

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: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/30/2022 3:00 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 5/30/2022	Time: 3:00 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 HOWARD REGIONAL HEALTH (15-0007) 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	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	156,577	-137,612	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
200.00 Total	0	156,577	-137,612	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: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 3:00 pm
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1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00		
1.00	Street: 3500 SOUTH LAFOUNTAIN	PO Box:	Zip Code: 46902		County: HOWARD			1.00
2.00	City: KOKOMO	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 HOWARD REGIONAL HEALTH	150007	29020	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									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	N		22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0007			Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 3:00 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.	797	165	0	6	5,066	12		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		
Prospective Payment System (PPS)-Capital										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N		48.00
Teaching Hospitals										
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0007		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 3:00 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	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)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20
						1.00	
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)				N		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)		0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0007

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

Worksheet S-2
Part I
Date/Time Prepared:
5/30/2022 3:00 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 3:00 pm		
			1.00			
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N	80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N	81.00		
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N	85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00		
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N	87.00		
			V 1.00	XIX 2.00		
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	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		
Rural Providers						
105.00	Does this hospital qualify as a CAH?	N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00		
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00		
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: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 3:00 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		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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:	883,612	0	118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
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: 15-0007		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 3:00 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 SERVICES		Contractor's Number: 08101				141.00					
142.00	Street: 1500 NORTH RITTER	PO Box:						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?													
Y								144.00					
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.								145.00					
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								146.00					
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								147.00					
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								148.00					
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								149.00					
		Part A		Part B		Title V		Title XIX					
		1.00		2.00		3.00		4.00					
155.00 Hospital								155.00					
156.00 Subprovider - IPF								156.00					
157.00 Subprovider - IRF								157.00					
158.00 SUBPROVIDER								158.00					
159.00 SNF								159.00					
160.00 HOME HEALTH AGENCY								160.00					
161.00 CMHC								161.00					
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.								165.00					
		Name		County		State		Zip Code		CBSA		FTE/Campus	
		0		1.00		2.00		3.00		4.00		5.00	
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								166.00					
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.								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)								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)								170.00					
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								171.00					

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0007		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 5/30/2022 3:00 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	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.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			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			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/02/2022	Y	05/02/2022		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/30/2022 3:00 pm		
		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N	21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N		27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N		31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N		33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N		35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?			Y		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.			Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
				1.00	2.00	
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SHIRLEY		BISHOP		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: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/30/2022 3:00 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR 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: 15-0007

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2022 3:00 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	105	38,325	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)		105	38,325	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,920	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		113	41,245	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						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		113				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: 15-0007

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2022 3:00 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,380	752	17,054			1.00
2.00 HMO and other (see instructions)	4,498	4,806				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	3,380	752	17,054			7.00
8.00 INTENSIVE CARE UNIT	2,009	0	2,011			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		476	695			13.00
14.00 Total (see instructions)	5,389	1,228	19,760	0.00	635.10	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)			39			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	635.10	27.00
28.00 Observation Bed Days		377	1,837			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			97			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	12	123			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: 15-0007

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2022 3:00 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
			11.00	12.00			13.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	1,249	154	4,631	1.00
2.00 HMO and other (see instructions)				934	1,050		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		1,249	154	4,631	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							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: 15-0007

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2022 3:00 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	48,545,727	-249,993	48,295,734	1,321,014.00	36.56
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		136,638	0	136,638	653.00	209.25
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		778,307	0	778,307	2,448.00	317.94
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		5,878,482	369,035	6,247,517	206,091.00	30.31
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		2,903,999	0	2,903,999	36,187.00	80.25
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		236,224	0	236,224	2,047.00	115.40
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		12,761,894	0	12,761,894	285,085.00	44.77
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		10,485,484	0	10,485,484		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,720,262	0	1,720,262		
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		7,705	0	7,705		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		28,886	0	28,886		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		3,156,987	0	3,156,987		
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: 15-0007

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2022 3:00 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	1,000	-1,000	0	0.00	0.00	26.00
27.00	Administrative & General	4,810,888	-180,052	4,630,836	86,092.00	53.79	27.00
28.00	Administrative & General under contract (see inst.)	2,880,819	0	2,880,819	23,235.00	123.99	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	736,640	0	736,640	27,010.00	27.27	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,184,148	-12,495	1,171,653	61,935.00	18.92	32.00
33.00	Housekeeping under contract (see instructions)	298,481	0	298,481	6,864.00	43.48	33.00
34.00	Dietary	974,534	-616,893	357,641	20,413.00	17.52	34.00
35.00	Dietary under contract (see instructions)	137,984	0	137,984	2,080.00	66.34	35.00
36.00	Cafeteria	0	613,956	613,956	32,941.00	18.64	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	718,172	-351	717,821	17,905.00	40.09	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	611,647	-208	611,439	14,372.00	42.54	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0007

