	5,192,238	5,028,970	163,268	211,500	944	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	968,436	968,436	0	0	0	4.00
5.00	76.01	AGGREGATE-PSYCHIATRIC/PSYCHOLOGICAL	69,420	0	69,420	211,500	368	5.00
6.00	76.05	AGGREGATE-ONCOLOGY-CANCER CARE CENTER	34,333	34,333	0	0	0	6.00
7.00	76.97	AGGREGATE-CARDIAC REHABILITATION	17,952	17,952	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	640,000	640,000	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			7,836,723	7,604,035	232,688		1,312	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGMO	0	0	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	95,988	4,799	0	0	0	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	4.00
5.00	76.01	AGGREGATE-PSYCHIATRIC/PSYCHOLOGICAL	37,419	1,871	0	0	0	5.00
6.00	76.05	AGGREGATE-ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0	6.00
7.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	0	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			133,407	6,670	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	884,344		1.00
2.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGMO	0	0	0	30,000		2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	95,988	67,280	5,096,250		3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	968,436		4.00
5.00	76.01	AGGREGATE-PSYCHIATRIC/PSYCHOLOGICAL	0	37,419	32,001	32,001		5.00
6.00	76.05	AGGREGATE-ONCOLOGY-CANCER CARE CENTER	0	0	0	34,333		6.00
7.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	0	0	17,952		7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	0	0	640,000		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	133,407	99,281	7,703,316		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2022 2:48 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT	18,283,647	18,283,647				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	31,393,377		31,393,377			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	12,325,493	146,033	15,696,697	28,168,223		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	133,833,668	653,924	3,957,707	1,748,300	140,193,599	5.00
7.00 00700 OPERATION OF PLANT	17,617,990	2,143,326	166,346	225,064	20,152,726	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,457,265	0	0	0	1,457,265	8.00
9.00 00900 HOUSEKEEPING	5,938,998	203,726	17,189	443,478	6,603,391	9.00
10.00 01000 DIETARY	1,960,601	220,524	15,929	103,904	2,300,958	10.00
11.00 01100 CAFETERIA	2,248,732	448,848	84,493	243,417	3,025,490	11.00
13.00 01300 NURSING ADMINISTRATION	8,321,908	144,633	19,440	321,931	8,807,912	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	6,045,726	303,640	1,108,802	57,363	7,515,531	14.00
15.00 01500 PHARMACY	10,814,489	108,337	452,841	955,565	12,331,232	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	5,822,900	30,446	0	19,723	5,873,069	16.00
17.00 01700 SOCIAL SERVICE	2,380,315	53,569	66	227,691	2,661,641	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	3,796,557	0	990	518,814	4,316,361	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	8,640,672	82,315	134,042	1,133,383	9,990,412	22.00
23.00 02300 EMS TRAINING-ALLIED HEALTH	0	0	0	0	0	23.00
23.01 02301 RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0	23.02
23.03 02303 PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	56,581,646	3,276,270	752,840	5,676,500	66,287,256	30.00
31.00 03100 INTENSIVE CARE UNIT	16,656,613	1,325,521	522,226	1,379,832	19,884,192	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	2,152,074	61,943	15,446	182,431	2,411,894	35.00
43.00 04300 NURSERY	533,934	106,088	30,098	61,281	731,401	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	18,773,117	2,190,020	1,041,882	1,144,292	23,149,311	50.00
51.00 05100 RECOVERY ROOM	980,536	172,755	58,472	74,232	1,285,995	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,657,358	453,197	128,564	321,961	4,561,080	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,488,082	563,634	347,316	364,672	5,763,704	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2,055,067	6,899	14,034	95,855	2,171,855	55.00
57.00 05700 CT SCAN	3,780,994	26,172	338,757	250,426	4,396,349	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,155,498	525	360,315	81,917	1,598,255	58.00
59.00 05900 CARDIAC CATHETERIZATION	6,651,170	294,666	512,069	467,135	7,925,040	59.00
60.00 06000 LABORATORY	16,289,200	56,468	54,432	0	16,400,100	60.00
64.00 06400 INTRAVENOUS THERAPY	1,850,438	8,199	2,395	94,614	1,955,646	64.00
65.00 06500 RESPIRATORY THERAPY	6,167,175	19,498	45,574	554,455	6,786,702	65.00
66.00 06600 PHYSICAL THERAPY	7,141,045	136,734	593,820	626,883	8,498,482	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,163,468	39,445	7,622	183,333	2,393,868	67.00
68.00 06800 SPEECH PATHOLOGY	774,866	14,123	2,730	65,662	857,381	68.00
69.00 06900 ELECTROCARDIOLOGY	3,949,081	12,449	307,338	373,001	4,641,869	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,163,928	31,346	66,576	85,912	1,347,762	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	37,429,224	0	0	0	37,429,224	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	28,086,184	0	0	0	28,086,184	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	147,623,714	0	0	0	147,623,714	73.00
73.01 07301 SPECIALTY PHARMACY	63,665,271	0	0	225,884	63,891,155	73.01
74.00 07400 RENAL DIALYSIS	1,652,152	5,549	0	0	1,657,701	74.00
76.00 03330 ENDOSCOPY	933,916	0	74,745	53,207	1,061,868	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	13,489,918	104,488	816,473	3,671,372	18,082,251	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	4,296,455	0	73,484	968,011	5,337,950	76.03
76.04 03952 WOUND CARE CENTER	2,503,991	103,113	3,020	98,013	2,708,137	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	32,551,611	2,886,264	1,707,476	2,147,394	39,292,745	76.05
76.06 03953 IMAGING CENTERS	6,044,229	2,175	759,675	425,650	7,231,729	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	2,612,242	115,687	47,182	0	2,775,111	76.07
76.97 07697 CARDIAC REHABILITATION	1,064,896	122,586	80,385	102,648	1,370,515	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	340,878	15,323	448	11,236	367,885	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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 04950 DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02 04951 HEALTHY HEARTS CENTER	1,158,701	66,542	82,345	209,438	1,517,026	90.02
90.03 09001 CLINIC	0	0	0	0	0	90.03
90.04 04953 SPINE CENTER	0	0	0	0	0	90.04
90.05 04954 INFUSION CENTERS	479,458	0	105,704	38,180	623,342	90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07 09003 KNEE CENTER	4,156,638	350,109	7,941	243,316	4,758,004	90.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2022 2:48 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
90.08 09004 PALLIATIVE CARE	0	0	0	0	0	90.08
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	19,599,952	1,158,765	188,828	1,336,503	22,284,048	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	795,537,058	18,265,874	30,804,754	27,613,879	794,376,318
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	53,336	0	96	0	53,432	192.00
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00
194.01 07951 CHNW LEASED SPACE	0	0	0	0	0	194.01
194.02 07952 ACCOUNTABLE CARE	560,309	0	0	51,826	612,135	194.02
194.03 07953 SCHOOL BASED CLINICS	129,670	0	0	5,163	134,833	194.03
194.04 07954 SMO-NON PROVIDER BASED	750,372	0	0	68,303	818,675	194.04
194.05 07955 FAMILY PRACTICE MEDICINE	3,687,704	0	533,733	313,429	4,534,866	194.05
194.07 07957 LI FECHECK	0	0	0	0	0	194.07
194.08 07958 GROUP HOMES AND MIS. N_R CTRS	1,655,629	17,773	54,794	115,623	1,843,819	194.08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers					0
202.00	TOTAL (sum lines 118 through 201)	802,374,078	18,283,647	31,393,377	28,168,223	802,374,078

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 5/30/2022 2:48 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	140,193,599				5.00
7.00	00700	OPERATION OF PLANT	4,266,634	24,419,360			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	308,525		1,765,790		8.00
9.00	00900	HOUSEKEEPING	1,398,037	324,299	882,893	9,208,620	9.00
10.00	01000	DIETARY	487,147	351,039	0	134,160	3,273,304
11.00	01100	CAFETERIA	640,542	714,492	0	273,064	1,636,652
13.00	01300	NURSING ADMINISTRATION	1,864,767	230,232	0	87,990	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,591,151	483,345	0	184,724	0
15.00	01500	PHARMACY	2,610,707	172,455	0	65,909	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,243,417	48,466	0	18,523	0
17.00	01700	SOCIAL SERVICE	563,509	85,273	0	32,589	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	913,838	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,115,120	131,033	0	50,078	0
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	0
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	14,034,006	5,215,285	299,719	1,993,173	1,377,603
31.00	03100	INTENSIVE CARE UNIT	4,209,782	2,110,013	97,937	806,402	259,049
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	510,634	98,603	0	37,684	0
43.00	04300	NURSERY	154,849	168,874	8,912	64,540	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	4,901,056	3,486,155	87,022	1,332,334	0
51.00	05100	RECOVERY ROOM	272,264	274,998	0	105,098	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	965,649	721,416	38,073	275,710	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,220,263	897,214	82,727	342,896	0
55.00	05500	RADIOLOGY-THERAPEUTIC	459,814	10,982	0	4,197	0
57.00	05700	CT SCAN	930,773	41,661	0	15,922	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	338,375	836	0	319	0
59.00	05900	CARDIAC CATHETERIZATION	1,677,850	469,060	0	179,265	0
60.00	06000	LABORATORY	3,472,147	89,889	0	34,353	0
64.00	06400	INTRAVENOUS THERAPY	414,040	13,052	0	4,988	0
65.00	06500	RESPIRATORY THERAPY	1,436,847	31,037	0	11,862	0
66.00	06600	PHYSICAL THERAPY	1,799,256	217,658	0	83,184	0
67.00	06700	OCCUPATIONAL THERAPY	506,818	62,791	0	23,997	0
68.00	06800	SPEECH PATHOLOGY	181,520	22,482	0	8,592	0
69.00	06900	ELECTROCARDIOLOGY	982,753	19,816	0	7,573	0
70.00	07000	ELECTROENCEPHALOGRAPHY	285,341	49,898	0	19,070	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,924,328	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,946,266	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	31,254,214	0	0	0	0
73.01	07301	SPECIALTY PHARMACY	13,526,716	0	0	0	0
74.00	07400	RENAL DIALYSIS	350,960	8,834	0	3,376	0
76.00	03330	ENDOSCOPY	224,813	0	20,192	0	0
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,828,284	166,328	0	63,567	0
76.03	03951	LUTHERWOOD PARTNERSHIP	1,130,124	0	0	0	0
76.04	03952	WOUND CARE CENTER	573,353	164,139	19,077	62,730	0
76.05	03480	ONCOLOGY-CANCER CARE CENTER	8,318,864	4,594,462	0	1,755,906	0
76.06	03953	IMAGING CENTERS	1,531,066	3,462	0	1,323	0
76.07	03954	BREAST DIAGNOSTIC CENTER	587,533	184,154	0	70,380	0
76.97	07697	CARDIAC REHABILITATION	290,159	195,137	0	74,577	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	77,887	24,392	0	9,322	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	0	0	0	0	0
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0
90.02	04951	HEALTHY HEARTS CENTER	321,177	105,924	312	40,482	0
90.03	09001	CLINIC	0	0	0	0	0
90.04	04953	SPINE CENTER	0	0	0	0	0
90.05	04954	INFUSION CENTERS	131,971	0	0	0	0
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0
90.07	09003	KNEE CENTER	1,007,341	557,317	0	212,995	0
90.08	09004	PALLIATIVE CARE	0	0	0	0	0
90.10	09006	WORK SITE CLINICS	0	0	0	0	0
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0
91.00	09100	EMERGENCY	4,717,867	1,844,565	228,926	704,954	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

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

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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	
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	138,500,354	24,391,068	1,765,790	9,197,808	3,273,304	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	11,312	0	0	0	0	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 CHNW LEASED SPACE	0	0	0	0	0	194.01
194.02	07952 ACCOUNTABLE CARE	129,598	0	0	0	0	194.02
194.03	07953 SCHOOL BASED CLINICS	28,546	0	0	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	173,326	0	0	0	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	960,099	0	0	0	0	194.05
194.07	07957 LIFE CHECK	0	0	0	0	0	194.07
194.08	07958 GROUP HOMES AND MIS. N_R CTRS	390,364	28,292	0	10,812	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	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)	140,193,599	24,419,360	1,765,790	9,208,620	3,273,304	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Period:  
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
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	6,290,240					11.00
13.00	01300	121,747	11,112,648				13.00
14.00	01400	30,437	5,556,324	15,361,512			14.00
15.00	01500	344,949	0	7,680,493	23,205,745		15.00
16.00	01600	6,764	0	0	11,602,872	18,793,111	16.00
17.00	01700	71,019	0	38	0	0	17.00
21.00	02100	223,202	0	92	0	0	21.00
22.00	02200	172,474	0	5,598	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,714,596	3,075,389	77,739	0	1,191,160	30.00
31.00	03100	439,640	788,561	33,511	0	406,126	31.00
32.00	03200	0	0	0	0	0	32.00
35.00	02060	60,873	0	3,293	0	99,959	35.00
43.00	04300	20,291	36,395	1,581	0	14,394	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	382,149	685,442	602,503	0	1,055,000	50.00
51.00	05100	20,291	0	1,109	0	80,762	51.00
52.00	05200	87,928	157,712	6,752	0	61,482	52.00
54.00	05400	77,783	0	0	0	345,583	54.00
55.00	05500	30,437	0	17,030	0	147,599	55.00
57.00	05700	111,601	0	3,654	0	572,112	57.00
58.00	05800	23,673	0	8	0	92,089	58.00
59.00	05900	142,038	0	509,257	0	1,768,234	59.00
60.00	06000	0	0	102,559	0	1,055,372	60.00
64.00	06400	33,818	0	440	0	16,884	64.00
65.00	06500	148,801	0	7,049	0	213,201	65.00
66.00	06600	98,074	0	4,926	0	128,291	66.00
67.00	06700	57,491	0	907	0	38,214	67.00
68.00	06800	20,291	0	325	0	13,693	68.00
69.00	06900	145,420	0	5,350	0	311,180	69.00
70.00	07000	30,437	0	2,923	0	40,883	70.00
71.00	07100	0	0	1,240,854	0	487,340	71.00
72.00	07200	0	0	0	0	552,071	72.00
73.00	07300	0	0	4,824,332	11,602,873	5,773,020	73.00
73.01	07301	0	0	109,351	0	515,101	73.01
74.00	07400	0	0	985	0	46,060	74.00
76.00	03330	16,909	0	1,786	0	31,221	76.00
76.01	03550	182,620	0	5,274	0	126,227	76.01
76.03	03951	0	0	9,182	0	4,827	76.03
76.04	03952	37,200	0	7,294	0	72,130	76.04
76.05	03480	744,007	0	29,288	0	1,429,130	76.05
76.06	03953	3,382	0	6,464	0	374,564	76.06
76.07	03954	0	0	0	0	36,339	76.07
76.97	07697	47,346	0	587	0	21,314	76.97
76.98	07698	6,764	0	695	0	10,981	76.98
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	0	0	0	0	0	90.00
90.01	04950	0	0	0	0	0	90.01
90.02	04951	64,255	0	2,635	0	19,201	90.02
90.03	09001	0	0	0	0	0	90.03
90.04	04953	0	0	0	0	4	90.04
90.05	04954	0	0	1,405	0	102,998	90.05
90.06	09002	0	0	0	0	0	90.06
90.07	09003	118,365	0	529	0	30,180	90.07
90.08	09004	0	0	0	0	735	90.08
90.10	09006	0	0	0	0	0	90.10
90.12	04961	0	0	0	0	0	90.12
91.00	09100	453,168	812,825	50,898	0	1,507,450	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	6,290,240	11,112,648	15,358,696	23,205,745	18,793,111	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 CHNW LEASED SPACE	0	0	0	0	0	194.01
194.02	07952 ACCOUNTABLE CARE	0	0	39	0	0	194.02
194.03	07953 SCHOOL BASED CLINICS	0	0	43	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	0	79	0	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	0	107	0	0	194.05
194.07	07957 LI FE CHECK	0	0	0	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	0	2,548	0	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	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)	6,290,240	11,112,648	15,361,512	23,205,745	18,793,111	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Period:  
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Cost Center Description	INTERNS & RESIDENTS					EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH	
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
		17.00	21.00					
<b>GENERAL SERVICE COST CENTERS</b>								
1.00 00100	CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 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	3,414,069						17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	5,453,493					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		12,464,715				22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	0			0			23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0				0		23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	0						23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0						23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00 03000	ADULTS & PEDIATRICS	2,775,736	2,436,076	5,567,988	0	0		30.00
31.00 03100	INTENSIVE CARE UNIT	506,950	58,188	132,996	0	0		31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0		32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	74,528	42,264	96,601	0	0		35.00
43.00 04300	NURSERY	56,855	0	0	0	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00 05000	OPERATING ROOM	0	244,462	558,751	0	0		50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0		51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0		52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0		54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0		55.00
57.00 05700	CT SCAN	0	0	0	0	0		57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00 06000	LABORATORY	0	0	0	0	0		60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0		64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0		65.00
66.00 06600	PHYSICAL THERAPY	0	62,091	141,918	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	91,992	210,261	0	0		69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	4,556	10,414	0	0		70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	134,256	306,862	0	0		73.00
73.01 07301	SPECIALTY PHARMACY	0	0	0	0	0		73.01
74.00 07400	RENAL DIALYSIS	0	0	0	0	0		74.00
76.00 03330	ENDOSCOPY	0	0	0	0	0		76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	267,220	610,767	0	0		76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	0		76.03
76.04 03952	WOUND CARE CENTER	0	22,758	52,016	0	0		76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0		76.05
76.06 03953	IMAGING CENTERS	0	0	0	0	0		76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	0		76.07
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0		76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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 04950	DIABETIC CARE CENTER	0	0	0	0	0		90.01
90.02 04951	HEALTHY HEARTS CENTER	0	0	0	0	0		90.02
90.03 09001	CLINIC	0	0	0	0	0		90.03
90.04 04953	SPINE CENTER	0	0	0	0	0		90.04
90.05 04954	INFUSION CENTERS	0	0	0	0	0		90.05
90.06 09002	MEDCHECK CLINICS	0	0	0	0	0		90.06
90.07 09003	KNEE CENTER	0	50,060	114,419	0	0		90.07
90.08 09004	PALLIATIVE CARE	0	31,858	72,817	0	0		90.08
90.10 09006	WORK SITE CLINICS	0	0	0	0	0		90.10

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		SOCIAL SERVICE	INTERNS & RESIDENTS		EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH		
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			17.00	21.00				22.00
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	0	194,105	443,655	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,414,069	3,639,886	8,319,465	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.01	07951	CHNW LEASED SPACE	0	0	0	0	0	194.01
194.02	07952	ACCOUNTABLE CARE	0	0	0	0	0	194.02
194.03	07953	SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	0	0	0	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0	1,714,460	3,918,636	0	0	194.05
194.07	07957	LIFECHECK	0	0	0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	99,147	226,614	0	0	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,414,069	5,453,493	12,464,715	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY RESIDENCY-ALLI ED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	23.03	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH						23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH						23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0					23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH		0				23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	106,045,726	-8,004,064	98,041,662	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	29,733,347	-191,184	29,542,163	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	3,436,333	-138,865	3,297,468	35.00
43.00	04300	NURSERY	0	0	1,258,092	0	1,258,092	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	36,484,185	-803,213	35,680,972	50.00
51.00	05100	RECOVERY ROOM	0	0	2,040,517	0	2,040,517	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	6,875,802	0	6,875,802	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	8,730,170	0	8,730,170	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,841,914	0	2,841,914	55.00
57.00	05700	CT SCAN	0	0	6,072,072	0	6,072,072	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,053,555	0	2,053,555	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	12,670,744	0	12,670,744	59.00
60.00	06000	LABORATORY	0	0	21,154,420	0	21,154,420	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	2,438,868	0	2,438,868	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	8,635,499	0	8,635,499	65.00
66.00	06600	PHYSICAL THERAPY	0	0	11,033,880	-204,009	10,829,871	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	3,084,086	0	3,084,086	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,104,284	0	1,104,284	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	6,416,214	-302,253	6,113,961	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,791,284	-14,970	1,776,314	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	47,081,746	0	47,081,746	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	34,584,521	0	34,584,521	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	201,519,271	-441,118	201,078,153	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	78,042,323	0	78,042,323	73.01
74.00	07400	RENAL DIALYSIS	0	0	2,067,916	0	2,067,916	74.00
76.00	03330	ENDOSCOPY	0	0	1,356,789	0	1,356,789	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	23,332,538	-877,987	22,454,551	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	6,482,083	0	6,482,083	76.03
76.04	03952	WOUND CARE CENTER	0	0	3,718,834	-74,774	3,644,060	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	0	56,164,402	0	56,164,402	76.05
76.06	03953	IMAGING CENTERS	0	0	9,151,990	0	9,151,990	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	3,653,517	0	3,653,517	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	1,999,635	0	1,999,635	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	497,926	0	497,926	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	0	2,071,012	0	2,071,012	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	4	0	4	90.04
90.05	04954	INFUSION CENTERS	0	0	859,716	0	859,716	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	0	0	6,849,210	-164,479	6,684,731	90.07
90.08	09004	PALLIATIVE CARE	0	0	105,410	-104,675	735	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2022 2:48 pm

Cost Center Description		PHARMACY RESIDENCY-ALLI ED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.02	23.03	24.00	25.00	26.00	
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100 EMERGENCY	0	0	33,242,461	-637,760	32,604,701	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	786,682,296	-11,959,351	774,722,945	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	64,744	0	64,744	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 CHNW LEASED SPACE	0	0	0	0	0	194.01
194.02	07952 ACCOUNTABLE CARE	0	0	741,772	0	741,772	194.02
194.03	07953 SCHOOL BASED CLINICS	0	0	163,422	0	163,422	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	0	992,080	0	992,080	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	0	11,128,168	-5,633,096	5,495,072	194.05
194.07	07957 LIFE CHECK	0	0	0	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	0	2,601,596	-325,761	2,275,835	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	0	802,374,078	-17,918,208	784,455,870	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/30/2022 2:48 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	146,033	15,696,697	15,842,730	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	653,924	3,957,707	4,611,631	5.00
7.00 00700	OPERATION OF PLANT	0	2,143,326	166,346	2,309,672	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	203,726	17,189	220,915	9.00
10.00 01000	DIETARY	0	220,524	15,929	236,453	10.00
11.00 01100	CAFETERIA	0	448,848	84,493	533,341	11.00
13.00 01300	NURSING ADMINISTRATION	0	144,633	19,440	164,073	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	303,640	1,108,802	1,412,442	14.00
15.00 01500	PHARMACY	0	108,337	452,841	561,178	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	30,446	0	30,446	16.00
17.00 01700	SOCIAL SERVICE	0	53,569	66	53,635	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	990	990	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	82,315	134,042	216,357	22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	3,276,270	752,840	4,029,110	30.00
31.00 03100	INTENSIVE CARE UNIT	0	1,325,521	522,226	1,847,747	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	61,943	15,446	77,389	35.00
43.00 04300	NURSERY	0	106,088	30,098	136,186	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	2,190,020	1,041,882	3,231,902	50.00
51.00 05100	RECOVERY ROOM	0	172,755	58,472	231,227	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	453,197	128,564	581,761	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	563,634	347,316	910,950	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	6,899	14,034	20,933	55.00
57.00 05700	CT SCAN	0	26,172	338,757	364,929	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	525	360,315	360,840	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	294,666	512,069	806,735	59.00
60.00 06000	LABORATORY	0	56,468	54,432	110,900	60.00
64.00 06400	INTRAVENOUS THERAPY	0	8,199	2,395	10,594	64.00
65.00 06500	RESPIRATORY THERAPY	0	19,498	45,574	65,072	65.00
66.00 06600	PHYSICAL THERAPY	0	136,734	593,820	730,554	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	39,445	7,622	47,067	67.00
68.00 06800	SPEECH PATHOLOGY	0	14,123	2,730	16,853	68.00
69.00 06900	ELECTROCARDIOLOGY	0	12,449	307,338	319,787	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	31,346	66,576	97,922	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01 07301	SPECIALTY PHARMACY	0	0	0	0	73.01
74.00 07400	RENAL DIALYSIS	0	5,549	0	5,549	74.00
76.00 03330	ENDOSCOPY	0	0	74,745	74,745	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	104,488	816,473	920,961	76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0	0	73,484	73,484	76.03
76.04 03952	WOUND CARE CENTER	0	103,113	3,020	106,133	76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0	2,886,264	1,707,476	4,593,740	76.05
76.06 03953	IMAGING CENTERS	0	2,175	759,675	761,850	76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0	115,687	47,182	162,869	76.07
76.97 07697	CARDIAC REHABILITATION	0	122,586	80,385	202,971	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	15,323	448	15,771	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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 04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02 04951	HEALTHY HEARTS CENTER	0	66,542	82,345	148,887	90.02
90.03 09001	CLINIC	0	0	0	0	90.03
90.04 04953	SPINE CENTER	0	0	0	0	90.04
90.05 04954	INFUSION CENTERS	0	0	105,704	105,704	90.05
90.06 09002	MEDCHECK CLINICS	0	0	0	0	90.06
90.07 09003	KNEE CENTER	0	350,109	7,941	358,050	90.07
90.08 09004	PALLIATIVE CARE	0	0	0	0	90.08

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/30/2022 2:48 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	0	1,158,765	188,828	1,347,593	751,692	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	18,265,874	30,804,754	49,070,628	15,530,949
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	96	96	0	192.00
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00
194.01 07951 CHNW LEASED SPACE	0	0	0	0	0	194.01
194.02 07952 ACCOUNTABLE CARE	0	0	0	0	29,148	194.02
194.03 07953 SCHOOL BASED CLINICS	0	0	0	0	2,904	194.03
194.04 07954 SMO-NON PROVIDER BASED	0	0	0	0	38,416	194.04
194.05 07955 FAMILY PRACTICE MEDICINE	0	0	533,733	533,733	176,283	194.05
194.07 07957 LI FECHCK	0	0	0	0	0	194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	17,773	54,794	72,567	65,030	194.08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments			0		200.00
201.00	Negative Cost Centers			0		201.00
202.00	TOTAL (sum lines 118 through 201)	0	18,283,647	31,393,377	49,677,024	15,842,730

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/30/2022 2:48 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,594,931				5.00
7.00	00700	OPERATION OF PLANT	170,270	2,606,525			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	12,312	0	12,312		8.00
9.00	00900	HOUSEKEEPING	55,792	34,616	6,156	566,905	9.00
10.00	01000	DIETARY	19,441	37,470	0	8,259	360,062
11.00	01100	CAFETERIA	25,562	76,265	0	16,810	180,031
13.00	01300	NURSING ADMINISTRATION	74,418	24,575	0	5,417	0
14.00	01400	CENTRAL SERVICES & SUPPLY	63,499	51,592	0	11,372	0
15.00	01500	PHARMACY	104,187	18,408	0	4,058	0
16.00	01600	MEDICAL RECORDS & LIBRARY	49,622	5,173	0	1,140	0
17.00	01700	SOCIAL SERVICE	22,488	9,102	0	2,006	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	36,469	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	84,409	13,986	0	3,083	0
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	0
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	560,061	556,680	2,090	122,706	151,536
31.00	03100	INTENSIVE CARE UNIT	168,002	225,223	683	49,644	28,495
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	20,378	10,525	0	2,320	0
43.00	04300	NURSERY	6,180	18,026	62	3,973	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	195,589	372,113	607	82,022	0
51.00	05100	RECOVERY ROOM	10,865	29,353	0	6,470	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	38,537	77,004	265	16,973	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,698	95,769	577	21,110	0
55.00	05500	RADIOLOGY-THERAPEUTIC	18,350	1,172	0	258	0
57.00	05700	CT SCAN	37,145	4,447	0	980	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,504	89	0	20	0
59.00	05900	CARDIAC CATHETERIZATION	66,959	50,067	0	11,036	0
60.00	06000	LABORATORY	138,564	9,595	0	2,115	0
64.00	06400	INTRAVENOUS THERAPY	16,523	1,393	0	307	0
65.00	06500	RESPIRATORY THERAPY	57,341	3,313	0	730	0
66.00	06600	PHYSICAL THERAPY	71,804	23,233	0	5,121	0
67.00	06700	OCCUPATIONAL THERAPY	20,226	6,702	0	1,477	0
68.00	06800	SPEECH PATHOLOGY	7,244	2,400	0	529	0
69.00	06900	ELECTROCARDIOLOGY	39,219	2,115	0	466	0
70.00	07000	ELECTROENCEPHALOGRAPHY	11,387	5,326	0	1,174	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	316,240	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	237,300	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,247,441	0	0	0	0
73.01	07301	SPECIALTY PHARMACY	539,816	0	0	0	0
74.00	07400	RENAL DIALYSIS	14,006	943	0	208	0
76.00	03330	ENDOSCOPY	8,972	0	141	0	0
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	152,777	17,754	0	3,913	0
76.03	03951	LUTHERWOOD PARTNERSHIP	45,100	0	0	0	0
76.04	03952	WOUND CARE CENTER	22,881	17,520	133	3,862	0
76.05	03480	ONCOLOGY-CANCER CARE CENTER	331,984	490,413	0	108,098	0
76.06	03953	IMAGING CENTERS	61,101	370	0	81	0
76.07	03954	BREAST DIAGNOSTIC CENTER	23,447	19,657	0	4,333	0
76.97	07697	CARDIAC REHABILITATION	11,579	20,829	0	4,591	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,108	2,604	0	574	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	0	0	0	0	0
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0
90.02	04951	HEALTHY HEARTS CENTER	12,817	11,306	2	2,492	0
90.03	09001	CLINIC	0	0	0	0	0
90.04	04953	SPINE CENTER	0	0	0	0	0
90.05	04954	INFUSION CENTERS	5,267	0	0	0	0
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0
90.07	09003	KNEE CENTER	40,200	59,488	0	13,112	0
90.08	09004	PALLIATIVE CARE	0	0	0	0	0
90.10	09006	WORK SITE CLINICS	0	0	0	0	0
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0
91.00	09100	EMERGENCY	188,278	196,889	1,596	43,399	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2022 2:48 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	5,527,359	2,603,505	12,312	566,239	360,062	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	451	0	0	0	0	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 CHNW LEASED SPACE	0	0	0	0	0	194.01
194.02	07952 ACCOUNTABLE CARE	5,172	0	0	0	0	194.02
194.03	07953 SCHOOL BASED CLINICS	1,139	0	0	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	6,917	0	0	0	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	38,315	0	0	0	0	194.05
194.07	07957 LIFE CHECK	0	0	0	0	0	194.07
194.08	07958 GROUP HOMES AND MIS. N_R CTRS	15,578	3,020	0	666	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	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)	5,594,931	2,606,525	12,312	566,905	360,062	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/30/2022 2:48 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	968,915					11.00
13.00	01300	NURSING ADMINISTRATION	18,753	468,300				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,688	234,151	1,810,007			14.00
15.00	01500	PHARMACY	53,134	0	905,024	2,183,429		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,042	0	0	1,091,714	1,190,230	16.00
17.00	01700	SOCIAL SERVICE	10,939	0	4	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	34,381	0	11	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	26,567	0	660	0	0	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	264,105	129,600	9,159	0	75,485	30.00
31.00	03100	INTENSIVE CARE UNIT	67,720	33,231	3,948	0	25,737	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	9,377	0	388	0	6,335	35.00
43.00	04300	NURSERY	3,126	1,534	186	0	912	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	58,864	28,885	70,988	0	66,857	50.00
51.00	05100	RECOVERY ROOM	3,126	0	131	0	5,118	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,544	6,646	796	0	3,896	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,981	0	0	0	21,900	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,688	0	2,006	0	9,354	55.00
57.00	05700	CT SCAN	17,190	0	430	0	36,256	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,646	0	1	0	5,836	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,879	0	60,001	0	112,055	59.00
60.00	06000	LABORATORY	0	0	12,084	0	66,880	60.00
64.00	06400	INTRAVENOUS THERAPY	5,209	0	52	0	1,070	64.00
65.00	06500	RESPIRATORY THERAPY	22,921	0	831	0	13,511	65.00
66.00	06600	PHYSICAL THERAPY	15,107	0	580	0	8,130	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,856	0	107	0	2,422	67.00
68.00	06800	SPEECH PATHOLOGY	3,126	0	38	0	868	68.00
69.00	06900	ELECTROCARDIOLOGY	22,400	0	630	0	19,720	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,688	0	344	0	2,591	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	146,199	0	30,883	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	34,985	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	568,407	1,091,715	365,127	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	12,884	0	32,643	73.01
74.00	07400	RENAL DIALYSIS	0	0	116	0	2,919	74.00
76.00	03330	ENDOSCOPY	2,605	0	210	0	1,978	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	28,130	0	621	0	7,999	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	1,082	0	306	76.03
76.04	03952	WOUND CARE CENTER	5,730	0	859	0	4,571	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	114,603	0	3,451	0	90,566	76.05
76.06	03953	IMAGING CENTERS	521	0	762	0	23,737	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	2,303	76.07
76.97	07697	CARDIAC REHABILITATION	7,293	0	69	0	1,351	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	1,042	0	82	0	696	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	9,898	0	310	0	1,217	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPI NE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	165	0	6,527	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	18,232	0	62	0	1,913	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	47	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	69,804	34,253	5,997	0	95,529	91.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/30/2022 2:48 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	968,915	468,300	1,809,675	2,183,429	1,190,230	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.01	07951	CHNW LEASED SPACE	0	0	0	0	0	194.01
194.02	07952	ACCOUNTABLE CARE	0	0	5	0	0	194.02
194.03	07953	SCHOOL BASED CLINICS	0	0	5	0	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	0	9	0	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0	0	13	0	0	194.05
194.07	07957	LIFECHECK	0	0	0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	0	300	0	0	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	0	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)	968,915	468,300	1,810,007	2,183,429	1,190,230	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/30/2022 2:48 pm
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 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	226,235				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	363,649			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		982,513		22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	0		0		23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0			0	23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	0				23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0				23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	183,935				30.00
31.00 03100	INTENSIVE CARE UNIT	33,593				31.00
32.00 03200	CORONARY CARE UNIT	0				32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	4,939				35.00
43.00 04300	NURSERY	3,768				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0				50.00
51.00 05100	RECOVERY ROOM	0				51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0				52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0				54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0				55.00
57.00 05700	CT SCAN	0				57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0				58.00
59.00 05900	CARDIAC CATHETERIZATION	0				59.00
60.00 06000	LABORATORY	0				60.00
64.00 06400	INTRAVENOUS THERAPY	0				64.00
65.00 06500	RESPIRATORY THERAPY	0				65.00
66.00 06600	PHYSICAL THERAPY	0				66.00
67.00 06700	OCCUPATIONAL THERAPY	0				67.00
68.00 06800	SPEECH PATHOLOGY	0				68.00
69.00 06900	ELECTROCARDIOLOGY	0				69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0				70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0				71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0				72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0				73.00
73.01 07301	SPECIALTY PHARMACY	0				73.01
74.00 07400	RENAL DIALYSIS	0				74.00
76.00 03330	ENDOSCOPY	0				76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0				76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0				76.03
76.04 03952	WOUND CARE CENTER	0				76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0				76.05
76.06 03953	IMAGING CENTERS	0				76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0				76.07
76.97 07697	CARDIAC REHABILITATION	0				76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0				76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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 04950	DIABETIC CARE CENTER	0				90.01
90.02 04951	HEALTHY HEARTS CENTER	0				90.02
90.03 09001	CLINIC	0				90.03
90.04 04953	SPINE CENTER	0				90.04
90.05 04954	INFUSION CENTERS	0				90.05
90.06 09002	MEDCHECK CLINICS	0				90.06
90.07 09003	KNEE CENTER	0				90.07
90.08 09004	PALLIATIVE CARE	0				90.08
90.10 09006	WORK SITE CLINICS	0				90.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2022 2:48 pm

Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0					90.12
91.00 09100 EMERGENCY	0					91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0					98.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	226,235	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
191.00 19100 RESEARCH	0					191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0					192.00
194.00 07950 HOME OFFICE	0					194.00
194.01 07951 CHNW LEASED SPACE	0					194.01
194.02 07952 ACCOUNTABLE CARE	0					194.02
194.03 07953 SCHOOL BASED CLINICS	0					194.03
194.04 07954 SMO-NON PROVIDER BASED	0					194.04
194.05 07955 FAMILY PRACTICE MEDICINE	0					194.05
194.07 07957 LI FE CHECK	0					194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0					194.08
194.09 07959 SURGERY CENTER EAST	0					194.09
200.00	Cross Foot Adjustments		363,649	982,513	0	0 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	226,235	363,649	982,513	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/30/2022 2:48 pm		
Cost Center Description			PHARMACY RESIDENCY-ALLI ED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.02	23.03	24.00	25.00	26.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH					23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH					23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0				23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH		0			23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS			9,277,134	0	9,277,134
31.00	03100	INTENSIVE CARE UNIT			3,260,084	0	3,260,084
32.00	03200	CORONARY CARE UNIT			0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT			234,256	0	234,256
43.00	04300	NURSERY			208,419	0	208,419
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM			4,751,413	0	4,751,413
51.00	05100	RECOVERY ROOM			328,041	0	328,041
52.00	05200	DELIVERY ROOM & LABOR ROOM			920,503	0	920,503
54.00	05400	RADIOLOGY-DIAGNOSTIC			1,316,088	0	1,316,088
55.00	05500	RADIOLOGY-THERAPEUTIC			110,673	0	110,673
57.00	05700	CT SCAN			602,224	0	602,224
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			430,009	0	430,009
59.00	05900	CARDIAC CATHETERIZATION			1,391,463	0	1,391,463
60.00	06000	LABORATORY			340,138	0	340,138
64.00	06400	INTRAVENOUS THERAPY			88,362	0	88,362
65.00	06500	RESPIRATORY THERAPY			475,562	0	475,562
66.00	06600	PHYSICAL THERAPY			1,207,108	0	1,207,108
67.00	06700	OCCUPATIONAL THERAPY			189,970	0	189,970
68.00	06800	SPEECH PATHOLOGY			67,989	0	67,989
69.00	06900	ELECTROCARDIOLOGY			614,125	0	614,125
70.00	07000	ELECTROENCEPHALOGRAPHY			171,752	0	171,752
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			493,322	0	493,322
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			272,285	0	272,285
73.00	07300	DRUGS CHARGED TO PATIENTS			3,272,690	0	3,272,690
73.01	07301	SPECIALTY PHARMACY			712,387	0	712,387
74.00	07400	RENAL DIALYSIS			23,741	0	23,741
76.00	03330	ENDOSCOPY			118,576	0	118,576
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			3,197,051	0	3,197,051
76.03	03951	LUTHERWOOD PARTNERSHIP			664,412	0	664,412
76.04	03952	WOUND CARE CENTER			216,815	0	216,815
76.05	03480	ONCOLOGY-CANCER CARE CENTER			6,940,618	0	6,940,618
76.06	03953	IMAGING CENTERS			1,087,821	0	1,087,821
76.07	03954	BREAST DIAGNOSTIC CENTER			212,609	0	212,609
76.97	07697	CARDIAC REHABILITATION			306,415	0	306,415
76.98	07698	HYPERBARIC OXYGEN THERAPY			30,197	0	30,197
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC			0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0	0
90.00	09000	CLINIC			0	0	0
90.01	04950	DIABETIC CARE CENTER			0	0	0
90.02	04951	HEALTHY HEARTS CENTER			304,723	0	304,723
90.03	09001	CLINIC			0	0	0
90.04	04953	SPINE CENTER			0	0	0
90.05	04954	INFUSION CENTERS			139,137	0	139,137
90.06	09002	MEDCHECK CLINICS			0	0	0
90.07	09003	KNEE CENTER			627,906	0	627,906
90.08	09004	PALLIATIVE CARE			47	0	47
90.10	09006	WORK SITE CLINICS			0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2022 2:48 pm

Cost Center Description		PHARMACY RESIDENCY-ALLI ED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.02	23.03	24.00	25.00	26.00	
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE			0	0	0	90.12
91.00	09100 EMERGENCY			2,735,030	0	2,735,030	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS			0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	47,341,095	0	47,341,095	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	0	0	190.00
191.00	19100 RESEARCH			0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES			547	0	547	192.00
194.00	07950 HOME OFFICE			0	0	0	194.00
194.01	07951 CHNW LEASED SPACE			0	0	0	194.01
194.02	07952 ACCOUNTABLE CARE			34,325	0	34,325	194.02
194.03	07953 SCHOOL BASED CLINICS			4,048	0	4,048	194.03
194.04	07954 SMO-NON PROVIDER BASED			45,342	0	45,342	194.04
194.05	07955 FAMILY PRACTICE MEDICINE			748,344	0	748,344	194.05
194.07	07957 LIFE CHECK			0	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS			157,161	0	157,161	194.08
194.09	07959 SURGERY CENTER EAST			0	0	0	194.09
200.00	Cross Foot Adjustments	0	0	1,346,162	0	1,346,162	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	0	49,677,024	0	49,677,024	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

Date/Time Prepared:  
5/30/2022 2:48 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	731,431				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		63,210,107			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,842	31,605,052	231,226,505		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	26,160	7,968,789	14,351,388	-140,193,599	5.00
7.00 00700	OPERATION OF PLANT	85,743	334,935	1,847,501	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	8,150	34,609	3,640,409	0	9.00
10.00 01000	DIETARY	8,822	32,073	852,926	0	10.00
11.00 01100	CAFETERIA	17,956	170,126	1,998,157	0	11.00
13.00 01300	NURSING ADMINISTRATION	5,786	39,142	2,642,653	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	12,147	2,232,557	470,882	0	14.00
15.00 01500	PHARMACY	4,334	911,790	7,844,006	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,218	0	161,904	0	16.00
17.00 01700	SOCIAL SERVICE	2,143	133	1,869,062	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,993	4,258,824	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,293	269,892	9,303,675	0	22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	131,066	1,515,834	46,597,201	0	30.00
31.00 03100	INTENSIVE CARE UNIT	53,027	1,051,494	11,326,718	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	2,478	31,101	1,497,536	0	35.00
43.00 04300	NURSERY	4,244	60,602	503,040	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	87,611	2,097,816	9,393,224	0	50.00
51.00 05100	RECOVERY ROOM	6,911	117,733	609,356	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	18,130	258,862	2,642,900	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	22,548	699,317	2,993,509	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	276	28,257	786,851	0	55.00
57.00 05700	CT SCAN	1,047	682,083	2,055,685	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	21	725,489	672,440	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	11,788	1,031,043	3,834,600	0	59.00
60.00 06000	LABORATORY	2,259	109,599	0	0	60.00
64.00 06400	INTRAVENOUS THERAPY	328	4,822	776,664	0	64.00
65.00 06500	RESPIRATORY THERAPY	780	91,762	4,551,393	0	65.00
66.00 06600	PHYSICAL THERAPY	5,470	1,195,648	5,145,936	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,578	15,346	1,504,941	0	67.00
68.00 06800	SPEECH PATHOLOGY	565	5,496	539,008	0	68.00
69.00 06900	ELECTROCARDIOLOGY	498	618,821	3,061,878	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,254	134,050	705,234	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01 07301	SPECIALTY PHARMACY	0	0	1,854,227	0	73.01
74.00 07400	RENAL DIALYSIS	222	0	0	0	74.00
76.00 03330	ENDOSCOPY	0	150,499	436,765	0	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,180	1,643,958	30,137,434	0	76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0	147,960	7,946,176	0	76.03
76.04 03952	WOUND CARE CENTER	4,125	6,081	804,566	0	76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	115,464	3,437,979	17,627,452	0	76.05
76.06 03953	IMAGING CENTERS	87	1,529,596	3,494,065	0	76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	4,628	95,000	0	0	76.07
76.97 07697	CARDIAC REHABILITATION	4,904	161,854	842,610	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	613	903	92,235	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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 04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02 04951	HEALTHY HEARTS CENTER	2,662	165,801	1,719,225	0	90.02
90.03 09001	CLINIC	0	0	0	0	90.03
90.04 04953	SPINE CENTER	0	0	0	0	90.04
90.05 04954	INFUSION CENTERS	0	212,833	313,410	0	90.05
90.06 09002	MEDCHECK CLINICS	0	0	0	0	90.06
90.07 09003	KNEE CENTER	14,006	15,990	1,997,322	0	90.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2022 2:48 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
90.08 09004 PALLIATIVE CARE	0	0	0	0	0	90.08	
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	90.10	
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12	
91.00 09100 EMERGENCY	46,356	380,202	10,971,037	0	22,284,048	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	730,720	62,024,922	226,676,025	-140,193,599	654,182,719	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	193	0	0	53,432	192.00	
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00	
194.01 07951 CHNW LEASED SPACE	0	0	0	0	0	194.01	
194.02 07952 ACCOUNTABLE CARE	0	0	425,426	0	612,135	194.02	
194.03 07953 SCHOOL BASED CLINICS	0	0	42,380	0	134,833	194.03	
194.04 07954 SMO-NON PROVIDER BASED	0	0	560,684	0	818,675	194.04	
194.05 07955 FAMILY PRACTICE MEDICINE	0	1,074,665	2,572,869	0	4,534,866	194.05	
194.07 07957 LI FE CHECK	0	0	0	0	0	194.07	
194.08 07958 GROUP HOMES AND MIS. N_R CTRS	711	110,327	949,121	0	1,843,819	194.08	
194.09 07959 SURGERY CENTER EAST	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)	18,283,647	31,393,377	28,168,223	140,193,599	202.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	24.997091	0.496651	0.121821	0.211715	203.00	
204.00	Cost to be allocated (per Wkst. B, Part II)			15,842,730	5,594,931	204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)			0.068516	0.008449	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: 15-0074

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

Worksheet B-1

Date/Time Prepared:  
5/30/2022 2:48 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (ONSITE FTES)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700	613,686					7.00
8.00	00800		367,558				8.00
9.00	00900	8,150	183,779	605,536			9.00
10.00	01000	8,822	0	8,822	190,296		10.00
11.00	01100	17,956	0	17,956	95,148	1,860	11.00
13.00	01300	5,786	0	5,786	0	36	13.00
14.00	01400	12,147	0	12,147	0	9	14.00
15.00	01500	4,334	0	4,334	0	102	15.00
16.00	01600	1,218	0	1,218	0	2	16.00
17.00	01700	2,143	0	2,143	0	21	17.00
21.00	02100	0	0	0	0	66	21.00
22.00	02200	3,293	0	3,293	0	51	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	131,066	62,388	131,066	80,088	507	30.00
31.00	03100	53,027	20,386	53,027	15,060	130	31.00
32.00	03200	0	0	0	0	0	32.00
35.00	02060	2,478	0	2,478	0	18	35.00
43.00	04300	4,244	1,855	4,244	0	6	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	87,611	18,114	87,611	0	113	50.00
51.00	05100	6,911	0	6,911	0	6	51.00
52.00	05200	18,130	7,925	18,130	0	26	52.00
54.00	05400	22,548	17,220	22,548	0	23	54.00
55.00	05500	276	0	276	0	9	55.00
57.00	05700	1,047	0	1,047	0	33	57.00
58.00	05800	21	0	21	0	7	58.00
59.00	05900	11,788	0	11,788	0	42	59.00
60.00	06000	2,259	0	2,259	0	0	60.00
64.00	06400	328	0	328	0	10	64.00
65.00	06500	780	0	780	0	44	65.00
66.00	06600	5,470	0	5,470	0	29	66.00
67.00	06700	1,578	0	1,578	0	17	67.00
68.00	06800	565	0	565	0	6	68.00
69.00	06900	498	0	498	0	43	69.00
70.00	07000	1,254	0	1,254	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
73.01	07301	0	0	0	0	0	73.01
74.00	07400	222	0	222	0	0	74.00
76.00	03330	0	4,203	0	0	5	76.00
76.01	03550	4,180	0	4,180	0	54	76.01
76.03	03951	0	0	0	0	0	76.03
76.04	03952	4,125	3,971	4,125	0	11	76.04
76.05	03480	115,464	0	115,464	0	220	76.05
76.06	03953	87	0	87	0	1	76.06
76.07	03954	4,628	0	4,628	0	0	76.07
76.97	07697	4,904	0	4,904	0	14	76.97
76.98	07698	613	0	613	0	2	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	0	0	0	90.01
90.02	04951	2,662	65	2,662	0	19	90.02
90.03	09001	0	0	0	0	0	90.03
90.04	04953	0	0	0	0	0	90.04
90.05	04954	0	0	0	0	0	90.05
90.06	09002	0	0	0	0	0	90.06
90.07	09003	14,006	0	14,006	0	35	90.07
90.08	09004	0	0	0	0	0	90.08
90.10	09006	0	0	0	0	0	90.10
90.12	04961	0	0	0	0	0	90.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