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2022 3:00 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	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	51,084,704	-249,993	50,834,711	1,350,745.00	37.63	1.00
2.00	Excluded area salaries (see instructions)	5,878,482	369,035	6,247,517	206,091.00	30.31	2.00
3.00	Subtotal salaries (line 1 minus line 2)	45,206,222	-619,028	44,587,194	1,144,654.00	38.95	3.00
4.00	Subtotal other wages & related costs (see inst.)	15,902,117	0	15,902,117	323,319.00	49.18	4.00
5.00	Subtotal wage-related costs (see inst.)	13,650,176	0	13,650,176	0.00	30.61	5.00
6.00	Total (sum of lines 3 thru 5)	74,758,515	-619,028	74,139,487	1,467,973.00	50.50	6.00
7.00	Total overhead cost (see instructions)	12,354,313	-197,043	12,157,270	292,847.00	41.51	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2022 3:00 pm
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			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,834,248	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		4,816,993	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		1,504,085	9.00
10.00	Dental, Hearing and Vision Plan		51,940	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		28,199	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)		401,435	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		118,702	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		3,441,010	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		45,723	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		12,242,335	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part V Date/Time Prepared: 5/30/2022 3:00 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	2,903,999	12,242,335	1.00
2.00	Hospital	2,903,999	12,242,335	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			14.00
15.00	Hospital-Based Health Clinic FQHC			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: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/30/2022 3:00 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.201214	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		29,823,813	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		-4,860,771	5.00	
6.00	Medicaid charges		127,342,717	6.00	
7.00	Medicaid cost (line 1 times line 6)		25,623,137	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)		660,095	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)		660,095	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	3,208,788	748,010	3,956,798	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	645,653	748,010	1,393,663	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	645,653	748,010	1,393,663	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		5,632,438	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		132,405	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		203,700	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		5,428,738	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,163,633	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		2,557,296	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		3,217,391	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0007		Period: From 01/01/2021 To 12/31/2021		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	4,104,828	4,104,828	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	5,807,113	5,807,113	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,000	110,776	111,776	-6,438	105,338	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,810,888	43,762,197	48,573,085	-4,874,248	43,698,837	5.00
7.00	00700	OPERATION OF PLANT	736,640	5,424,936	6,161,576	-673,105	5,488,471	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	346,534	346,534	0	346,534	8.00
9.00	00900	HOUSEKEEPING	1,184,148	887,041	2,071,189	-32,621	2,038,568	9.00
10.00	01000	DIETARY	974,534	976,309	1,950,843	-1,330,097	620,746	10.00
11.00	01100	CAFETERIA	0	120	120	1,228,910	1,229,030	11.00
13.00	01300	NURSING ADMINISTRATION	718,172	268,225	986,397	-99,836	886,561	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	611,647	184,371	796,018	0	796,018	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,648,499	8,098,213	19,746,712	-2,151,131	17,595,581	30.00
31.00	03100	INTENSIVE CARE UNIT	1,642,397	948,732	2,591,129	-198,901	2,392,228	31.00
43.00	04300	NURSERY	0	0	0	335,595	335,595	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,311,855	9,878,346	13,190,201	-6,771,903	6,418,298	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,062,357	1,062,357	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,789,716	2,068,142	3,857,858	-675,712	3,182,146	54.00
54.01	03480	ONCOLOGY	1,602,033	1,914,079	3,516,112	-662,771	2,853,341	54.01
57.00	05700	CT SCAN	553,909	595,902	1,149,811	-299,999	849,812	57.00
58.00	05800	MRI	359,236	986,731	1,345,967	-878,222	467,745	58.00
59.00	05900	CARDIAC CATHETERIZATION	745,744	3,737,473	4,483,217	-3,015,386	1,467,831	59.00
60.00	06000	LABORATORY	0	5,763,995	5,763,995	-5,149	5,758,846	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,341,457	682,667	2,024,124	-142,113	1,882,011	65.00
66.00	06600	PHYSICAL THERAPY	976,866	346,867	1,323,733	-612,581	711,152	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	463,200	463,200	67.00
68.00	06800	SPEECH PATHOLOGY	0	-893	-893	144,617	143,724	68.00
69.00	06900	ELECTROCARDIOLOGY	1,116,556	582,946	1,699,502	-149,975	1,549,527	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,128	27,045	40,173	-9,340	30,833	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	373,082	728,412	1,101,494	4,270,980	5,372,474	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,888,596	5,888,596	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,396,879	18,383,162	20,780,041	-237,795	20,542,246	73.00
74.00	07400	RENAL DIALYSIS	0	239,735	239,735	-1,692	238,043	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	401,080	361,890	762,970	-103,978	658,992	75.01
76.00	03160	CARDIOPULMONARY	180,041	43,263	223,304	-2,146	221,158	76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,742,250	2,213,068	4,955,318	-356,869	4,598,449	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04951	GENESIS	1,403,683	610,831	2,014,514	722,158	2,736,672	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	451,668	249,692	701,360	120,706	822,066	93.06
93.07	04957	OTHER	0	0	0	0	0	93.07
93.18	04968	PSYCH MEDICATION	580,137	163,632	743,769	-743,769	0	93.18
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,357,228	809,293	2,166,521	-183,314	1,983,207	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	44,024,473	111,393,732	155,418,205	-70,031	155,348,174	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	73,431	48,811	122,242	-367	121,875	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	580,397	557,529	1,137,926	-208,504	929,422	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07951	MISC BH NRCC	2,005,958	1,292,512	3,298,470	288,433	3,586,903	194.00
194.08	07958	SOUTH BERKLEY BLDG	0	0	0	0	0	194.08
194.09	07959	MOBILE CLINIC	40,414	15,969	56,383	-6,798	49,585	194.09
194.10	07960	PLASTIC SURGERY	0	2,733	2,733	-2,733	0	194.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0007		Period: From 01/01/2021 To 12/31/2021		Worksheet A Date/Time Prepared: 5/30/2022 3:00 pm	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
194.11	07961 KOKOMO SCHOOL BASED	1,821,054	425,980	2,247,034	0	2,247,034	194.11
194.15	07965 INDIANA SURGERY CENTER	0	60	60	0	60	194.15
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
200.00	TOTAL (SUM OF LINES 118 through 199)	48,545,727	113,737,326	162,283,053	0	162,283,053	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0007

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

Worksheet A
Date/Time Prepared:
5/30/2022 3:00 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	4,104,828	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	5,807,113	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,292,758	2,398,096	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-17,951,317	25,747,520	5.00
7.00	00700	OPERATION OF PLANT	1,170,430	6,658,901	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	346,534	8.00
9.00	00900	HOUSEKEEPING	0	2,038,568	9.00
10.00	01000	DIETARY	-3,740	617,006	10.00
11.00	01100	CAFETERIA	-495,146	733,884	11.00
13.00	01300	NURSING ADMINISTRATION	1,129,505	2,016,066	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	957,256	957,256	16.00
17.00	01700	SOCIAL SERVICE	0	796,018	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
23.00	02300	PASTORAL CARE	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,945,924	14,649,657	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,392,228	31.00
43.00	04300	NURSERY	0	335,595	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	6,418,298	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,062,357	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	63,143	3,245,289	54.00
54.01	03480	ONCOLOGY	0	2,853,341	54.01
57.00	05700	CT SCAN	0	849,812	57.00
58.00	05800	MRI	0	467,745	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,467,831	59.00
60.00	06000	LABORATORY	0	5,758,846	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,882,011	65.00
66.00	06600	PHYSICAL THERAPY	0	711,152	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	463,200	67.00
68.00	06800	SPEECH PATHOLOGY	0	143,724	68.00
69.00	06900	ELECTROCARDIOLOGY	-2,641	1,546,886	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	30,833	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	952,237	6,324,711	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,888,596	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	325,148	20,867,394	73.00
74.00	07400	RENAL DIALYSIS	0	238,043	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03950	WOUND CARE CENTER	-3,191	655,801	75.01
76.00	03160	CARDIOPULMONARY	0	221,158	76.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	541,496	5,139,945	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	93.00
93.01	04951	GENESIS	-984,514	1,752,158	93.01
93.02	04952	WOMEN'S CENTER	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	93.03
93.04	04954	DR. STEELE	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	-317,081	504,985	93.06
93.07	04957	OTHER	0	0	93.07
93.18	04968	PSYCH MEDICATION	0	0	93.18
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-17,694	1,965,513	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-15,289,275	140,058,899	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	121,875	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	929,422	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07951	MISC BH NRCC	0	3,586,903	194.00
194.08	07958	SOUTH BERKLEY BLDG	0	0	194.08
194.09	07959	MOBILE CLINIC	0	49,585	194.09
194.10	07960	PLASTIC SURGERY	0	0	194.10
194.11	07961	KOKOMO SCHOOL BASED	0	2,247,034	194.11
194.15	07965	INDIANA SURGERY CENTER	0	60	194.15

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet A Date/Time Prepared: 5/30/2022 3:00 pm
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Cost Center Description	Adjustments	Net Expenses	
	(See A-8)	For Allocation	
194.16 07966 PASTORAL CARE ALLIED HEALTH	6.00	7.00	194.16
200.00	0	0	200.00
TOTAL (SUM OF LINES 118 through 199)	-15,289,275	146,993,778	

RECLASSIFICATIONS

Provider CCN: 15-0007

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

Worksheet A-6

Date/Time Prepared:
5/30/2022 3:00 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - Chargeable Medical Supplies						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,353,643		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
TOTALS			0	4,353,643		
B - Implantable Device Recl ass						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		5,888,596		1.00
2.00						2.00
3.00						3.00
TOTALS			0	5,888,596		
C - Drugs Charges to Pat						
1.00	ELECTROCARDIOLOGY	69.00	0	5,085		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	217,194		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
TOTALS			0	222,279		
D - Depreciation Expense						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,480,897		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: 15-0007

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

Worksheet A-6
Date/Time Prepared:
5/30/2022 3:00 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	
TOTALS				0	8,480,897	
E - Interest Expense						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	35,663	1.00	
2.00		0.00	0	0	2.00	
TOTALS				0	35,663	
F - Other Capital Rental						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,311,766	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	
TOTALS				0	1,311,766	
G - STD BENEFIT RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	10,727	1.00	
2.00	HOUSEKEEPING	9.00	0	12,495	2.00	
3.00	DIETARY	10.00	0	2,937	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	351	4.00	
5.00	SOCIAL SERVICE	17.00	0	208	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	81,611	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	9,921	7.00	
8.00	OPERATING ROOM	50.00	0	6,067	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,035	9.00	
10.00	ONCOLOGY	54.01	0	10,680	10.00	
11.00	MRI	58.00	0	5,882	11.00	
12.00	CARDIAC CATHETERIZATION	59.00	0	6,588	12.00	
13.00	RESPIRATORY THERAPY	65.00	0	16,823	13.00	
14.00	PHYSICAL THERAPY	66.00	0	13,409	14.00	
15.00	ELECTROCARDIOLOGY	69.00	0	3,766	15.00	
16.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	763	16.00	
17.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,410	17.00	
18.00	CARDIOPULMONARY	76.00	0	3,009	18.00	
19.00	EMERGENCY	91.00	0	24,357	19.00	
20.00	GENESIS	93.01	0	14,649	20.00	
21.00	HOWARD COUNTY CSS	93.06	0	4,687	21.00	
22.00	MISC BH NRCC	194.00	0	3,573	22.00	
23.00	PSYCH MEDICATION	93.18	0	1,418	23.00	
24.00	MISC BH NRCC	194.00	0	228	24.00	
25.00	AMBULANCE SERVICES	95.00	0	2,704	25.00	
26.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,970	26.00	
27.00	KOKOMO SCHOOL BASED	194.11	0	1,045	27.00	
28.00	MISC BH NRCC	194.00	0	3,680	28.00	
TOTALS				0	248,993	
H - Labor and Delivery						
1.00	NURSERY	43.00	202,592	0	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	641,324	0	2.00	
3.00	NURSERY	43.00	0	133,003	3.00	
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	421,033	4.00	
TOTALS				843,916	554,036	

RECLASSIFICATIONS

Provider CCN: 15-0007

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

Worksheet A-6

Date/Time Prepared:
5/30/2022 3:00 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
I - Cafeteria Salary					
1.00	CAFETERIA	11.00	613,956	0	1.00
2.00	CAFETERIA	11.00	0	615,074	2.00
	TOTALS		613,956	615,074	
J - Therapy Recl ass					
1.00	OCCUPATIONAL THERAPY	67.00	342,914	0	1.00
2.00	SPEECH PATHOLOGY	68.00	107,062	0	2.00
3.00	OCCUPATIONAL THERAPY	67.00	0	120,286	3.00
4.00	SPEECH PATHOLOGY	68.00	0	37,555	4.00
	TOTALS		449,976	157,841	
K - Depreciation Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,985,550	1.00
	TOTALS		0	3,985,550	
L - Capital Insurance Costs					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	83,615	1.00
	TOTALS		0	83,615	
M - PSYCH ADMIN					
1.00	GENESIS	93.01	139,709	0	1.00
2.00	HOWARD COUNTY CSS	93.06	11,452	0	2.00
3.00	MI SC BH NRCC	194.00	12,283	0	3.00
4.00	MI SC BH NRCC	194.00	5,881	0	4.00
5.00	GENESIS	93.01	0	386,862	5.00
6.00	HOWARD COUNTY CSS	93.06	0	31,713	6.00
7.00	MI SC BH NRCC	194.00	0	34,012	7.00
8.00	MI SC BH NRCC	194.00	0	16,285	8.00
	TOTALS		169,325	468,872	
O - Psych Medicine Clinic Recl ass					
1.00	GENESIS	93.01	152,373	0	1.00
2.00	HOWARD COUNTY CSS	93.06	62,275	0	2.00
3.00	MI SC BH NRCC	194.00	239,520	0	3.00
4.00	MI SC BH NRCC	194.00	124,551	0	4.00
5.00	GENESIS	93.01	0	43,214	5.00
6.00	HOWARD COUNTY CSS	93.06	0	17,662	6.00
7.00	MI SC BH NRCC	194.00	0	67,930	7.00
8.00	MI SC BH NRCC	194.00	0	35,324	8.00
	TOTALS		578,719	164,130	
P - REWARD & RECOGNITION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,000	1.00
	TOTALS		0	1,000	
500.00	Grand Total: Increases		2,655,892	26,571,955	500.00

RECLASSIFICATIONS

Provider CCN: 15-0007

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

Worksheet A-6
Date/Time Prepared:
5/30/2022 3:00 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
A - Chargeable Medical Supplies							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	15,015	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	6,533	0	2.00	
3.00	DIETARY	10.00	0	131	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	462,550	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	110,069	0	5.00	
6.00	OPERATING ROOM	50.00	0	1,491,445	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	232,015	0	7.00	
8.00	ONCOLOGY	54.01	0	24,242	0	8.00	
9.00	CT SCAN	57.00	0	108,895	0	9.00	
10.00	MRI	58.00	0	87,489	0	10.00	
11.00	CARDIAC CATHETERIZATION	59.00	0	1,428,115	0	11.00	
12.00	LABORATORY	60.00	0	785	0	12.00	
13.00	RESPIRATORY THERAPY	65.00	0	80,934	0	13.00	
14.00	PHYSICAL THERAPY	66.00	0	558	0	14.00	
15.00	ELECTROCARDIOLOGY	69.00	0	568	0	15.00	
16.00	ELECTROENCEPHALOGRAPHY	70.00	0	96	0	16.00	
17.00	DRUGS CHARGED TO PATIENTS	73.00	0	14,309	0	17.00	
18.00	RENAL DIALYSIS	74.00	0	854	0	18.00	
19.00	WOUND CARE CENTER	75.01	0	7,371	0	19.00	
20.00	CARDIOPULMONARY	76.00	0	2,146	0	20.00	
21.00	EMERGENCY	91.00	0	233,107	0	21.00	
22.00	PSYCH MEDICATION	93.18	0	685	0	22.00	
23.00	AMBULANCE SERVICES	95.00	0	45,731	0	23.00	
	TOTALS		0	4,353,643			
B - Implantable Device Recl ass							
1.00	OPERATING ROOM	50.00		4,671,833		1.00	
2.00	CARDIAC CATHETERIZATION	59.00		1,177,458		2.00	
3.00	WOUND CARE CENTER	75.01		39,305		3.00	
	TOTALS		0	5,888,596			
C - Drugs Charges to Pat							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	429	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	17,974	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	4,629	0	3.00	
4.00	OPERATING ROOM	50.00	0	4,240	0	4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,131	0	5.00	
6.00	ONCOLOGY	54.01	0	2,554	0	6.00	
7.00	CT SCAN	57.00	0	82,121	0	7.00	
8.00	MRI	58.00	0	28,678	0	8.00	
9.00	CARDIAC CATHETERIZATION	59.00	0	24,429	0	9.00	
10.00	RESPIRATORY THERAPY	65.00	0	5,969	0	10.00	
11.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	339	0	11.00	
12.00	RENAL DIALYSIS	74.00	0	838	0	12.00	
13.00	WOUND CARE CENTER	75.01	0	27,795	0	13.00	
14.00	EMERGENCY	91.00	0	6,387	0	14.00	
15.00	PSYCH MEDICATION	93.18	0	235	0	15.00	
16.00	AMBULANCE SERVICES	95.00	0	642	0	16.00	
17.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	4,091	0	17.00	
18.00	MOBILE CLINIC	194.09	0	6,798	0	18.00	
	TOTALS		0	222,279			
D - Depreciation Expense							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,367	9	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	4,096,163	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	588,234	0	3.00	
4.00	HOUSEKEEPING	9.00	0	24,913	0	4.00	
5.00	DIETARY	10.00	0	100,772	0	5.00	
6.00	CAFETERIA	11.00	0	120	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	99,836	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	272,582	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	84,203	0	9.00	
10.00	OPERATING ROOM	50.00	0	516,686	0	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	439,566	0	11.00	
12.00	ONCOLOGY	54.01	0	635,975	0	12.00	
13.00	CT SCAN	57.00	0	27,731	0	13.00	
14.00	MRI	58.00	0	352,257	0	14.00	
15.00	CARDIAC CATHETERIZATION	59.00	0	385,384	0	15.00	
16.00	LABORATORY	60.00	0	4,364	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	0	55,210	0	17.00	
18.00	PHYSICAL THERAPY	66.00	0	4,206	0	18.00	
19.00	ELECTROCARDIOLOGY	69.00	0	34,644	0	19.00	
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	9,244	0	20.00	
21.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	53,133	0	21.00	