Date/Time Prepared:  
5/30/2022 2:48 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (ONSITE FTES)	
		7.00	8.00	9.00	10.00	11.00	
91.00	09100 EMERGENCY	46,356	47,652	46,356	0	134	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	612,975	367,558	604,825	190,296	1,860	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 CHNW LEASED SPACE	0	0	0	0	0	194.01
194.02	07952 ACCOUNTABLE CARE	0	0	0	0	0	194.02
194.03	07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	0	0	0	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	0	0	0	0	194.05
194.07	07957 LIFECHECK	0	0	0	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	711	0	711	0	0	194.08
194.09	07959 SURGERY CENTER EAST	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)	24,419,360	1,765,790	9,208,620	3,273,304	6,290,240	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	39.791294	4.804113	15.207387	17.201118	3,381.849462	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,606,525	12,312	566,905	360,062	968,915	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.247327	0.033497	0.936204	1.892115	520.922043	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: 15-0074

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2022 2:48 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	1,832					13.00
14.00	01400	916	463,369,657				14.00
15.00	01500	0	231,678,704	200			15.00
16.00	01600	0	0	100	3,402,673,016		16.00
17.00	01700	0	1,147		0	101,422	17.00
21.00	02100	0	2,777	0	0	0	21.00
22.00	02200	0	168,869	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	507	2,344,920	0	215,672,656	82,459	30.00
31.00	03100	130	1,010,837	0	73,533,600	15,060	31.00
32.00	03200	0	0	0	0	0	32.00
35.00	02060	0	99,317	0	18,098,639	2,214	35.00
43.00	04300	6	47,681	0	2,606,127	1,689	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	113	18,173,968	0	191,019,373	0	50.00
51.00	05100	0	33,437	0	14,622,840	0	51.00
52.00	05200	26	203,667	0	11,132,033	0	52.00
54.00	05400	0	0	0	62,571,651	0	54.00
55.00	05500	0	513,695	0	26,724,350	0	55.00
57.00	05700	0	110,209	0	103,587,204	0	57.00
58.00	05800	0	229	0	16,673,757	0	58.00
59.00	05900	0	15,361,266	0	320,158,232	0	59.00
60.00	06000	0	3,093,601	0	191,086,773	0	60.00
64.00	06400	0	13,270	0	3,057,019	0	64.00
65.00	06500	0	212,639	0	38,602,455	0	65.00
66.00	06600	0	148,578	0	23,228,575	0	66.00
67.00	06700	0	27,369	0	6,919,041	0	67.00
68.00	06800	0	9,802	0	2,479,231	0	68.00
69.00	06900	0	161,391	0	56,342,643	0	69.00
70.00	07000	0	88,174	0	7,402,258	0	70.00
71.00	07100	0	37,429,223	0	88,238,225	0	71.00
72.00	07200	0	0	0	99,958,559	0	72.00
73.00	07300	0	145,521,588	100	1,045,242,085	0	73.00
73.01	07301	0	3,298,469	0	93,264,718	0	73.01
74.00	07400	0	29,705	0	8,339,676	0	74.00
76.00	03330	0	53,866	0	5,652,823	0	76.00
76.01	03550	0	159,085	0	22,854,715	0	76.01
76.03	03951	0	276,972	0	873,937	0	76.03
76.04	03952	0	220,023	0	13,059,868	0	76.04
76.05	03480	0	883,461	0	258,759,759	0	76.05
76.06	03953	0	194,971	0	67,818,999	0	76.06
76.07	03954	0	0	0	6,579,517	0	76.07
76.97	07697	0	17,721	0	3,859,190	0	76.97
76.98	07698	0	20,956	0	1,988,224	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	0	0	0	90.01
90.02	04951	0	79,489	0	3,476,566	0	90.02
90.03	09001	0	0	0	0	0	90.03
90.04	04953	0	0	0	653	0	90.04
90.05	04954	0	42,369	0	18,648,930	0	90.05
90.06	09002	0	0	0	0	0	90.06
90.07	09003	0	15,968	0	5,464,459	0	90.07
90.08	09004	0	0	0	133,159	0	90.08
90.10	09006	0	0	0	0	0	90.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

Date/Time Prepared:  
5/30/2022 2:48 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100 EMERGENCY	134	1,535,303	0	272,940,497	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,832	463,284,716	200	3,402,673,016	101,422	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 CHNW LEASED SPACE	0	0	0	0	0	194.01
194.02	07952 ACCOUNTABLE CARE	0	1,168	0	0	0	194.02
194.03	07953 SCHOOL BASED CLINICS	0	1,302	0	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	2,382	0	0	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	3,237	0	0	0	194.05
194.07	07957 LIFE CHECK	0	0	0	0	0	194.07
194.08	07958 GROUP HOMES AND MIS. N_R CTRS	0	76,852	0	0	0	194.08
194.09	07959 SURGERY CENTER EAST	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)	11,112,648	15,361,512	23,205,745	18,793,111	3,414,069	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6,065.855895	0.033152	116,028.725000	0.005523	33.662016	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	468,300	1,810,007	2,183,429	1,190,230	226,235	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	255.622271	0.003906	10,917.145000	0.000350	2.230630	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: 15-0074

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

Worksheet B-1

Date/Time Prepared:  
5/30/2022 2:48 pm

Cost Center Description	INTERNS & RESIDENTS					21.00	22.00	23.00	23.01	23.02
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	EMS TRAINING-ALLIED HEALTH (ASSIGNED TIME)	RADIOLOGY SCHOOL-ALLIED HEALTH (ASSIGNED TIME)	PHARMACY RESIDENCY-ALLIED HEALTH (ASSIGNED TIME)					
<b>GENERAL SERVICE COST CENTERS</b>										
1.00 00100	CAP REL COSTS-BLDG & FIXT									1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP									2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT									4.00
5.00 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
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	459,615								21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		459,615							22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH				0					23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH					0				23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH							0		23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH								0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00 03000	ADULTS & PEDIATRICS	205,310	205,310		0	0			0	30.00
31.00 03100	INTENSIVE CARE UNIT	4,904	4,904		0	0			0	31.00
32.00 03200	CORONARY CARE UNIT	0	0		0	0			0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	3,562	3,562		0	0			0	35.00
43.00 04300	NURSERY	0	0		0	0			0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
50.00 05000	OPERATING ROOM	20,603	20,603		0	0			0	50.00
51.00 05100	RECOVERY ROOM	0	0		0	0			0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0		0	0			0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0		0	0			0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0		0	0			0	55.00
57.00 05700	CT SCAN	0	0		0	0			0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		0	0			0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0		0	0			0	59.00
60.00 06000	LABORATORY	0	0		0	0			0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0		0	0			0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0		0	0			0	65.00
66.00 06600	PHYSICAL THERAPY	5,233	5,233		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	7,753	7,753		0	0			0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	384	384		0	0			0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	11,315	11,315		0	0			0	73.00
73.01 07301	SPECIALTY PHARMACY	0	0		0	0			0	73.01
74.00 07400	RENAL DIALYSIS	0	0		0	0			0	74.00
76.00 03330	ENDOSCOPY	0	0		0	0			0	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	22,521	22,521		0	0			0	76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0	0		0	0			0	76.03
76.04 03952	WOUND CARE CENTER	1,918	1,918		0	0			0	76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0	0		0	0			0	76.05
76.06 03953	IMAGING CENTERS	0	0		0	0			0	76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0	0		0	0			0	76.07
76.97 07697	CARDIAC REHABILITATION	0	0		0	0			0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0		0	0			0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>										
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 04950	DIABETIC CARE CENTER	0	0		0	0			0	90.01
90.02 04951	HEALTHY HEARTS CENTER	0	0		0	0			0	90.02
90.03 09001	CLINIC	0	0		0	0			0	90.03
90.04 04953	SPINE CENTER	0	0		0	0			0	90.04
90.05 04954	INFUSION CENTERS	0	0		0	0			0	90.05
90.06 09002	MEDCHECK CLINICS	0	0		0	0			0	90.06
90.07 09003	KNEE CENTER	4,219	4,219		0	0			0	90.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

Date/Time Prepared:  
5/30/2022 2:48 pm

Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	EMS TRAINING-ALLIED HEALTH (ASSIGNED TIME)	RADIOLOGY SCHOOL-ALLIED HEALTH (ASSIGNED TIME)	PHARMACY RESIDENCY-ALLIED HEALTH (ASSIGNED TIME)	
	21.00	22.00	23.00	23.01	23.02	
90.08 09004 PALLIATIVE CARE	2,685	2,685	0	0	0	90.08
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	16,359	16,359	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	306,766	306,766	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00
194.01 07951 CHNW LEASED SPACE	0	0	0	0	0	194.01
194.02 07952 ACCOUNTABLE CARE	0	0	0	0	0	194.02
194.03 07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04 07954 SMO-NON PROVIDER BASED	0	0	0	0	0	194.04
194.05 07955 FAMILY PRACTICE MEDICINE	144,493	144,493	0	0	0	194.05
194.07 07957 LIFE CHECK	0	0	0	0	0	194.07
194.08 07958 GROUP HOMES AND MIS. N_R CTRS	8,356	8,356	0	0	0	194.08
194.09 07959 SURGERY CENTER EAST	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)	5,453,493	12,464,715	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11.865350	27.119905	0.000000	0.000000	0.000000 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	363,649	982,513	0	0	0 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.791204	2.137687	0.000000	0.000000	0.000000 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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

Date/Time Prepared:  
5/30/2022 2:48 pm

Cost Center Description		PHARMACY RESIDENCY-BTH ALLIED HEALTH (ASSIGNED TIME)	
		23.03	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35.00
43.00	04300	NURSERY	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
73.01	07301	SPECIALTY PHARMACY	73.01
74.00	07400	RENAL DIALYSIS	74.00
76.00	03330	ENDOSCOPY	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	76.03
76.04	03952	WOUND CARE CENTER	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	76.05
76.06	03953	IMAGING CENTERS	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	76.07
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	04950	DIABETIC CARE CENTER	90.01
90.02	04951	HEALTHY HEARTS CENTER	90.02
90.03	09001	CLINIC	90.03
90.04	04953	SPINE CENTER	90.04
90.05	04954	INFUSION CENTERS	90.05
90.06	09002	MEDCHECK CLINICS	90.06
90.07	09003	KNEE CENTER	90.07
90.08	09004	PALLIATIVE CARE	90.08
90.10	09006	WORK SITE CLINICS	90.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2022 2:48 pm