RECLASSIFICATIONS

Provider CCN: 15-0007

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

Worksheet A-6
Date/Time Prepared:
5/30/2022 3:00 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
22.00	DRUGS CHARGED TO PATIENTS	73.00	0	126,919	0	22.00	
23.00	WOUND CARE CENTER	75.01	0	8,111	0	23.00	
24.00	EMERGENCY	91.00	0	117,375	0	24.00	
25.00	MI SC BH NRCC	194.00	0	2,672	0	25.00	
26.00	AMBULANCE SERVICES	95.00	0	136,941	0	26.00	
27.00	COMMUNITY HOWARD FOUNDATION	190.01	0	367	0	27.00	
28.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	195,816	0	28.00	
29.00	MI SC BH NRCC	194.00	0	92,925	0	29.00	
30.00	PLASTIC SURGERY	194.10	0	2,733	0	30.00	
31.00	HOWARD COUNTY CSS	93.06	0	1,920	0	31.00	
32.00	MI SC BH NRCC	194.00	0	3,528	0	32.00	
	TOTALS		0	8,480,897			
E - Interest Expense							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	7,202	11	1.00	
2.00	MI SC BH NRCC	194.00	0	28,461	0	2.00	
	TOTALS		0	35,663			
F - Other Capital Rental							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	71	10	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	33,627	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	78,338	0	3.00	
4.00	HOUSEKEEPING	9.00	0	7,708	0	4.00	
5.00	DIETARY	10.00	0	164	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	73	0	6.00	
7.00	OPERATING ROOM	50.00	0	87,699	0	7.00	
8.00	CT SCAN	57.00	0	81,252	0	8.00	
9.00	MRI	58.00	0	409,798	0	9.00	
10.00	ELECTROCARDIOLOGY	69.00	0	119,848	0	10.00	
11.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	29,191	0	11.00	
12.00	DRUGS CHARGED TO PATIENTS	73.00	0	313,761	0	12.00	
13.00	WOUND CARE CENTER	75.01	0	21,396	0	13.00	
14.00	HOWARD COUNTY CSS	93.06	0	476	0	14.00	
15.00	MI SC BH NRCC	194.00	0	66,000	0	15.00	
16.00	MI SC BH NRCC	194.00	0	34,121	0	16.00	
17.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	8,597	0	17.00	
18.00	MI SC BH NRCC	194.00	0	19,646	0	18.00	
	TOTALS		0	1,311,766			
G - STD BENEFIT RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	10,727	0	0	1.00	
2.00	HOUSEKEEPING	9.00	12,495	0	0	2.00	
3.00	DIETARY	10.00	2,937	0	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	351	0	0	4.00	
5.00	SOCIAL SERVICE	17.00	208	0	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	81,611	0	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00	9,921	0	0	7.00	
8.00	OPERATING ROOM	50.00	6,067	0	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	3,035	0	0	9.00	
10.00	ONCOLOGY	54.01	10,680	0	0	10.00	
11.00	MRI	58.00	5,882	0	0	11.00	
12.00	CARDIAC CATHETERIZATION	59.00	6,588	0	0	12.00	
13.00	RESPIRATORY THERAPY	65.00	16,823	0	0	13.00	
14.00	PHYSICAL THERAPY	66.00	13,409	0	0	14.00	
15.00	ELECTROCARDIOLOGY	69.00	3,766	0	0	15.00	
16.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	763	0	0	16.00	
17.00	DRUGS CHARGED TO PATIENTS	73.00	2,410	0	0	17.00	
18.00	CARDIOPULMONARY	76.00	3,009	0	0	18.00	
19.00	EMERGENCY	91.00	24,357	0	0	19.00	
20.00	GENESIS	93.01	14,649	0	0	20.00	
21.00	HOWARD COUNTY CSS	93.06	4,687	0	0	21.00	
22.00	MI SC BH NRCC	194.00	3,573	0	0	22.00	
23.00	PSYCH MEDICATION	93.18	1,418	0	0	23.00	
24.00	MI SC BH NRCC	194.00	228	0	0	24.00	
25.00	AMBULANCE SERVICES	95.00	2,704	0	0	25.00	
26.00	PHYSICIANS' PRIVATE OFFICES	192.00	1,970	0	0	26.00	
27.00	KOKOMO SCHOOL BASED	194.11	1,045	0	0	27.00	
28.00	MI SC BH NRCC	194.00	3,680	0	0	28.00	
	TOTALS		248,993	0	0		
H - Labor and Delivery							
1.00	ADULTS & PEDIATRICS	30.00	843,916	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	554,036	0	3.00	
4.00		0.00	0	0	0	4.00	
	TOTALS		843,916	554,036			

RECLASSIFICATIONS

Provider CCN: 15-0007

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

Worksheet A-6

Date/Time Prepared:
5/30/2022 3:00 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
I - Cafeteria Salary							
1.00	DIETARY	10.00	613,956	0	0		1.00
2.00	DIETARY	10.00	0	615,074	0		2.00
	TOTALS		613,956	615,074			
J - Therapy Recl ass							
1.00	PHYSICAL THERAPY	66.00	449,976	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	PHYSICAL THERAPY	66.00	0	157,841	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		449,976	157,841			
K - Depreciation Expense							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,985,550	9		1.00
	TOTALS		0	3,985,550			
L - Capital Insurance Costs							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	83,615	12		1.00
	TOTALS		0	83,615			
M - PSYCH ADMIN							
1.00	ADMINISTRATIVE & GENERAL	5.00	169,325	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	ADMINISTRATIVE & GENERAL	5.00	0	468,872	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		169,325	468,872			
O - Psych Medicine Clinic Recl ass							
1.00	PSYCH MEDICATION	93.18	578,719	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00	PSYCH MEDICATION	93.18	0	164,130	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		578,719	164,130			
P - REWARD & RECOGNITION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,000	0	0		1.00
	TOTALS		1,000	0			
500.00	Grand Total: Decreases		2,905,885	26,321,962			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0007

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

Worksheet A-7
Part I
Date/Time Prepared:
5/30/2022 3:00 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,821,632	0	0	0	0	1.00
2.00	Land Improvements	2,722,362	139,620	0	139,620	-160,380	2.00
3.00	Buildings and Fixtures	185,616,539	5,527,984	0	5,527,984	208,845	3.00
4.00	Building Improvements	1,737,035	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	84,055,268	3,075,097	0	3,075,097	838,958	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	275,952,836	8,742,701	0	8,742,701	887,423	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	275,952,836	8,742,701	0	8,742,701	887,423	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,821,632	0				1.00
2.00	Land Improvements	3,022,362	0				2.00
3.00	Buildings and Fixtures	190,935,678	0				3.00
4.00	Building Improvements	1,737,035	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	86,291,407	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	283,808,114	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	283,808,114	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0007

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

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2022 3:00 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: 15-0007

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

Worksheet A-7
Part III
Date/Time Prepared:
5/30/2022 3:00 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	197,516,707	0	197,516,707	0.695952	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	86,291,407	0	86,291,407	0.304048	0	2.00
3.00	Total (sum of lines 1-2)	283,808,114	0	283,808,114	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	3,985,550	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,495,347	1,311,766	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,480,897	1,311,766	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	35,663	83,615	0	0	4,104,828	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,807,113	2.00
3.00	Total (sum of lines 1-2)	35,663	83,615	0	0	9,911,941	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0007

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

Worksheet A-8

Date/Time Prepared:
5/30/2022 3:00 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)	B	-175	0	ADMINISTRATIVE & GENERAL	5.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0	0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	0	0	ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0	0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0	0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0	0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0	0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,368,210	0			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0	0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	5,872,990	0			0	12.00
13.00 Laundry and linen service		0	0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-492,662	0	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0	0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0	0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0	0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0	0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0	0		0.00	0	19.00
20.00 Vending machines		0	0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	0	UTILIZATION REVIEW - SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant		0	0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0	0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0007

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

Worksheet A-8

Date/Time Prepared:
5/30/2022 3:00 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		
33.00 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 33.00
33.02 Misc Revenue	B	-10,189	ADMINISTRATIVE & GENERAL	5.00		0 33.02
33.03 Misc Revenue	B	-15,146	ADULTS & PEDIATRICS	30.00		0 33.03
33.04 Misc Revenue	B	-2,641	ELECTROCARDIOLOGY	69.00		0 33.04
33.05 Misc Revenue	B	-17,694	AMBULANCE SERVICES	95.00		0 33.05
33.06 Misc Revenue Rental Lease	B	-2,484	CAFETERIA	11.00		0 33.06
33.07 Investment Income	B	-2,131,806	ADMINISTRATIVE & GENERAL	5.00		0 33.07
34.00 HAF Tax Offset	A	-4,860,771	ADMINISTRATIVE & GENERAL	5.00		0 34.00
34.01 Bad Debt	A	-6,026,471	ADMINISTRATIVE & GENERAL	5.00		0 34.01
34.02 Bad Debt	A	-3,191	WOUND CARE CENTER	75.01		0 34.02
34.03 Bad Debt	A	-120,718	GENESIS	93.01		0 34.03
34.04 Bad Debt	A	-1,606	HOWARD COUNTY CSS	93.06		0 34.04
34.08 Sponsorship	A	-60,548	ADMINISTRATIVE & GENERAL	5.00		0 34.08
34.09 APP	A	-45,137	ADULTS & PEDIATRICS	30.00		0 34.09
34.10 Loss on Assets	A	-256,624	ADMINISTRATIVE & GENERAL	5.00		0 34.10
34.11 Vending Revenue	B	-3,740	DIETARY	10.00		0 34.11
34.12 Non-Allow Interest Expense	A	-7,202	ADMINISTRATIVE & GENERAL	5.00		0 34.12
34.14 Charitable Contributions-Offset	A	-50,880	ADMINISTRATIVE & GENERAL	5.00		0 34.14
34.15 Advertising Expense Offset	A	-49,036	ADMINISTRATIVE & GENERAL	5.00		0 34.15
34.16 Governing Board-Offset	A	-3,421	ADMINISTRATIVE & GENERAL	5.00		0 34.16
34.17 BH Professional Billing Expense	A	-863,796	GENESIS	93.01		0 34.17
34.18 BH Professional Billing Expense	A	-315,475	HOWARD COUNTY CSS	93.06		0 34.18
34.21 Hospitalist Loss	A	-2,452,642	ADULTS & PEDIATRICS	30.00		0 34.21
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-15,289,275				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: 15-0007
 Period: From 01/01/2021 To 12/31/2021
 Worksheet A-8-1
 Date/Time Prepared: 5/30/2022 3:00 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	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	91.00	EMERGENCY	CPN ON CALL	541,496	0
2.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE DAC	991,661	0
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	2,292,758	0
3.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	18,753,877	21,312,885
3.02	7.00	OPERATION OF PLANT	HOME OFFICE	1,170,430	0
3.03	13.00	NURSING ADMINISTRATION	HOME OFFICE	1,129,505	0
3.04	71.00	MEDICAL SUPPLIES CHARGED TO	HOME OFFICE	952,237	0
3.05	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	957,256	0
3.06	30.00	ADULTS & PEDIATRICS	HOME OFFICE	8,364	0
3.07	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	63,143	0
3.08	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	325,148	0
4.00	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			27,185,875	21,312,885

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

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

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

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

6.00	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:				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: 15-0007

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2022 3:00 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	541,496	0		1.00
2.00	991,661	0		2.00
3.00	2,292,758	0		3.00
3.01	-2,559,008	0		3.01
3.02	1,170,430	0		3.02
3.03	1,129,505	0		3.03
3.04	952,237	0		3.04
3.05	957,256	0		3.05
3.06	8,364	0		3.06
3.07	63,143	0		3.07
3.08	325,148	0		3.08
4.00	0	0		4.00
5.00	5,872,990			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 request 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: 15-0007