Cost Center Description		PHARMACY RESIDENCY-BTH ALLIED HEALTH (ASSIGNED TIME) 23.03		
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0		90.12
91.00	09100 EMERGENCY	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0		98.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0		118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		190.00
191.00	19100 RESEARCH	0		191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0		192.00
194.00	07950 HOME OFFICE	0		194.00
194.01	07951 CHNW LEASED SPACE	0		194.01
194.02	07952 ACCOUNTABLE CARE	0		194.02
194.03	07953 SCHOOL BASED CLINICS	0		194.03
194.04	07954 SMO-NON PROVIDER BASED	0		194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0		194.05
194.07	07957 LIFECHECK	0		194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0		194.08
194.09	07959 SURGERY CENTER EAST	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		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/30/2022 2:48 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	98,041,662	98,041,662	67,280	98,108,942	30.00
31.00	03100 INTENSIVE CARE UNIT	29,542,163	29,542,163	0	29,542,163	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	3,297,468	3,297,468	0	3,297,468	35.00
43.00	04300 NURSERY	1,258,092	1,258,092	0	1,258,092	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	35,680,972	35,680,972	0	35,680,972	50.00
51.00	05100 RECOVERY ROOM	2,040,517	2,040,517	0	2,040,517	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,875,802	6,875,802	0	6,875,802	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,730,170	8,730,170	0	8,730,170	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,841,914	2,841,914	0	2,841,914	55.00
57.00	05700 CT SCAN	6,072,072	6,072,072	0	6,072,072	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,053,555	2,053,555	0	2,053,555	58.00
59.00	05900 CARDIAC CATHETERIZATION	12,670,744	12,670,744	0	12,670,744	59.00
60.00	06000 LABORATORY	21,154,420	21,154,420	0	21,154,420	60.00
64.00	06400 INTRAVENOUS THERAPY	2,438,868	2,438,868	0	2,438,868	64.00
65.00	06500 RESPIRATORY THERAPY	8,635,499	8,635,499	0	8,635,499	65.00
66.00	06600 PHYSICAL THERAPY	10,829,871	10,829,871	0	10,829,871	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,084,086	3,084,086	0	3,084,086	67.00
68.00	06800 SPEECH PATHOLOGY	1,104,284	1,104,284	0	1,104,284	68.00
69.00	06900 ELECTROCARDIOLOGY	6,113,961	6,113,961	0	6,113,961	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,776,314	1,776,314	0	1,776,314	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	47,081,746	47,081,746	0	47,081,746	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	34,584,521	34,584,521	0	34,584,521	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	201,078,153	201,078,153	0	201,078,153	73.00
73.01	07301 SPECIALTY PHARMACY	78,042,323	78,042,323	0	78,042,323	73.01
74.00	07400 RENAL DIALYSIS	2,067,916	2,067,916	0	2,067,916	74.00
76.00	03330 ENDOSCOPY	1,356,789	1,356,789	0	1,356,789	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	22,454,551	22,454,551	32,001	22,486,552	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	6,482,083	6,482,083	0	6,482,083	76.03
76.04	03952 WOUND CARE CENTER	3,644,060	3,644,060	0	3,644,060	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	56,164,402	56,164,402	0	56,164,402	76.05
76.06	03953 IMAGING CENTERS	9,151,990	9,151,990	0	9,151,990	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	3,653,517	3,653,517	0	3,653,517	76.07
76.97	07697 CARDIAC REHABILITATION	1,999,635	1,999,635	0	1,999,635	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	497,926	497,926	0	497,926	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	04950 DIABETIC CARE CENTER	0	0	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	2,071,012	2,071,012	0	2,071,012	90.02
90.03	09001 CLINIC	0	0	0	0	90.03
90.04	04953 SPINE CENTER	4	4	0	4	90.04
90.05	04954 INFUSION CENTERS	859,716	859,716	0	859,716	90.05
90.06	09002 MEDCHECK CLINICS	0	0	0	0	90.06
90.07	09003 KNEE CENTER	6,684,731	6,684,731	0	6,684,731	90.07
90.08	09004 PALLIATIVE CARE	735	735	0	735	90.08
90.10	09006 WORK SITE CLINICS	0	0	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	90.12
91.00	09100 EMERGENCY	32,604,701	32,604,701	0	32,604,701	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	7,023,174	7,023,174	0	7,023,174	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00	Subtotal (see instructions)	781,746,119	781,746,119	99,281	781,845,400	200.00
201.00	Less Observation Beds	7,023,174	7,023,174		7,023,174	201.00
202.00	Total (see instructions)	774,722,945	774,722,945	99,281	774,822,226	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074		Period: From 01/01/2021 To 12/31/2021		Worksheet C Part I Date/Time Prepared: 5/30/2022 2:48 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	204,966,322		204,966,322				30.00
31.00	03100	INTENSIVE CARE UNIT	73,533,600		73,533,600				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	18,098,639		18,098,639				35.00
43.00	04300	NURSERY	2,606,127		2,606,127				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	123,909,786	67,109,587	191,019,373	0.186792	0.000000		50.00
51.00	05100	RECOVERY ROOM	7,151,668	7,471,172	14,622,840	0.139543	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,132,033	0	11,132,033	0.617659	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,313,469	49,258,182	62,571,651	0.139523	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,255,970	13,468,380	26,724,350	0.106342	0.000000		55.00
57.00	05700	CT SCAN	28,408,550	75,178,654	103,587,204	0.058618	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,886,242	11,787,515	16,673,757	0.123161	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	114,433,563	205,724,669	320,158,232	0.039577	0.000000		59.00
60.00	06000	LABORATORY	96,725,004	94,361,769	191,086,773	0.110706	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	1,112,869	1,944,150	3,057,019	0.797793	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	36,209,836	2,392,619	38,602,455	0.223703	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	3,971,612	19,256,963	23,228,575	0.466231	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,195,742	3,723,299	6,919,041	0.445739	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,009,763	1,469,468	2,479,231	0.445414	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	14,394,370	41,948,273	56,342,643	0.108514	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	914,617	6,487,641	7,402,258	0.239969	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	40,685,057	47,553,168	88,238,225	0.533575	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	60,181,563	39,776,996	99,958,559	0.345989	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	88,383,835	956,858,250	1,045,242,085	0.192375	0.000000		73.00
73.01	07301	SPECIALTY PHARMACY	0	93,264,718	93,264,718	0.836783	0.000000		73.01
74.00	07400	RENAL DIALYSIS	8,339,676	0	8,339,676	0.247961	0.000000		74.00
76.00	03330	ENDOSCOPY	2,365,548	3,287,275	5,652,823	0.240020	0.000000		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	22,854,715	22,854,715	0.982491	0.000000		76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	873,937	873,937	7.417106	0.000000		76.03
76.04	03952	WOUND CARE CENTER	722,001	12,337,867	13,059,868	0.279027	0.000000		76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	1,609,526	257,150,233	258,759,759	0.217052	0.000000		76.05
76.06	03953	IMAGING CENTERS	155,931	67,663,068	67,818,999	0.134947	0.000000		76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	54,869	6,524,648	6,579,517	0.555287	0.000000		76.07
76.97	07697	CARDIAC REHABILITATION	26,736	3,832,454	3,859,190	0.518149	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,988,224	1,988,224	0.250438	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0.000000	0.000000		90.01
90.02	04951	HEALTHY HEARTS CENTER	19,605	3,456,961	3,476,566	0.595706	0.000000		90.02
90.03	09001	CLINIC	0	0	0	0.000000	0.000000		90.03
90.04	04953	SPINE CENTER	653	0	653	0.006126	0.000000		90.04
90.05	04954	INFUSION CENTERS	10,627	18,638,303	18,648,930	0.046100	0.000000		90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0.000000	0.000000		90.06
90.07	09003	KNEE CENTER	4,187	5,460,272	5,464,459	1.223311	0.000000		90.07
90.08	09004	PALLIATIVE CARE	0	133,159	133,159	0.005520	0.000000		90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0.000000	0.000000		90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0.000000	0.000000		90.12
91.00	09100	EMERGENCY	61,936,134	211,004,363	272,940,497	0.119457	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,743,997	7,962,337	10,706,334	0.655983	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000		98.00
200.00		Subtotal (see instructions)	1,040,469,727	2,362,203,289	3,402,673,016				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,040,469,727	2,362,203,289	3,402,673,016				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/30/2022 2:48 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.186792		50.00
51.00	05100	RECOVERY ROOM	0.139543		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.617659		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139523		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.106342		55.00
57.00	05700	CT SCAN	0.058618		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.123161		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.039577		59.00
60.00	06000	LABORATORY	0.110706		60.00
64.00	06400	INTRAVENOUS THERAPY	0.797793		64.00
65.00	06500	RESPIRATORY THERAPY	0.223703		65.00
66.00	06600	PHYSICAL THERAPY	0.466231		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.445739		67.00
68.00	06800	SPEECH PATHOLOGY	0.445414		68.00
69.00	06900	ELECTROCARDIOLOGY	0.108514		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.239969		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.533575		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.345989		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192375		73.00
73.01	07301	SPECIALTY PHARMACY	0.836783		73.01
74.00	07400	RENAL DIALYSIS	0.247961		74.00
76.00	03330	ENDOSCOPY	0.240020		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.983891		76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	7.417106		76.03
76.04	03952	WOUND CARE CENTER	0.279027		76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.217052		76.05
76.06	03953	IMAGING CENTERS	0.134947		76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.555287		76.07
76.97	07697	CARDIAC REHABILITATION	0.518149		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.250438		76.98
		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	0.000000		90.00
90.01	04950	DIABETIC CARE CENTER	0.000000		90.01
90.02	04951	HEALTHY HEARTS CENTER	0.595706		90.02
90.03	09001	CLINIC	0.000000		90.03
90.04	04953	SPI NE CENTER	0.006126		90.04
90.05	04954	INFUSION CENTERS	0.046100		90.05
90.06	09002	MEDCHECK CLINICS	0.000000		90.06
90.07	09003	KNEE CENTER	1.223311		90.07
90.08	09004	PALLIATIVE CARE	0.005520		90.08
90.10	09006	WORK SITE CLINICS	0.000000		90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000		90.12
91.00	09100	EMERGENCY	0.119457		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.655983		92.00
		OTHER REIMBURSABLE COST CENTERS			
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
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: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/30/2022 2:48 pm	
			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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	106,045,726	106,045,726	67,280	106,113,006	30.00
31.00	03100 INTENSIVE CARE UNIT	29,733,347	29,733,347	0	29,733,347	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	3,436,333	3,436,333	0	3,436,333	35.00
43.00	04300 NURSERY	1,258,092	1,258,092	0	1,258,092	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	36,484,185	36,484,185	0	36,484,185	50.00
51.00	05100 RECOVERY ROOM	2,040,517	2,040,517	0	2,040,517	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,875,802	6,875,802	0	6,875,802	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,730,170	8,730,170	0	8,730,170	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,841,914	2,841,914	0	2,841,914	55.00
57.00	05700 CT SCAN	6,072,072	6,072,072	0	6,072,072	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,053,555	2,053,555	0	2,053,555	58.00
59.00	05900 CARDIAC CATHETERIZATION	12,670,744	12,670,744	0	12,670,744	59.00
60.00	06000 LABORATORY	21,154,420	21,154,420	0	21,154,420	60.00
64.00	06400 INTRAVENOUS THERAPY	2,438,868	2,438,868	0	2,438,868	64.00
65.00	06500 RESPIRATORY THERAPY	8,635,499	8,635,499	0	8,635,499	65.00
66.00	06600 PHYSICAL THERAPY	11,033,880	11,033,880	0	11,033,880	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,084,086	3,084,086	0	3,084,086	67.00
68.00	06800 SPEECH PATHOLOGY	1,104,284	1,104,284	0	1,104,284	68.00
69.00	06900 ELECTROCARDIOLOGY	6,416,214	6,416,214	0	6,416,214	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,791,284	1,791,284	0	1,791,284	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	47,081,746	47,081,746	0	47,081,746	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	34,584,521	34,584,521	0	34,584,521	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	201,519,271	201,519,271	0	201,519,271	73.00
73.01	07301 SPECIALTY PHARMACY	78,042,323	78,042,323	0	78,042,323	73.01
74.00	07400 RENAL DIALYSIS	2,067,916	2,067,916	0	2,067,916	74.00
76.00	03330 ENDOSCOPY	1,356,789	1,356,789	0	1,356,789	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	23,332,538	23,332,538	32,001	23,364,539	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	6,482,083	6,482,083	0	6,482,083	76.03
76.04	03952 WOUND CARE CENTER	3,718,834	3,718,834	0	3,718,834	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	56,164,402	56,164,402	0	56,164,402	76.05
76.06	03953 IMAGING CENTERS	9,151,990	9,151,990	0	9,151,990	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	3,653,517	3,653,517	0	3,653,517	76.07
76.97	07697 CARDIAC REHABILITATION	1,999,635	1,999,635	0	1,999,635	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	497,926	497,926	0	497,926	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	04950 DIABETIC CARE CENTER	0	0	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	2,071,012	2,071,012	0	2,071,012	90.02
90.03	09001 CLINIC	0	0	0	0	90.03
90.04	04953 SPINE CENTER	4	4	0	4	90.04
90.05	04954 INFUSION CENTERS	859,716	859,716	0	859,716	90.05
90.06	09002 MEDCHECK CLINICS	0	0	0	0	90.06
90.07	09003 KNEE CENTER	6,849,210	6,849,210	0	6,849,210	90.07
90.08	09004 PALLIATIVE CARE	105,410	105,410	0	105,410	90.08
90.10	09006 WORK SITE CLINICS	0	0	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	90.12
91.00	09100 EMERGENCY	33,242,461	33,242,461	0	33,242,461	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	7,023,174	7,023,174	0	7,023,174	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00	Subtotal (see instructions)	793,705,470	793,705,470	99,281	793,804,751	200.00
201.00	Less Observation Beds	7,023,174	7,023,174		7,023,174	201.00
202.00	Total (see instructions)	786,682,296	786,682,296	99,281	786,781,577	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074		Period: From 01/01/2021 To 12/31/2021		Worksheet C Part I Date/Time Prepared: 5/30/2022 2:48 pm		
			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	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	204,966,322		204,966,322				30.00
31.00	03100	INTENSIVE CARE UNIT	73,533,600		73,533,600				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	18,098,639		18,098,639				35.00
43.00	04300	NURSERY	2,606,127		2,606,127				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	123,909,786	67,109,587	191,019,373	0.190997	0.000000		50.00
51.00	05100	RECOVERY ROOM	7,151,668	7,471,172	14,622,840	0.139543	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,132,033	0	11,132,033	0.617659	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,313,469	49,258,182	62,571,651	0.139523	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,255,970	13,468,380	26,724,350	0.106342	0.000000		55.00
57.00	05700	CT SCAN	28,408,550	75,178,654	103,587,204	0.058618	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,886,242	11,787,515	16,673,757	0.123161	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	114,433,563	205,724,669	320,158,232	0.039577	0.000000		59.00
60.00	06000	LABORATORY	96,725,004	94,361,769	191,086,773	0.110706	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	1,112,869	1,944,150	3,057,019	0.797793	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	36,209,836	2,392,619	38,602,455	0.223703	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	3,971,612	19,256,963	23,228,575	0.475013	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,195,742	3,723,299	6,919,041	0.445739	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,009,763	1,469,468	2,479,231	0.445414	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	14,394,370	41,948,273	56,342,643	0.113878	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	914,617	6,487,641	7,402,258	0.241992	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	40,685,057	47,553,168	88,238,225	0.533575	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	60,181,563	39,776,996	99,958,559	0.345989	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	88,383,835	956,858,250	1,045,242,085	0.192797	0.000000		73.00
73.01	07301	SPECIALTY PHARMACY	0	93,264,718	93,264,718	0.836783	0.000000		73.01
74.00	07400	RENAL DIALYSIS	8,339,676	0	8,339,676	0.247961	0.000000		74.00
76.00	03330	ENDOSCOPY	2,365,548	3,287,275	5,652,823	0.240020	0.000000		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	22,854,715	22,854,715	1.020907	0.000000		76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	873,937	873,937	7.417106	0.000000		76.03
76.04	03952	WOUND CARE CENTER	722,001	12,337,867	13,059,868	0.284753	0.000000		76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	1,609,526	257,150,233	258,759,759	0.217052	0.000000		76.05
76.06	03953	IMAGING CENTERS	155,931	67,663,068	67,818,999	0.134947	0.000000		76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	54,869	6,524,648	6,579,517	0.555287	0.000000		76.07
76.97	07697	CARDIAC REHABILITATION	26,736	3,832,454	3,859,190	0.518149	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,988,224	1,988,224	0.250438	0.000000		76.98
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	0	0	0	0.000000	0.000000		90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0.000000	0.000000		90.01
90.02	04951	HEALTHY HEARTS CENTER	19,605	3,456,961	3,476,566	0.595706	0.000000		90.02
90.03	09001	CLINIC	0	0	0	0.000000	0.000000		90.03
90.04	04953	SPINE CENTER	653	0	653	0.006126	0.000000		90.04
90.05	04954	INFUSION CENTERS	10,627	18,638,303	18,648,930	0.046100	0.000000		90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0.000000	0.000000		90.06
90.07	09003	KNEE CENTER	4,187	5,460,272	5,464,459	1.253410	0.000000		90.07
90.08	09004	PALLIATIVE CARE	0	133,159	133,159	0.791610	0.000000		90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0.000000	0.000000		90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0.000000	0.000000		90.12
91.00	09100	EMERGENCY	61,936,134	211,004,363	272,940,497	0.121794	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,743,997	7,962,337	10,706,334	0.655983	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000		98.00
200.00		Subtotal (see instructions)	1,040,469,727	2,362,203,289	3,402,673,016				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,040,469,727	2,362,203,289	3,402,673,016				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/30/2022 2:48 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital
			11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.190997		50.00
51.00	05100	RECOVERY ROOM	0.139543		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.617659		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139523		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.106342		55.00
57.00	05700	CT SCAN	0.058618		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.123161		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.039577		59.00
60.00	06000	LABORATORY	0.110706		60.00
64.00	06400	INTRAVENOUS THERAPY	0.797793		64.00
65.00	06500	RESPIRATORY THERAPY	0.223703		65.00
66.00	06600	PHYSICAL THERAPY	0.475013		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.445739		67.00
68.00	06800	SPEECH PATHOLOGY	0.445414		68.00
69.00	06900	ELECTROCARDIOLOGY	0.113878		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.241992		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.533575		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.345989		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192797		73.00
73.01	07301	SPECIALTY PHARMACY	0.836783		73.01
74.00	07400	RENAL DIALYSIS	0.247961		74.00
76.00	03330	ENDOSCOPY	0.240020		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.022307		76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	7.417106		76.03
76.04	03952	WOUND CARE CENTER	0.284753		76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.217052		76.05
76.06	03953	IMAGING CENTERS	0.134947		76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.555287		76.07
76.97	07697	CARDIAC REHABILITATION	0.518149		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.250438		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	0.000000		90.00
90.01	04950	DIABETIC CARE CENTER	0.000000		90.01
90.02	04951	HEALTHY HEARTS CENTER	0.595706		90.02
90.03	09001	CLINIC	0.000000		90.03
90.04	04953	SPINE CENTER	0.006126		90.04
90.05	04954	INFUSION CENTERS	0.046100		90.05
90.06	09002	MEDCHECK CLINICS	0.000000		90.06
90.07	09003	KNEE CENTER	1.253410		90.07
90.08	09004	PALLIATIVE CARE	0.791610		90.08
90.10	09006	WORK SITE CLINICS	0.000000		90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000		90.12
91.00	09100	EMERGENCY	0.121794		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.655983		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
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: 15-0074