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2022 3:00 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	2,983,789	2,912,190	71,599	211,500	560	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	441,363	441,363	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		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			3,425,152	3,353,553	71,599		560	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	56,942	2,847	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		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			56,942	2,847	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	56,942	14,657	2,926,847		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	441,363		2.00
3.00	0.00		0	0	0	0		3.00
4.00	0.00		0	0	0	0		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	56,942	14,657	3,368,210		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2022 3:00 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	4,104,828	4,104,828			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	5,807,113		5,807,113		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,398,096	37,217	52,651	2,487,964	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	25,747,520	1,017,391	1,439,302	238,558	5.00
7.00 00700	OPERATION OF PLANT	6,658,901	416,104	588,664	37,948	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	346,534	21,516	30,439	0	8.00
9.00 00900	HOUSEKEEPING	2,038,568	23,243	32,882	60,358	9.00
10.00 01000	DIETARY	617,006	41,871	59,236	18,424	10.00
11.00 01100	CAFETERIA	733,884	67,566	95,586	31,628	11.00
13.00 01300	NURSING ADMINISTRATION	2,016,066	7,215	10,207	36,979	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	957,256	29,525	41,770	0	16.00
17.00 01700	SOCIAL SERVICE	796,018	0	0	31,498	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00 02300	PASTORAL CARE	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	14,649,657	580,265	820,903	552,400	30.00
31.00 03100	INTENSIVE CARE UNIT	2,392,228	51,855	73,360	84,097	31.00
43.00 04300	NURSERY	335,595	14,718	20,822	10,437	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	6,418,298	196,525	278,024	170,298	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,062,357	46,605	65,933	33,038	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,245,289	190,560	269,586	92,041	54.00
54.01 03480	ONCOLOGY	2,853,341	203,789	288,302	81,979	54.01
57.00 05700	CT SCAN	849,812	5,955	8,424	28,535	57.00
58.00 05800	MRI	467,745	0	0	18,203	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,467,831	41,683	58,969	38,078	59.00
60.00 06000	LABORATORY	5,758,846	48,680	68,867	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	1,882,011	43,608	61,693	68,239	65.00
66.00 06600	PHYSICAL THERAPY	711,152	6,113	8,649	26,452	66.00
67.00 06700	OCCUPATIONAL THERAPY	463,200	10,957	15,500	17,665	67.00
68.00 06800	SPEECH PATHOLOGY	143,724	4,734	6,697	5,515	68.00
69.00 06900	ELECTROCARDIOLOGY	1,546,886	1,032	1,460	57,325	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	30,833	3,166	4,479	676	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,324,711	63,904	90,405	19,180	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	5,888,596	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	20,867,394	33,932	48,003	123,351	73.00
74.00 07400	RENAL DIALYSIS	238,043	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 03950	WOUND CARE CENTER	655,801	20,504	29,007	20,662	75.01
76.00 03160	CARDIOPULMONARY	221,158	0	0	9,120	76.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	5,139,945	226,904	321,001	140,012	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00 04950	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
93.01 04951	GENESIS	1,752,158	0	0	86,603	93.01
93.02 04952	WOMEN'S CENTER	0	0	0	0	93.02
93.03 04953	RESIDENTIAL HOMES	0	0	0	0	93.03
93.04 04954	DR. STEELE	0	0	0	0	93.04
93.05 04955	DIABETIC EDUCATION	0	0	0	0	93.05
93.06 04956	HOWARD COUNTY CSS	504,985	0	0	26,824	93.06
93.07 04957	OTHER	0	0	0	0	93.07
93.18 04968	PSYCH MEDICATION	0	0	0	0	93.18
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	1,965,513	17,169	24,290	69,778	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW - SNF					114.00
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	140,058,899	3,474,306	4,915,111	2,235,901	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01 19001	COMMUNITY HOWARD FOUNDATION	121,875	0	0	3,783	190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	929,422	298,965	422,947	29,798	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
194.00 07951	MISC BH NRCC	3,586,903	0	0	122,642	194.00
194.08 07958	SOUTH BERKLEY BLDG	0	0	0	0	194.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2022 3:00 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.09 07959 MOBILE CLINIC	49,585	0	0	2,082	51,667	194.09
194.10 07960 PLASTIC SURGERY	0	0	0	0	0	194.10
194.11 07961 KOKOMO SCHOOL BASED	2,247,034	0	0	93,758	2,340,792	194.11
194.15 07965 INDIANA SURGERY CENTER	60	331,557	469,055	0	800,672	194.15
194.16 07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	146,993,778	4,104,828	5,807,113	2,487,964	146,993,778	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0007		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part I Date/Time Prepared: 5/30/2022 3:00 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	28,442,771					5.00
7.00	00700	OPERATION OF PLANT	1,847,772	9,549,389				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	95,605	57,689	551,783			8.00
9.00	00900	HOUSEKEEPING	517,040	62,319	0	2,734,410		9.00
10.00	01000	DIETARY	176,710	112,264	0	32,555	1,058,066	10.00
11.00	01100	CAFETERIA	222,805	181,156	0	52,533	0	11.00
13.00	01300	NURSING ADMINISTRATION	496,746	19,345	0	5,610	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	246,770	79,162	0	22,956	0	16.00
17.00	01700	SOCIAL SERVICE	198,538	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,983,446	1,555,789	476,220	451,160	913,171	30.00
31.00	03100	INTENSIVE CARE UNIT	624,161	139,033	56,156	40,318	107,681	31.00
43.00	04300	NURSERY	91,547	39,461	19,407	11,443	37,214	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,694,590	526,916	0	152,799	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	289,807	124,957	0	36,236	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	911,090	510,924	0	148,162	0	54.00
54.01	03480	ONCOLOGY	822,304	546,394	0	158,448	0	54.01
57.00	05700	CT SCAN	214,183	15,966	0	4,630	0	57.00
58.00	05800	MRI	116,589	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	385,446	111,759	0	32,409	0	59.00
60.00	06000	LABORATORY	1,409,864	130,518	0	37,849	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	493,168	116,921	0	33,906	0	65.00
66.00	06600	PHYSICAL THERAPY	180,508	16,391	0	4,753	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	121,717	29,377	0	8,519	0	67.00
68.00	06800	SPEECH PATHOLOGY	38,548	12,693	0	3,681	0	68.00
69.00	06900	ELECTROCARDIOLOGY	385,480	2,767	0	803	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,394	8,488	0	2,462	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,559,048	171,337	0	49,686	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,412,792	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,055,770	90,977	0	26,382	0	73.00
74.00	07400	RENAL DIALYSIS	57,111	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	174,176	54,975	0	15,942	0	75.01
76.00	03160	CARDIOPULMONARY	55,248	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,398,221	608,367	0	176,419	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04951	GENESIS	441,156	821,134	0	238,119	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	127,592	276,018	0	80,042	0	93.06
93.07	04957	OTHER	0	0	0	0	0	93.07
93.18	04968	PSYCH MEDICATION	0	0	0	0	0	93.18
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	498,254	46,034	0	13,349	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	26,353,196	6,469,131	551,783	1,841,171	1,058,066	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	30,148	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	403,337	2,117,643	0	614,092	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07951	MISC BH NRCC	889,994	73,654	0	21,359	0	194.00
194.08	07958	SOUTH BERKLEY BLDG	0	0	0	0	0	194.08
194.09	07959	MOBILE CLINIC	12,396	0	0	0	0	194.09
194.10	07960	PLASTIC SURGERY	0	0	0	0	0	194.10
194.11	07961	KOKOMO SCHOOL BASED	561,603	0	0	0	0	194.11
194.15	07965	INDIANA SURGERY CENTER	192,097	888,961	0	257,788	0	194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

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	
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)	28,442,771	9,549,389	551,783	2,734,410	1,058,066	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

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

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		11.00	13.00	16.00	17.00	19.00	
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	1,385,158					11.00
13.00	01300		2,623,034				13.00
16.00	01600			1,377,439			16.00
17.00	01700	26,288	55,789		1,108,131		17.00
19.00	01900					0	19.00
23.00	02300					0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	464,373	1,229,444	118,103	956,380	0	30.00
31.00	03100	70,589	198,664	22,047	112,776	0	31.00
43.00	04300	8,707	28,825	2,244	38,975	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	142,340	424,295	165,128	0	0	50.00
52.00	05200	27,563	91,249	7,105	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	76,920	0	55,120	0	0	54.00
54.01	03480	68,854	103,426	63,070	0	0	54.01
57.00	05700	23,806	0	81,536	0	0	57.00
58.00	05800	2,726	0	26,929	0	0	58.00
59.00	05900	32,051	89,826	114,505	0	0	59.00
60.00	06000	0	0	130,636	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	57,654	0	27,160	0	0	65.00
66.00	06600	22,645	0	3,318	0	0	66.00
67.00	06700	14,738	0	2,178	0	0	67.00
68.00	06800	4,601	0	679	0	0	68.00
69.00	06900	47,988	46,622	28,805	0	0	69.00
70.00	07000	564	0	0	0	0	70.00
71.00	07100	16,035	0	23,487	0	0	71.00
72.00	07200	0	0	39,778	0	0	72.00
73.00	07300	103,015	0	261,593	0	0	73.00
74.00	07400	0	0	1,293	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	03950	17,238	50,012	7,478	0	0	75.01
76.00	03160	7,738	17,073	2,837	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	117,859	287,809	166,951	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04950	0	0	0	0	0	93.00
93.01	04951	0	0	11,293	0	0	93.01
93.02	04952	0	0	0	0	0	93.02
93.03	04953	0	0	0	0	0	93.03
93.04	04954	0	0	0	0	0	93.04
93.05	04955	0	0	0	0	0	93.05
93.06	04956	0	0	926	0	0	93.06
93.07	04957	0	0	0	0	0	93.07
93.18	04968	0	0	0	0	0	93.18
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	13,240	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
118.00		1,385,158	2,623,034	1,377,439	1,108,131	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	0	0	0	190.01
192.00	19200	0	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07951	0	0	0	0	0	194.00
194.08	07958	0	0	0	0	0	194.08
194.09	07959	0	0	0	0	0	194.09
194.10	07960	0	0	0	0	0	194.10
194.11	07961	0	0	0	0	0	194.11
194.15	07965	0	0	0	0	0	194.15