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

Worksheet C Part II Date/Time Prepared: 5/30/2022 2:48 pm

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	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	36,484,185	4,751,413	31,732,772	0	0	50.00
51.00	05100	RECOVERY ROOM	2,040,517	328,041	1,712,476	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,875,802	920,503	5,955,299	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,730,170	1,316,088	7,414,082	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,841,914	110,673	2,731,241	0	0	55.00
57.00	05700	CT SCAN	6,072,072	602,224	5,469,848	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,053,555	430,009	1,623,546	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,670,744	1,391,463	11,279,281	0	0	59.00
60.00	06000	LABORATORY	21,154,420	340,138	20,814,282	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	2,438,868	88,362	2,350,506	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	8,635,499	475,562	8,159,937	0	0	65.00
66.00	06600	PHYSICAL THERAPY	11,033,880	1,207,108	9,826,772	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,084,086	189,970	2,894,116	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,104,284	67,989	1,036,295	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,416,214	614,125	5,802,089	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,791,284	171,752	1,619,532	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	47,081,746	493,322	46,588,424	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,584,521	272,285	34,312,236	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	201,519,271	3,272,690	198,246,581	0	0	73.00
73.01	07301	SPECIALTY PHARMACY	78,042,323	712,387	77,329,936	0	0	73.01
74.00	07400	RENAL DIALYSIS	2,067,916	23,741	2,044,175	0	0	74.00
76.00	03330	ENDOSCOPY	1,356,789	118,576	1,238,213	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	23,332,538	3,197,051	20,135,487	0	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	6,482,083	664,412	5,817,671	0	0	76.03
76.04	03952	WOUND CARE CENTER	3,718,834	216,815	3,502,019	0	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	56,164,402	6,940,618	49,223,784	0	0	76.05
76.06	03953	IMAGING CENTERS	9,151,990	1,087,821	8,064,169	0	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	3,653,517	212,609	3,440,908	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	1,999,635	306,415	1,693,220	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	497,926	30,197	467,729	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	2,071,012	304,723	1,766,289	0	0	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPI NE CENTER	4	0	4	0	0	90.04
90.05	04954	INFUSION CENTERS	859,716	139,137	720,579	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	6,849,210	627,906	6,221,304	0	0	90.07
90.08	09004	PALLIATIVE CARE	105,410	47	105,363	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	33,242,461	2,735,030	30,507,431	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,023,174	664,111	6,359,063	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Subtotal (sum of lines 50 thru 199)	653,231,972	35,025,313	618,206,659	0	0	200.00
201.00		Less Observation Beds	7,023,174	664,111	6,359,063	0	0	201.00
202.00		Total (line 200 minus line 201)	646,208,798	34,361,202	611,847,596	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part II Date/Time Prepared: 5/30/2022 2:48 pm
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Cost Center Description		Title XIX			Hospital	PPS
		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)		
		6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	36,484,185	191,019,373	0.190997		50.00
51.00	05100 RECOVERY ROOM	2,040,517	14,622,840	0.139543		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,875,802	11,132,033	0.617659		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,730,170	62,571,651	0.139523		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,841,914	26,724,350	0.106342		55.00
57.00	05700 CT SCAN	6,072,072	103,587,204	0.058618		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,053,555	16,673,757	0.123161		58.00
59.00	05900 CARDIAC CATHETERIZATION	12,670,744	320,158,232	0.039577		59.00
60.00	06000 LABORATORY	21,154,420	191,086,773	0.110706		60.00
64.00	06400 INTRAVENOUS THERAPY	2,438,868	3,057,019	0.797793		64.00
65.00	06500 RESPIRATORY THERAPY	8,635,499	38,602,455	0.223703		65.00
66.00	06600 PHYSICAL THERAPY	11,033,880	23,228,575	0.475013		66.00
67.00	06700 OCCUPATIONAL THERAPY	3,084,086	6,919,041	0.445739		67.00
68.00	06800 SPEECH PATHOLOGY	1,104,284	2,479,231	0.445414		68.00
69.00	06900 ELECTROCARDIOLOGY	6,416,214	56,342,643	0.113878		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,791,284	7,402,258	0.241992		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	47,081,746	88,238,225	0.533575		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	34,584,521	99,958,559	0.345989		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	201,519,271	1,045,242,085	0.192797		73.00
73.01	07301 SPECIALTY PHARMACY	78,042,323	93,264,718	0.836783		73.01
74.00	07400 RENAL DIALYSIS	2,067,916	8,339,676	0.247961		74.00
76.00	03330 ENDOSCOPY	1,356,789	5,652,823	0.240020		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	23,332,538	22,854,715	1.020907		76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	6,482,083	873,937	7.417106		76.03
76.04	03952 WOUND CARE CENTER	3,718,834	13,059,868	0.284753		76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	56,164,402	258,759,759	0.217052		76.05
76.06	03953 IMAGING CENTERS	9,151,990	67,818,999	0.134947		76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	3,653,517	6,579,517	0.555287		76.07
76.97	07697 CARDIAC REHABILITATION	1,999,635	3,859,190	0.518149		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	497,926	1,988,224	0.250438		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	0	0	0.000000		90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0.000000		90.01
90.02	04951 HEALTHY HEARTS CENTER	2,071,012	3,476,566	0.595706		90.02
90.03	09001 CLINIC	0	0	0.000000		90.03
90.04	04953 SPINE CENTER	4	653	0.006126		90.04
90.05	04954 INFUSION CENTERS	859,716	18,648,930	0.046100		90.05
90.06	09002 MEDCHECK CLINICS	0	0	0.000000		90.06
90.07	09003 KNEE CENTER	6,849,210	5,464,459	1.253410		90.07
90.08	09004 PALLIATIVE CARE	105,410	133,159	0.791610		90.08
90.10	09006 WORK SITE CLINICS	0	0	0.000000		90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000		90.12
91.00	09100 EMERGENCY	33,242,461	272,940,497	0.121794		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	7,023,174	10,706,334	0.655983		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000		98.00
200.00	Subtotal (sum of lines 50 thru 199)	653,231,972	3,103,468,328			200.00
201.00	Less Observation Beds	7,023,174	0			201.00
202.00	Total (line 200 minus line 201)	646,208,798	3,103,468,328			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 5/30/2022 2:48 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,277,134	0	9,277,134	88,817	104.45	30.00
31.00	INTENSIVE CARE UNIT	3,260,084		3,260,084	15,060	216.47	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	234,256		234,256	2,214	105.81	35.00
43.00	NURSERY	208,419		208,419	1,689	123.40	43.00
200.00	Total (lines 30 through 199)	12,979,893		12,979,893	107,780		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	14,380	1,501,991				
31.00	INTENSIVE CARE UNIT	3,237	700,713				
32.00	CORONARY CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	17,617	2,202,704				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0074		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 5/30/2022 2:48 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
Title XVIII								
Hospital								
PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,751,413	191,019,373	0.024874	30,506,917	758,829	50.00
51.00	05100	RECOVERY ROOM	328,041	14,622,840	0.022433	1,923,020	43,139	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	920,503	11,132,033	0.082690	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,316,088	62,571,651	0.021033	3,258,329	68,532	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	110,673	26,724,350	0.004141	3,718,172	15,397	55.00
57.00	05700	CT SCAN	602,224	103,587,204	0.005814	7,074,629	41,132	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	430,009	16,673,757	0.025790	1,098,838	28,339	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,391,463	320,158,232	0.004346	33,496,329	145,575	59.00
60.00	06000	LABORATORY	340,138	191,086,773	0.001780	21,761,551	38,736	60.00
64.00	06400	INTRAVENOUS THERAPY	88,362	3,057,019	0.028905	241,048	6,967	64.00
65.00	06500	RESPIRATORY THERAPY	475,562	38,602,455	0.012319	8,016,452	98,755	65.00
66.00	06600	PHYSICAL THERAPY	1,207,108	23,228,575	0.051967	1,120,612	58,235	66.00
67.00	06700	OCCUPATIONAL THERAPY	189,970	6,919,041	0.027456	915,788	25,144	67.00
68.00	06800	SPEECH PATHOLOGY	67,989	2,479,231	0.027423	275,708	7,561	68.00
69.00	06900	ELECTROCARDIOLOGY	614,125	56,342,643	0.010900	4,177,282	45,532	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	171,752	7,402,258	0.023203	233,313	5,414	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	493,322	88,238,225	0.005591	10,522,572	58,832	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	272,285	99,958,559	0.002724	20,124,692	54,820	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,272,690	1,045,242,085	0.003131	18,849,452	59,018	73.00
73.01	07301	SPECIALTY PHARMACY	712,387	93,264,718	0.007638	0	0	73.01
74.00	07400	RENAL DIALYSIS	23,741	8,339,676	0.002847	1,913,280	5,447	74.00
76.00	03330	ENDOSCOPY	118,576	5,652,823	0.020976	70,467	1,478	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,197,051	22,854,715	0.139886	0	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	664,412	873,937	0.760252	0	0	76.03
76.04	03952	WOUND CARE CENTER	216,815	13,059,868	0.016602	244,035	4,051	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	6,940,618	258,759,759	0.026823	465,654	12,490	76.05
76.06	03953	IMAGING CENTERS	1,087,821	67,818,999	0.016040	7,746	124	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	212,609	6,579,517	0.032314	2,001	65	76.07
76.97	07697	CARDIAC REHABILITATION	306,415	3,859,190	0.079399	700	56	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	30,197	1,988,224	0.015188	0	0	76.98
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	0	0	0.000000	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0.000000	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	304,723	3,476,566	0.087651	0	0	90.02
90.03	09001	CLINIC	0	0	0.000000	0	0	90.03
90.04	04953	SPIRE CENTER	0	653	0.000000	0	0	90.04
90.05	04954	INFUSION CENTERS	139,137	18,648,930	0.007461	1,496	11	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0.000000	0	0	90.06
90.07	09003	KNEE CENTER	627,906	5,464,459	0.114907	0	0	90.07
90.08	09004	PALLIATIVE CARE	47	133,159	0.000353	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0.000000	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000	0	0	90.12
91.00	09100	EMERGENCY	2,735,030	272,940,497	0.010021	15,697,380	157,303	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	664,111	10,706,334	0.062030	1,006,322	62,422	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	35,025,313	3,103,468,328		186,723,785	1,803,404	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/30/2022 2:48 pm
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	88,817	0.00	30.00
31.00	03100	INTENSIVE CARE UNIT		0	15,060	0.00	31.00
32.00	03200	CORONARY CARE UNIT		0	0	0.00	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	2,214	0.00	35.00
43.00	04300	NURSERY		0	1,689	0.00	43.00
200.00		Total (lines 30 through 199)		0	107,780		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
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0				35.00
43.00	04300	NURSERY	0				43.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0074		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/30/2022 2:48 pm	
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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
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	MAGNETIC RESONANCE IMAGING (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
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
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 PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	76.03
76.04	03952	WOUND CARE CENTER	0	0	0	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	0	76.05
76.06	03953	IMAGING CENTERS	0	0	0	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	0	0	0	90.02
90.03	09001	CLINIC	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	90.06
90.07	09003	KNEE CENTER	0	0	0	0	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	90.12
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 2:48 pm
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Cost Center Description	Title XVIII			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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	191,019,373	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	14,622,840	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	11,132,033	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	62,571,651	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	26,724,350	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	103,587,204	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	16,673,757	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	320,158,232	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	191,086,773	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	3,057,019	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	38,602,455	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	23,228,575	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	6,919,041	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,479,231	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	56,342,643	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,402,258	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	88,238,225	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	99,958,559	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	1,045,242,085	0.000000	73.00
73.01 07301 SPECIALTY PHARMACY	0	0	0	93,264,718	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	8,339,676	0.000000	74.00
76.00 03330 ENDOSCOPY	0	0	0	5,652,823	0.000000	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	22,854,715	0.000000	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0	0	873,937	0.000000	76.03
76.04 03952 WOUND CARE CENTER	0	0	0	13,059,868	0.000000	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	258,759,759	0.000000	76.05
76.06 03953 IMAGING CENTERS	0	0	0	67,818,999	0.000000	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	6,579,517	0.000000	76.07
76.97 07697 CARDIAC REHABILITATION	0	0	0	3,859,190	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	1,988,224	0.000000	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	0	0.000000	90.00
90.01 04950 DIABETIC CARE CENTER	0	0	0	0	0.000000	90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0	0	3,476,566	0.000000	90.02
90.03 09001 CLINIC	0	0	0	0	0.000000	90.03
90.04 04953 SPINE CENTER	0	0	0	653	0.000000	90.04
90.05 04954 INFUSION CENTERS	0	0	0	18,648,930	0.000000	90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0.000000	90.06
90.07 09003 KNEE CENTER	0	0	0	5,464,459	0.000000	90.07
90.08 09004 PALLIATIVE CARE	0	0	0	133,159	0.000000	90.08
90.10 09006 WORK SITE CLINICS	0	0	0	0	0.000000	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0.000000	90.12
91.00 09100 EMERGENCY	0	0	0	272,940,497	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	10,706,334	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	0	0	3,103,468,328		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 2:48 pm
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Cost Center Description		Title XVIII					Hospital	PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	0.000000	30,506,917	0	11,575,703	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	1,923,020	0	1,147,291	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	3,258,329	0	9,997,185	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	3,718,172	0	4,105,925	0	55.00	
57.00	05700 CT SCAN	0.000000	7,074,629	0	10,717,369	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,098,838	0	1,966,121	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	33,496,329	0	61,841,658	0	59.00	
60.00	06000 LABORATORY	0.000000	21,761,551	0	19,614,782	0	60.00	
64.00	06400 INTRAVENOUS THERAPY	0.000000	241,048	0	1,324	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	8,016,452	0	308,708	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	1,120,612	0	37,333	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	915,788	0	8,763	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	275,708	0	1,094	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	4,177,282	0	10,029,107	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	233,313	0	827,227	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	10,522,572	0	12,473,819	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	20,124,692	0	11,326,926	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	18,849,452	0	312,220,704	0	73.00	
73.01	07301 SPECIALTY PHARMACY	0.000000	0	0	0	0	73.01	
74.00	07400 RENAL DIALYSIS	0.000000	1,913,280	0	0	0	74.00	
76.00	03330 ENDOSCOPY	0.000000	70,467	0	580,049	0	76.00	
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	389,941	0	76.01	
76.03	03951 LUTHERWOOD PARTNERSHIP	0.000000	0	0	271	0	76.03	
76.04	03952 WOUND CARE CENTER	0.000000	244,035	0	3,546,732	0	76.04	
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.000000	465,654	0	72,753,988	0	76.05	
76.06	03953 IMAGING CENTERS	0.000000	7,746	0	15,218,444	0	76.06	
76.07	03954 BREAST DIAGNOSTIC CENTER	0.000000	2,001	0	423,083	0	76.07	
76.97	07697 CARDIAC REHABILITATION	0.000000	700	0	1,281,032	0	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	0	0	0	0	90.00	
90.01	04950 DIABETIC CARE CENTER	0.000000	0	0	0	0	90.01	
90.02	04951 HEALTHY HEARTS CENTER	0.000000	0	0	786,351	0	90.02	
90.03	09001 CLINIC	0.000000	0	0	0	0	90.03	
90.04	04953 SPINE CENTER	0.000000	0	0	0	0	90.04	
90.05	04954 INFUSION CENTERS	0.000000	1,496	0	490,673	0	90.05	
90.06	09002 MEDCHECK CLINICS	0.000000	0	0	0	0	90.06	
90.07	09003 KNEE CENTER	0.000000	0	0	608,580	0	90.07	
90.08	09004 PALLIATIVE CARE	0.000000	0	0	30	0	90.08	
90.10	09006 WORK SITE CLINICS	0.000000	0	0	0	0	90.10	
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0	0	0	90.12	
91.00	09100 EMERGENCY	0.000000	15,697,380	0	19,650,067	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,006,322	0	4,435,115	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00	
200.00	Total (lines 50 through 199)		186,723,785	0	588,365,395	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 2:48 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0.186792	11,575,703	0	291	2,162,249 50.00
51.00 05100	RECOVERY ROOM	0.139543	1,147,291	0	0	160,096 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0.617659	0	0	0	0 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0.139523	9,997,185	0	0	1,394,837 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0.106342	4,105,925	0	0	436,632 55.00
57.00 05700	CT SCAN	0.058618	10,717,369	0	0	628,231 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0.123161	1,966,121	0	0	242,149 58.00
59.00 05900	CARDIAC CATHETERIZATION	0.039577	61,841,658	0	0	2,447,507 59.00
60.00 06000	LABORATORY	0.110706	19,614,782	0	0	2,171,474 60.00
64.00 06400	INTRAVENOUS THERAPY	0.797793	1,324	0	0	1,056 64.00
65.00 06500	RESPIRATORY THERAPY	0.223703	308,708	0	0	69,059 65.00
66.00 06600	PHYSICAL THERAPY	0.466231	37,333	0	0	17,406 66.00
67.00 06700	OCCUPATIONAL THERAPY	0.445739	8,763	0	0	3,906 67.00
68.00 06800	SPEECH PATHOLOGY	0.445414	1,094	0	0	487 68.00
69.00 06900	ELECTROCARDIOLOGY	0.108514	10,029,107	0	0	1,088,299 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0.239969	827,227	0	0	198,509 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.533575	12,473,819	0	0	6,655,718 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0.345989	11,326,926	0	0	3,918,992 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0.192375	312,220,704	0	163,296	60,063,458 73.00
73.01 07301	SPECIALTY PHARMACY	0.836783	0	0	0	0 73.01
74.00 07400	RENAL DIALYSIS	0.247961	0	0	0	0 74.00
76.00 03330	ENDOSCOPY	0.240020	580,049	0	0	139,223 76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.982491	389,941	0	0	383,114 76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	7.417106	271	0	0	2,010 76.03
76.04 03952	WOUND CARE CENTER	0.279027	3,546,732	0	0	989,634 76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0.217052	72,753,988	0	105	15,791,399 76.05
76.06 03953	IMAGING CENTERS	0.134947	15,218,444	0	0	2,053,683 76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0.555287	423,083	0	0	234,932 76.07
76.97 07697	CARDIAC REHABILITATION	0.518149	1,281,032	0	0	663,765 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0.250438	0	0	0	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC					88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00 09000	CLINIC	0.000000	0	0	0	0 90.00
90.01 04950	DIABETIC CARE CENTER	0.000000	0	0	0	0 90.01
90.02 04951	HEALTHY HEARTS CENTER	0.595706	786,351	0	0	468,434 90.02
90.03 09001	CLINIC	0.000000	0	0	0	0 90.03
90.04 04953	SPINE CENTER	0.006126	0	0	0	0 90.04
90.05 04954	INFUSION CENTERS	0.046100	490,673	0	0	22,620 90.05
90.06 09002	MEDCHECK CLINICS	0.000000	0	0	0	0 90.06
90.07 09003	KNEE CENTER	1.223311	608,580	0	0	744,483 90.07
90.08 09004	PALLIATIVE CARE	0.005520	30	0	0	0 90.08
90.10 09006	WORK SITE CLINICS	0.000000	0	0	0	0 90.10
90.12 04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0	0	0 90.12
91.00 09100	EMERGENCY	0.119457	19,650,067	0	59	2,347,338 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.655983	4,435,115	0	0	2,909,360 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0 98.00
200.00	Subtotal (see instructions)		588,365,395	0	163,751	108,410,060 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		588,365,395	0	163,751	108,410,060 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 2:48 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	54		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	31,414		73.00
73.01 07301 SPECIALTY PHARMACY	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03330 ENDOSCOPY	0	0		76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0		76.03
76.04 03952 WOUND CARE CENTER	0	0		76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	23		76.05
76.06 03953 IMAGING CENTERS	0	0		76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0		76.07
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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 04950 DIABETIC CARE CENTER	0	0		90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0		90.02
90.03 09001 CLINIC	0	0		90.03
90.04 04953 SPINE CENTER	0	0		90.04
90.05 04954 INFUSION CENTERS	0	0		90.05
90.06 09002 MEDCHECK CLINICS	0	0		90.06
90.07 09003 KNEE CENTER	0	0		90.07
90.08 09004 PALLIATIVE CARE	0	0		90.08
90.10 09006 WORK SITE CLINICS	0	0		90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0		90.12
91.00 09100 EMERGENCY	0	7		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00 Subtotal (see instructions)	0	31,498		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	31,498		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 5/30/2022 2:48 pm
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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	9,277,134	0	9,277,134	88,817	104.45	30.00
31.00	INTENSIVE CARE UNIT	3,260,084		3,260,084	15,060	216.47	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	234,256		234,256	2,214	105.81	35.00
43.00	NURSERY	208,419		208,419	1,689	123.40	43.00
200.00	Total (lines 30 through 199)	12,979,893		12,979,893	107,780		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	7,172	749,115				
31.00	INTENSIVE CARE UNIT	0	0				
32.00	CORONARY CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	1,439	177,573				
200.00	Total (lines 30 through 199)	8,611	926,688				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0074