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

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

Worksheet B
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		11.00	13.00	16.00	17.00	19.00	
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,385,158	2,623,034	1,377,439	1,108,131	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 5/30/2022 3:00 pm
Cost Center Description			PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.00	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
23.00	02300	PASTORAL CARE	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	26,751,311	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,972,965	0	31.00
43.00	04300	NURSERY	0	659,395	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	10,169,213	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,784,850	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,499,692	0	54.00
54.01	03480	ONCOLOGY	0	5,189,907	0	54.01
57.00	05700	CT SCAN	0	1,232,847	0	57.00
58.00	05800	MRI	0	632,192	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,372,557	0	59.00
60.00	06000	LABORATORY	0	7,585,260	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,784,360	0	65.00
66.00	06600	PHYSICAL THERAPY	0	979,981	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	683,851	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	220,872	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,119,168	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	60,062	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,317,793	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,341,166	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,610,417	0	73.00
74.00	07400	RENAL DIALYSIS	0	296,447	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	0	1,045,795	0	75.01
76.00	03160	CARDIOPULMONARY	0	313,174	0	76.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	8,583,488	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	93.00
93.01	04951	GENESIS	0	3,350,463	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	0	1,016,387	0	93.06
93.07	04957	OTHER	0	0	0	93.07
93.18	04968	PSYCH MEDICATION	0	0	0	93.18
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	2,647,627	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW - SNF				114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	132,221,240	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	155,806	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,816,204	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07951	MISC BH NRCC	0	4,694,552	0	194.00
194.08	07958	SOUTH BERKLEY BLDG	0	0	0	194.08
194.09	07959	MOBILE CLINIC	0	64,063	0	194.09
194.10	07960	PLASTIC SURGERY	0	0	0	194.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

Period:
From 01/01/2021
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Cost Center Description		PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
194.11	07961 KOKOMO SCHOOL BASED	0	2,902,395	0	2,902,395	194.11
194.15	07965 INDIANA SURGERY CENTER	0	2,139,518	0	2,139,518	194.15
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	194.16
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	146,993,778	0	146,993,778	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/30/2022 3:00 pm	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
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	71	37,217	52,651	89,939	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	1,025,288	1,017,391	1,439,302	3,481,981	5.00
7.00 00700	OPERATION OF PLANT	-670,477	416,104	588,664	334,291	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	21,516	30,439	51,955	8.00
9.00 00900	HOUSEKEEPING	7,708	23,243	32,882	63,833	9.00
10.00 01000	DIETARY	164	41,871	59,236	101,271	10.00
11.00 01100	CAFETERIA	0	67,566	95,586	163,152	11.00
13.00 01300	NURSING ADMINISTRATION	0	7,215	10,207	17,422	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	29,525	41,770	71,295	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00 02300	PASTORAL CARE	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	73	580,265	820,903	1,401,241	30.00
31.00 03100	INTENSIVE CARE UNIT	0	51,855	73,360	125,215	31.00
43.00 04300	NURSERY	0	14,718	20,822	35,540	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	87,699	196,525	278,024	562,248	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	46,605	65,933	112,538	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	118,939	190,560	269,586	579,085	54.00
54.01 03480	ONCOLOGY	847,994	203,789	288,302	1,340,085	54.01
57.00 05700	CT SCAN	81,252	5,955	8,424	95,631	57.00
58.00 05800	MRI	409,798	0	0	409,798	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	41,683	58,969	100,652	59.00
60.00 06000	LABORATORY	0	48,680	68,867	117,547	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	43,608	61,693	105,301	65.00
66.00 06600	PHYSICAL THERAPY	0	6,113	8,649	14,762	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	10,957	15,500	26,457	67.00
68.00 06800	SPEECH PATHOLOGY	0	4,734	6,697	11,431	68.00
69.00 06900	ELECTROCARDIOLOGY	119,848	1,032	1,460	122,340	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	3,166	4,479	7,645	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	29,191	63,904	90,405	183,500	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	313,761	33,932	48,003	395,696	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 03950	WOUND CARE CENTER	21,396	20,504	29,007	70,907	75.01
76.00 03160	CARDIOPULMONARY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY		226,904	321,001	547,905	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00 04950	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
93.01 04951	GENESIS	0	0	0	0	93.01
93.02 04952	WOMEN'S CENTER	0	0	0	3,130	93.02
93.03 04953	RESIDENTIAL HOMES	0	0	0	0	93.03
93.04 04954	DR. STEELE	0	0	0	0	93.04
93.05 04955	DIABETIC EDUCATION	0	0	0	0	93.05
93.06 04956	HOWARD COUNTY CSS	2,396	0	0	2,396	93.06
93.07 04957	OTHER	0	0	0	0	93.07
93.18 04968	PSYCH MEDICATION	0	0	0	0	93.18
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	17,169	24,290	41,459	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW - SNF					114.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,395,101	3,474,306	4,915,111	10,784,518	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01 19001	COMMUNITY HOWARD FOUNDATION	0	0	0	137	190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	280,073	298,965	422,947	1,001,985	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
194.00 07951	MISC BH NRCC	103,889	0	0	103,889	194.00
194.08 07958	SOUTH BERKLEY BLDG	0	0	0	0	194.08
194.09 07959	MOBILE CLINIC	0	0	0	75	194.09