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

Worksheet D  
Part II  
Date/Time Prepared:  
5/30/2022 2:48 pm

Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	4,751,413	191,019,373	0.024874	2,608,832	64,892	50.00
51.00	05100 RECOVERY ROOM	328,041	14,622,840	0.022433	338,640	7,597	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	920,503	11,132,033	0.082690	452,563	37,422	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,316,088	62,571,651	0.021033	670,427	14,101	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	110,673	26,724,350	0.004141	553,109	2,290	55.00
57.00	05700 CT SCAN	602,224	103,587,204	0.005814	1,510,919	8,784	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	430,009	16,673,757	0.025790	241,390	6,225	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,391,463	320,158,232	0.004346	2,294,889	9,974	59.00
60.00	06000 LABORATORY	340,138	191,086,773	0.001780	5,182,426	9,225	60.00
64.00	06400 INTRAVENOUS THERAPY	88,362	3,057,019	0.028905	28,190	815	64.00
65.00	06500 RESPIRATORY THERAPY	475,562	38,602,455	0.012319	1,858,579	22,896	65.00
66.00	06600 PHYSICAL THERAPY	1,207,108	23,228,575	0.051967	170,884	8,880	66.00
67.00	06700 OCCUPATIONAL THERAPY	189,970	6,919,041	0.027456	132,666	3,642	67.00
68.00	06800 SPEECH PATHOLOGY	67,989	2,479,231	0.027423	63,314	1,736	68.00
69.00	06900 ELECTROCARDIOLOGY	614,125	56,342,643	0.010900	501,853	5,470	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	171,752	7,402,258	0.023203	62,405	1,448	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	493,322	88,238,225	0.005591	1,844,147	10,311	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	272,285	99,958,559	0.002724	925,505	2,521	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,272,690	1,045,242,085	0.003131	4,857,850	15,210	73.00
73.01	07301 SPECIALTY PHARMACY	712,387	93,264,718	0.007638	0	0	73.01
74.00	07400 RENAL DIALYSIS	23,741	8,339,676	0.002847	409,215	1,165	74.00
76.00	03330 ENDOSCOPY	118,576	5,652,823	0.020976	121,710	2,553	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,197,051	22,854,715	0.139886	0	0	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	664,412	873,937	0.760252	0	0	76.03
76.04	03952 WOUND CARE CENTER	216,815	13,059,868	0.016602	57,478	954	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	6,940,618	258,759,759	0.026823	71,521	1,918	76.05
76.06	03953 IMAGING CENTERS	1,087,821	67,818,999	0.016040	1,050	17	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	212,609	6,579,517	0.032314	10,277	332	76.07
76.97	07697 CARDIAC REHABILITATION	306,415	3,859,190	0.079399	383	30	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	30,197	1,988,224	0.015188	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	0	0	0.000000	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0.000000	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	304,723	3,476,566	0.087651	690	60	90.02
90.03	09001 CLINIC	0	0	0.000000	0	0	90.03
90.04	04953 SPIRE CENTER	0	653	0.000000	0	0	90.04
90.05	04954 INFUSION CENTERS	139,137	18,648,930	0.007461	0	0	90.05
90.06	09002 MEDCHECK CLINICS	0	0	0.000000	0	0	90.06
90.07	09003 KNEE CENTER	627,906	5,464,459	0.114907	0	0	90.07
90.08	09004 PALLIATIVE CARE	47	133,159	0.000353	0	0	90.08
90.10	09006 WORK SITE CLINICS	0	0	0.000000	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000	0	0	90.12
91.00	09100 EMERGENCY	2,735,030	272,940,497	0.010021	3,466,111	34,734	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	664,111	10,706,334	0.062030	99,392	6,165	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50 through 199)	35,025,313	3,103,468,328		28,536,415	281,367	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/30/2022 2:48 pm
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	88,817	0.00	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	15,060	0.00	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	2,214	0.00	35.00
43.00	04300	NURSERY	0	0	1,689	0.00	43.00
200.00		Total (lines 30 through 199)	0	0	107,780	0.00	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
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0				35.00
43.00	04300	NURSERY	0				43.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0074		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/30/2022 2:48 pm	
Cost Center Description		Title XIX			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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
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	MAGNETIC RESONANCE IMAGING (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
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
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 PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	SPECIALTY PHARMACY	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	76.03
76.04	03952	WOUND CARE CENTER	0	0	0	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	0	76.05
76.06	03953	IMAGING CENTERS	0	0	0	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	0	0	0	90.02
90.03	09001	CLINIC	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	90.06
90.07	09003	KNEE CENTER	0	0	0	0	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	90.12
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 2:48 pm
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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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	191,019,373	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	14,622,840	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	11,132,033	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	62,571,651	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	26,724,350	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	103,587,204	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	16,673,757	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	320,158,232	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	191,086,773	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	3,057,019	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	38,602,455	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	23,228,575	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	6,919,041	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,479,231	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	56,342,643	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,402,258	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	88,238,225	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	99,958,559	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	1,045,242,085	0.000000	73.00
73.01 07301 SPECIALTY PHARMACY	0	0	0	93,264,718	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	8,339,676	0.000000	74.00
76.00 03330 ENDOSCOPY	0	0	0	5,652,823	0.000000	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	22,854,715	0.000000	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0	0	873,937	0.000000	76.03
76.04 03952 WOUND CARE CENTER	0	0	0	13,059,868	0.000000	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	258,759,759	0.000000	76.05
76.06 03953 IMAGING CENTERS	0	0	0	67,818,999	0.000000	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	6,579,517	0.000000	76.07
76.97 07697 CARDIAC REHABILITATION	0	0	0	3,859,190	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	1,988,224	0.000000	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	0	0.000000	90.00
90.01 04950 DIABETIC CARE CENTER	0	0	0	0	0.000000	90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0	0	3,476,566	0.000000	90.02
90.03 09001 CLINIC	0	0	0	0	0.000000	90.03
90.04 04953 SPINE CENTER	0	0	0	653	0.000000	90.04
90.05 04954 INFUSION CENTERS	0	0	0	18,648,930	0.000000	90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0.000000	90.06
90.07 09003 KNEE CENTER	0	0	0	5,464,459	0.000000	90.07
90.08 09004 PALLIATIVE CARE	0	0	0	133,159	0.000000	90.08
90.10 09006 WORK SITE CLINICS	0	0	0	0	0.000000	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0.000000	90.12
91.00 09100 EMERGENCY	0	0	0	272,940,497	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	10,706,334	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	0	0	3,103,468,328		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 2:48 pm
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Cost Center Description		Title XIX				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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	2,608,832	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	338,640	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	452,563	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	670,427	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	553,109	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	1,510,919	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	241,390	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	2,294,889	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	5,182,426	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	28,190	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,858,579	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	170,884	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	132,666	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	63,314	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	501,853	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	62,405	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	1,844,147	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	925,505	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	4,857,850	0	0	0	73.00
73.01	07301 SPECIALTY PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	409,215	0	0	0	74.00
76.00	03330 ENDOSCOPY	0.000000	121,710	0	0	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	0.000000	0	0	0	0	76.03
76.04	03952 WOUND CARE CENTER	0.000000	57,478	0	0	0	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.000000	71,521	0	0	0	76.05
76.06	03953 IMAGING CENTERS	0.000000	1,050	0	0	0	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0.000000	10,277	0	0	0	76.07
76.97	07697 CARDIAC REHABILITATION	0.000000	383	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	0	0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0.000000	0	0	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	0.000000	690	0	0	0	90.02
90.03	09001 CLINIC	0.000000	0	0	0	0	90.03
90.04	04953 SPINE CENTER	0.000000	0	0	0	0	90.04
90.05	04954 INFUSION CENTERS	0.000000	0	0	0	0	90.05
90.06	09002 MEDCHECK CLINICS	0.000000	0	0	0	0	90.06
90.07	09003 KNEE CENTER	0.000000	0	0	0	0	90.07
90.08	09004 PALLIATIVE CARE	0.000000	0	0	0	0	90.08
90.10	09006 WORK SITE CLINICS	0.000000	0	0	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0	0	0	90.12
91.00	09100 EMERGENCY	0.000000	3,466,111	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	99,392	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		28,536,415	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 2:48 pm
		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
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.190997	0	0	1,658,796	0
51.00 05100 RECOVERY ROOM	0.139543	0	0	285,501	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.617659	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.139523	0	0	1,646,783	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.106342	0	0	650,525	0
57.00 05700 CT SCAN	0.058618	0	0	4,289,248	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.123161	0	0	457,871	0
59.00 05900 CARDIAC CATHETERIZATION	0.039577	0	0	2,550,768	0
60.00 06000 LABORATORY	0.110706	0	0	3,516,886	0
64.00 06400 INTRAVENOUS THERAPY	0.797793	0	0	112,504	0
65.00 06500 RESPIRATORY THERAPY	0.223703	0	0	114,890	0
66.00 06600 PHYSICAL THERAPY	0.475013	0	0	266,924	0
67.00 06700 OCCUPATIONAL THERAPY	0.445739	0	0	125,826	0
68.00 06800 SPEECH PATHOLOGY	0.445414	0	0	46,860	0
69.00 06900 ELECTROCARDIOLOGY	0.113878	0	0	438,425	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.241992	0	0	163,770	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.533575	0	0	590,884	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.345989	0	0	665,394	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.192797	0	0	19,556,904	0
73.01 07301 SPECIALTY PHARMACY	0.836783	0	0	0	0
74.00 07400 RENAL DIALYSIS	0.247961	0	0	0	0
76.00 03330 ENDOSCOPY	0.240020	0	0	102,418	0
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.020907	0	0	0	0
76.03 03951 LUTHERWOOD PARTNERSHIP	7.417106	0	0	0	0
76.04 03952 WOUND CARE CENTER	0.284753	0	0	723,246	0
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0.217052	0	0	5,444,585	0
76.06 03953 IMAGING CENTERS	0.134947	0	0	742,031	0
76.07 03954 BREAST DIAGNOSTIC CENTER	0.555287	0	0	90,502	0
76.97 07697 CARDIAC REHABILITATION	0.518149	0	0	0	0
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.250438	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC					88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 04950 DIABETIC CARE CENTER	0.000000	0	0	0	0
90.02 04951 HEALTHY HEARTS CENTER	0.595706	0	0	49,364	0
90.03 09001 CLINIC	0.000000	0	0	0	0
90.04 04953 SPINE CENTER	0.006126	0	0	0	0
90.05 04954 INFUSION CENTERS	0.046100	0	0	13,529	0
90.06 09002 MEDCHECK CLINICS	0.000000	0	0	0	0
90.07 09003 KNEE CENTER	1.253410	0	0	3,695	0
90.08 09004 PALLIATIVE CARE	0.791610	0	0	6,756	0
90.10 09006 WORK SITE CLINICS	0.000000	0	0	0	0
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.121794	0	0	15,367,047	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.655983	0	0	439,600	0
<b>OTHER REIMBURSABLE COST CENTERS</b>					
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0
200.00	Subtotal (see instructions)		0	60,121,532	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	201.00
202.00	Net Charges (line 200 - line 201)		0	60,121,532	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 2:48 pm
	Title XIX	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	316,825		50.00
51.00 05100 RECOVERY ROOM	0	39,840		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	229,764		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	69,178		55.00
57.00 05700 CT SCAN	0	251,427		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	56,392		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	100,952		59.00
60.00 06000 LABORATORY	0	389,340		60.00
64.00 06400 INTRAVENOUS THERAPY	0	89,755		64.00
65.00 06500 RESPIRATORY THERAPY	0	25,701		65.00
66.00 06600 PHYSICAL THERAPY	0	126,792		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	56,086		67.00
68.00 06800 SPEECH PATHOLOGY	0	20,872		68.00
69.00 06900 ELECTROCARDIOLOGY	0	49,927		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	39,631		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	315,281		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	230,219		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	3,770,512		73.00
73.01 07301 SPECIALTY PHARMACY	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03330 ENDOSCOPY	0	24,582		76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0		76.03
76.04 03952 WOUND CARE CENTER	0	205,946		76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	1,181,758		76.05
76.06 03953 IMAGING CENTERS	0	100,135		76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	50,255		76.07
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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 04950 DIABETIC CARE CENTER	0	0		90.01
90.02 04951 HEALTHY HEARTS CENTER	0	29,406		90.02
90.03 09001 CLINIC	0	0		90.03
90.04 04953 SPINE CENTER	0	0		90.04
90.05 04954 INFUSION CENTERS	0	624		90.05
90.06 09002 MEDCHECK CLINICS	0	0		90.06
90.07 09003 KNEE CENTER	0	4,631		90.07
90.08 09004 PALLIATIVE CARE	0	5,348		90.08
90.10 09006 WORK SITE CLINICS	0	0		90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0		90.12
91.00 09100 EMERGENCY	0	1,871,614		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	288,370		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00 Subtotal (see instructions)	0	9,941,163		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	9,941,163		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2022 2:48 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		88,817	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		88,817	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)		82,459	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)		14,380	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		98,108,942	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)		98,108,942	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		98,108,942	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,104.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,884,436	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)		15,884,436	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0074		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1	
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		29,542,163	15,060	1,961.63	3,237	6,349,796	43.00
44.00	CORONARY CARE UNIT		0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	NEONATAL INTENSIVE CARE UNIT		3,297,468	2,214	1,489.37	0	0	47.00
Cost Center Description								
							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						34,052,058	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						56,286,290	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)						2,202,704	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						1,803,404	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						4,006,108	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						52,280,182	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)						6,358	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,104.62	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						7,023,174	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/30/2022 2:48 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,277,134	98,108,942	0.094560	7,023,174	664,111	90.00
91.00	Nursing Program cost	0	98,108,942	0.000000	7,023,174	0	91.00
92.00	Allied health cost	0	98,108,942	0.000000	7,023,174	0	92.00
93.00	All other Medical Education	0	98,108,942	0.000000	7,023,174	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/30/2022 2:48 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		88,817	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		88,817	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)		82,459	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)		7,172	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,689	15.00
16.00	Nursery days (title V or XIX only)		1,439	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		106,113,006	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)		106,113,006	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		106,113,006	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,194.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,568,675	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)		8,568,675	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/30/2022 2:48 pm		
Cost Center Description			Title XIX		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	1,258,092	1,689	744.87	1,439	1,071,868	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	29,733,347	15,060	1,974.33	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	3,436,333	2,214	1,552.09	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,336,457	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,977,000	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)					926,688	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					281,367	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,208,055	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					13,768,945	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)					6,358	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,194.74	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,596,157	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/30/2022 2:48 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,277,134	106,113,006	0.087427	7,596,157	664,109	90.00
91.00	Nursing Program cost	0	106,113,006	0.000000	7,596,157	0	91.00
92.00	Allied health cost	0	106,113,006	0.000000	7,596,157	0	92.00
93.00	All other Medical Education	0	106,113,006	0.000000	7,596,157	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0074	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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		32,251,351	30.00
31.00	03100	INTENSIVE CARE UNIT		15,706,264	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.186792	30,506,917	5,698,448 50.00
51.00	05100	RECOVERY ROOM	0.139543	1,923,020	268,344 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.617659	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139523	3,258,329	454,612 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.106342	3,718,172	395,398 55.00
57.00	05700	CT SCAN	0.058618	7,074,629	414,701 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.123161	1,098,838	135,334 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.039577	33,496,329	1,325,684 59.00
60.00	06000	LABORATORY	0.110706	21,761,551	2,409,134 60.00
64.00	06400	INTRAVENOUS THERAPY	0.797793	241,048	192,306 64.00
65.00	06500	RESPIRATORY THERAPY	0.223703	8,016,452	1,793,304 65.00
66.00	06600	PHYSICAL THERAPY	0.466231	1,120,612	522,464 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.445739	915,788	408,202 67.00
68.00	06800	SPEECH PATHOLOGY	0.445414	275,708	122,804 68.00
69.00	06900	ELECTROCARDIOLOGY	0.108514	4,177,282	453,294 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.239969	233,313	55,988 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.533575	10,522,572	5,614,581 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.345989	20,124,692	6,962,922 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192375	18,849,452	3,626,163 73.00
73.01	07301	SPECIALTY PHARMACY	0.836783	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.247961	1,913,280	474,419 74.00
76.00	03330	ENDOSCOPY	0.240020	70,467	16,913 76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.983891	0	0 76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	7.417106	0	0 76.03
76.04	03952	WOUND CARE CENTER	0.279027	244,035	68,092 76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.217052	465,654	101,071 76.05
76.06	03953	IMAGING CENTERS	0.134947	7,746	1,045 76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.555287	2,001	1,111 76.07
76.97	07697	CARDIAC REHABILITATION	0.518149	700	363 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.250438	0	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	0.000000	0	0 90.00
90.01	04950	DIABETIC CARE CENTER	0.000000	0	0 90.01
90.02	04951	HEALTHY HEARTS CENTER	0.595706	0	0 90.02
90.03	09001	CLINIC	0.000000	0	0 90.03
90.04	04953	SPINE CENTER	0.006126	0	0 90.04
90.05	04954	INFUSION CENTERS	0.046100	1,496	69 90.05
90.06	09002	MEDCHECK CLINICS	0.000000	0	0 90.06
90.07	09003	KNEE CENTER	1.223311	0	0 90.07
90.08	09004	PALLIATIVE CARE	0.005520	0	0 90.08
90.10	09006	WORK SITE CLINICS	0.000000	0	0 90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0 90.12
91.00	09100	EMERGENCY	0.119457	15,697,380	1,875,162 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.655983	1,006,322	660,130 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		186,723,785	34,052,058 200.00
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)		186,723,785	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3	
		Title XIX		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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		13,844,621	30.00
31.00	03100	INTENSIVE CARE UNIT		3,496,705	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		2,666,687	35.00
43.00	04300	NURSERY		742,534	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.190997	2,608,832	498,279 50.00
51.00	05100	RECOVERY ROOM	0.139543	338,640	47,255 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.617659	452,563	279,530 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139523	670,427	93,540 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.106342	553,109	58,819 55.00
57.00	05700	CT SCAN	0.058618	1,510,919	88,567 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.123161	241,390	29,730 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.039577	2,294,889	90,825 59.00
60.00	06000	LABORATORY	0.110706	5,182,426	573,726 60.00
64.00	06400	INTRAVENOUS THERAPY	0.797793	28,190	22,490 64.00
65.00	06500	RESPIRATORY THERAPY	0.223703	1,858,579	415,770 65.00
66.00	06600	PHYSICAL THERAPY	0.475013	170,884	81,172 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.445739	132,666	59,134 67.00
68.00	06800	SPEECH PATHOLOGY	0.445414	63,314	28,201 68.00
69.00	06900	ELECTROCARDIOLOGY	0.113878	501,853	57,150 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.241992	62,405	15,102 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.533575	1,844,147	983,991 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.345989	925,505	320,215 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192797	4,857,850	936,579 73.00
73.01	07301	SPECIALTY PHARMACY	0.836783	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.247961	409,215	101,469 74.00
76.00	03330	ENDOSCOPY	0.240020	121,710	29,213 76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.022307	0	0 76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	7.417106	0	0 76.03
76.04	03952	WOUND CARE CENTER	0.284753	57,478	16,367 76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.217052	71,521	15,524 76.05
76.06	03953	IMAGING CENTERS	0.134947	1,050	142 76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.555287	10,277	5,707 76.07
76.97	07697	CARDIAC REHABILITATION	0.518149	383	198 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.250438	0	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	0.000000	0	0 90.00
90.01	04950	DIABETIC CARE CENTER	0.000000	0	0 90.01
90.02	04951	HEALTHY HEARTS CENTER	0.595706	690	411 90.02
90.03	09001	CLINIC	0.000000	0	0 90.03
90.04	04953	SPINE CENTER	0.006126	0	0 90.04
90.05	04954	INFUSION CENTERS	0.046100	0	0 90.05
90.06	09002	MEDCHECK CLINICS	0.000000	0	0 90.06
90.07	09003	KNEE CENTER	1.253410	0	0 90.07
90.08	09004	PALLIATIVE CARE	0.791610	0	0 90.08
90.10	09006	WORK SITE CLINICS	0.000000	0	0 90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0 90.12
91.00	09100	EMERGENCY	0.121794	3,466,111	422,152 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.655983	99,392	65,199 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		28,536,415	5,336,457 200.00
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)		28,536,415	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/30/2022 2:48 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		35,955,173	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		11,148,701	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)		627,609	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		268,788	2.04
3.00	Managed Care Simulated Payments		51,460,772	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		348.22	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		32.51	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)		2.69	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).		-12.99	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.		12.01	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)		28.84	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		46.18	10.00
11.00	FTE count for residents in dental and podiatric programs.		2.97	11.00
12.00	Current year allowable FTE (see instructions)		31.81	12.00
13.00	Total allowable FTE count for the prior year.		31.84	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.		33.31	14.00
15.00	Sum of lines 12 through 14 divided by 3.		32.32	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		32.32	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.092815	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.094537	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.092815	21.00
22.00	IME payment adjustment (see instructions)		2,327,402	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		2,542,677	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		17.34	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)		2,327,402	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		2,542,677	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		10.36	30.00
31.00	Percentage of Medicaid patient days (see instructions)		43.57	31.00
32.00	Sum of lines 30 and 31		53.93	32.00
33.00	Allowable disproportionate share percentage (see instructions)		33.71	33.00
34.00	Disproportionate share adjustment (see instructions)		3,969,679	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/30/2022 2:48 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	8,290,014,521	7,192,008,710	35.00
35.01	Factor 3 (see instructions)	0.000319716	0.000434222	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,650,448	3,122,927	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,982,389	787,149	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,769,538		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	57,066,890		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
		<b>Amount</b>		
		<b>1.00</b>		
49.00	Total payment for inpatient operating costs (see instructions)		59,609,567	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,845,182	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).		300,087	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		341,148	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)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		64,095,984	59.00
60.00	Primary payer payments		2,986	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		64,092,998	61.00
62.00	Deductibles billed to program beneficiaries		3,625,036	62.00
63.00	Coinurance billed to program beneficiaries		109,769	63.00
64.00	Allowable bad debts (see instructions)		325,971	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		211,881	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		200,193	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		60,570,074	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		2,000	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		48,113	70.93
70.94	HRR adjustment amount (see instructions)		-480,775	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/30/2022 2:48 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			60,135,412	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			59,444,150	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)			691,262	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			2,079,569	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
<b>Cost Reimbursement</b>					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
<b>Comparison of PPS versus Cost Reimbursement</b>					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/30/2022 2:48 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		31,498	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		108,410,060	2.00
3.00	OPPS payments		89,847,289	3.00
4.00	Outlier payment (see instructions)		606,536	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		31,498	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		163,751	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)		163,751	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		163,751	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		132,253	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)		31,498	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		90,453,825	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		14,613,102	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)		75,872,221	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		578,079	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)		76,450,300	30.00
31.00	Primary payer payments		19,025	31.00
32.00	Subtotal (line 30 minus line 31)		76,431,275	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		675,256	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		438,916	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		480,383	36.00
37.00	Subtotal (see instructions)		76,870,191	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-88	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		36,771	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		76,870,279	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		77,497,996	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-627,717	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		90,858	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0074		Period: From 01/01/2021 To 12/31/2021		Worksheet E-1 Part I Date/Time Prepared: 5/30/2022 2:48 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		59,444,150		77,497,996	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)		59,444,150		77,497,996	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		691,262		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		627,717	6.02	
7.00	Total Medicare program liability (see instructions)		60,135,412		76,870,279	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: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/30/2022 2:48 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial /interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/30/2022 2:48 pm
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Title XVIII		Hospital	PPS
			1.00

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.		26.92	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)		0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA		2.82	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)		0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))		-12.99	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)		10.93	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)		0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)		22.04	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		46.18	6.00
7.00	Enter the lesser of line 5 or line 6		22.04	7.00

		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	34.34	11.38	45.72	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	16.39	5.43	21.82	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.97		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		2.97		10.01
11.00	Total weighted FTE count	16.39	8.40		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	16.35	8.69		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	18.07	8.44		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	16.94	8.51		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	16.94	8.51		17.00
18.00	Per resident amount	92,582.93	93,458.59		18.00
19.00	Approved amount for resident costs	1,568,355	795,333	2,363,688	19.00

		Total			
		1.00			
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			24.14	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,363,688	25.00

		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	17,617	20,449		26.00
27.00	Total Inpatient Days (see instructions)	100,219	100,219		27.00
28.00	Ratio of inpatient days to total inpatient days	0.175785	0.204043		28.00
29.00	Program direct GME amount	415,501	482,294	897,795	29.00
29.01	Percent reduction for MA DGME		4.07		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		19,629	19,629	30.00
31.00	Net Program direct GME amount			878,166	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/30/2022 2:48 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		8,339,676	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		56,286,290	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		2,986	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		56,283,304	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		108,441,558	42.00
43.00	Primary payer payments (see instructions)		19,025	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		108,422,533	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		164,705,837	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.341720	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.658280	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		878,166	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		300,087	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		578,079	50.00

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

Provider CCN: 15-0074

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

Worksheet G

Date/Time Prepared:  
5/30/2022 2:48 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	10,630	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	142,333	0	0	0	3.00
4.00	Accounts receivable	557,714,839	0	0	0	4.00
5.00	Other receivable	53,094,121	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	11,982,297	0	0	0	6.00
7.00	Inventory	21,309,992	0	0	0	7.00
8.00	Prepaid expenses	9,528,442	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	653,782,654	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	2,743,049	0	0	0	12.00
13.00	Land improvements	4,349,043	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	535,232,989	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	12,975,903	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	221,707,221	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	337,264	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	-402,043,083	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	58,900	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	375,361,286	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	464,979,362	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	464,979,362	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,494,123,302	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	-269,935	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	64,265,794	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	63,995,859	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	5,834,072	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	5,834,072	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	69,829,931	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	1,424,293,371	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,424,293,371	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,494,123,302	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0074

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

Worksheet G-1

Date/Time Prepared:  
5/30/2022 2:48 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		1,171,194,090		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		253,099,281			2.00
3.00	Total (sum of line 1 and line 2)		1,424,293,371		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		1,424,293,371		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,424,293,371		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0074

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/30/2022 2:48 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	77,228,030		77,228,030	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	77,228,030		77,228,030	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	20,805,802		20,805,802	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	18,139,096		18,139,096	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	38,944,898		38,944,898	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	116,172,928		116,172,928	17.00
18.00	Ancillary services	906,555,335	2,492,390,774	3,398,946,109	18.00
19.00	Outpatient services	0	0	0	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				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	20,537,511	20,537,511	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,022,728,263	2,512,928,285	3,535,656,548	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		905,165,939		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		905,165,939		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0074

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

Worksheet G-3

Date/Time Prepared:  
5/30/2022 2:48 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,535,656,548	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,410,585,010	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,125,071,538	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	905,165,939	4.00
5.00	Net income from service to patients (line 3 minus line 4)	219,905,599	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	3,021,728	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,031,021	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	620,788	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC REV	24,261,699	24.00
24.50	COVID-19 PHE Funding	3,258,446	24.50
25.00	Total other income (sum of lines 6-24)	33,193,682	25.00
26.00	Total (line 5 plus line 25)	253,099,281	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	253,099,281	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0074	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/30/2022 2:48 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		3,626,037	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		97,310	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)		276.35	3.00
4.00	Number of interns & residents (see instructions)		32.32	4.00
5.00	Indirect medical education percentage (see instructions)		3.36	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		121,835	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		3,845,182	12.00
		1.00		
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00