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0007

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2022 3:00 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
194.10 07960 PLASTIC SURGERY	2,733	0	0	2,733	0	194.10
194.11 07961 KOKOMO SCHOOL BASED	0	0	0	0	3,389	194.11
194.15 07965 INDIANA SURGERY CENTER	0	331,557	469,055	800,612	0	194.15
194.16 07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	2,781,796	4,104,828	5,807,113	12,693,737	89,939	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/30/2022 3:00 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,490,604					5.00
7.00	00700	OPERATION OF PLANT	226,766	562,429				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	11,733	3,398	67,086			8.00
9.00	00900	HOUSEKEEPING	63,453	3,670	0	133,138		9.00
10.00	01000	DIETARY	21,687	6,612	0	1,585	131,821	10.00
11.00	01100	CAFETERIA	27,344	10,669	0	2,558	0	11.00
13.00	01300	NURSING ADMINISTRATION	60,963	1,139	0	273	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	30,285	4,662	0	1,118	0	16.00
17.00	01700	SOCIAL SERVICE	24,365	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	488,865	91,631	57,899	21,967	113,769	30.00
31.00	03100	INTENSIVE CARE UNIT	76,600	8,189	6,827	1,963	13,416	31.00
43.00	04300	NURSERY	11,235	2,324	2,360	557	4,636	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	207,967	31,034	0	7,440	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,566	7,360	0	1,764	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	111,813	30,092	0	7,214	0	54.00
54.01	03480	ONCOLOGY	100,917	32,181	0	7,715	0	54.01
57.00	05700	CT SCAN	26,285	940	0	225	0	57.00
58.00	05800	MRI	14,308	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	47,304	6,582	0	1,578	0	59.00
60.00	06000	LABORATORY	173,025	7,687	0	1,843	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	60,524	6,886	0	1,651	0	65.00
66.00	06600	PHYSICAL THERAPY	22,153	965	0	231	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,938	1,730	0	415	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,731	748	0	179	0	68.00
69.00	06900	ELECTROCARDIOLOGY	47,308	163	0	39	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,153	500	0	120	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	191,333	10,091	0	2,419	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	173,384	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	620,450	5,358	0	1,285	0	73.00
74.00	07400	RENAL DIALYSIS	7,009	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	21,376	3,238	0	776	0	75.01
76.00	03160	CARDIOPULMONARY	6,780	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	171,596	35,831	0	8,590	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04951	GENESIS	54,140	48,362	0	11,594	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	15,659	16,257	0	3,897	0	93.06
93.07	04957	OTHER	0	0	0	0	0	93.07
93.18	04968	PSYCH MEDICATION	0	0	0	0	0	93.18
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	61,148	2,711	0	650	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,234,163	381,010	67,086	89,646	131,821	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	3,700	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	49,499	124,724	0	29,900	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07951	MISC BH NRCC	109,224	4,338	0	1,040	0	194.00
194.08	07958	SOUTH BERKLEY BLDG	0	0	0	0	0	194.08
194.09	07959	MOBILE CLINIC	1,521	0	0	0	0	194.09
194.10	07960	PLASTIC SURGERY	0	0	0	0	0	194.10
194.11	07961	KOKOMO SCHOOL BASED	68,922	0	0	0	0	194.11
194.15	07965	INDIANA SURGERY CENTER	23,575	52,357	0	12,552	0	194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0007			Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/30/2022 3:00 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
200.00	Cross Foot Adjustments	5.00	7.00	8.00	9.00	10.00		200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	3,490,604	562,429	67,086	133,138	131,821		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/30/2022 3:00 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			11.00	13.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	204,866					11.00
13.00	01300	NURSING ADMINISTRATION	4,565	85,699				13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	107,360			16.00
17.00	01700	SOCIAL SERVICE	3,888	1,823	0	31,214		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PASTORAL CARE	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	68,673	40,170	9,185	26,939		30.00
31.00	03100	INTENSIVE CARE UNIT	10,441	6,490	1,715	3,177		31.00
43.00	04300	NURSERY	1,288	942	175	1,098		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,053	13,861	12,842	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,077	2,981	553	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,377	0	4,287	0		54.00
54.01	03480	ONCOLOGY	10,184	3,379	4,905	0		54.01
57.00	05700	CT SCAN	3,521	0	6,341	0		57.00
58.00	05800	MRI	403	0	2,094	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	4,741	2,935	8,905	0		59.00
60.00	06000	LABORATORY	0	0	10,159	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	8,528	0	2,112	0		65.00
66.00	06600	PHYSICAL THERAPY	3,349	0	258	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,180	0	169	0		67.00
68.00	06800	SPEECH PATHOLOGY	681	0	53	0		68.00
69.00	06900	ELECTROCARDIOLOGY	7,098	1,523	2,240	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	83	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,372	0	1,827	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	3,093	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,237	0	20,580	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	101	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
75.01	03950	WOUND CARE CENTER	2,550	1,634	582	0		75.01
76.00	03160	CARDIOPULMONARY	1,145	558	221	0		76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	17,432	9,403	12,983	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0		93.00
93.01	04951	GENESIS	0	0	878	0		93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0		93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0		93.03
93.04	04954	DR. STEELE	0	0	0	0		93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0		93.05
93.06	04956	HOWARD COUNTY CSS	0	0	72	0		93.06
93.07	04957	OTHER	0	0	0	0		93.07
93.18	04968	PSYCH MEDICATION	0	0	0	0		93.18
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	1,030	0		95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	204,866	85,699	107,360	31,214	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	0	0	0		190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07951	MISC BH NRCC	0	0	0	0		194.00
194.08	07958	SOUTH BERKLEY BLDG	0	0	0	0		194.08
194.09	07959	MOBILE CLINIC	0	0	0	0		194.09
194.10	07960	PLASTIC SURGERY	0	0	0	0		194.10
194.11	07961	KOKOMO SCHOOL BASED	0	0	0	0		194.11
194.15	07965	INDIANA SURGERY CENTER	0	0	0	0		194.15

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/30/2022 3:00 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			11.00	13.00	16.00	17.00	19.00	
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	0	0	0		194.16
200.00		Cross Foot Adjustments						0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118 through 201)	204,866	85,699	107,360	31,214		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/30/2022 3:00 pm
Cost Center	Description	PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
		23.00	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
23.00	02300	PASTORAL CARE	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	2,340,317	0	30.00
31.00	03100	INTENSIVE CARE UNIT	257,073	0	31.00
43.00	04300	NURSERY	60,532	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	862,600	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	166,033	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	747,195	0	54.00
54.01	03480	ONCOLOGY	1,502,329	0	54.01
57.00	05700	CT SCAN	133,974	0	57.00
58.00	05800	MRI	427,261	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	174,073	0	59.00
60.00	06000	LABORATORY	310,261	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	187,468	0	65.00
66.00	06600	PHYSICAL THERAPY	42,674	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	46,528	0	67.00
68.00	06800	SPEECH PATHOLOGY	18,022	0	68.00
69.00	06900	ELECTROCARDIOLOGY	182,783	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,525	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	392,235	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	176,477	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,063,065	0	73.00
74.00	07400	RENAL DIALYSIS	7,110	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03950	WOUND CARE CENTER	101,810	0	75.01
76.00	03160	CARDIOPULMONARY	9,034	0	76.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	808,801	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	93.00
93.01	04951	GENESIS	118,104	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	93.03
93.04	04954	DR. STEELE	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	39,251	0	93.06
93.07	04957	OTHER	0	0	93.07
93.18	04968	PSYCH MEDICATION	0	0	93.18
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	109,520	0	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW - SNF			114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	10,294,055	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	3,837	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,207,185	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07951	MISC BH NRCC	222,924	0	194.00
194.08	07958	SOUTH BERKLEY BLDG	0	0	194.08
194.09	07959	MOBILE CLINIC	1,596	0	194.09
194.10	07960	PLASTIC SURGERY	2,733	0	194.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0007

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2022 3:00 pm

Cost Center Description		PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
194.11	07961 KOKOMO SCHOOL BASED		72,311	0	72,311	194.11
194.15	07965 INDIANA SURGERY CENTER		889,096	0	889,096	194.15
194.16	07966 PASTORAL CARE ALLIED HEALTH		0	0	0	194.16
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	12,693,737	0	12,693,737	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

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

Worksheet B-1

Date/Time Prepared:
5/30/2022 3:00 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	413,606					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		413,606				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,750	3,750	48,295,734			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	102,513	102,513	4,630,836	-28,442,771	118,551,007	5.00
7.00 00700	OPERATION OF PLANT	41,927	41,927	736,640	0	7,701,617	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,168	2,168	0	0	398,489	8.00
9.00 00900	HOUSEKEEPING	2,342	2,342	1,171,653	0	2,155,051	9.00
10.00 01000	DIETARY	4,219	4,219	357,641	0	736,537	10.00
11.00 01100	CAFETERIA	6,808	6,808	613,956	0	928,664	11.00
13.00 01300	NURSING ADMINISTRATION	727	727	717,821	0	2,070,467	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,975	2,975	0	0	1,028,551	16.00
17.00 01700	SOCIAL SERVICE	0	0	611,439	0	827,516	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00 02300	PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	58,468	58,468	10,722,972	0	16,603,225	30.00
31.00 03100	INTENSIVE CARE UNIT	5,225	5,225	1,632,476	0	2,601,540	31.00
43.00 04300	NURSERY	1,483	1,483	202,592	0	381,572	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	19,802	19,802	3,305,788	0	7,063,145	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,696	4,696	641,324	0	1,207,933	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,201	19,201	1,786,681	0	3,797,476	54.00
54.01 03480	ONCOLOGY	20,534	20,534	1,591,353	0	3,427,411	54.01
57.00 05700	CT SCAN	600	600	553,909	0	892,726	57.00
58.00 05800	MRI	0	0	353,354	0	485,948	58.00
59.00 05900	CARDIAC CATHETERIZATION	4,200	4,200	739,156	0	1,606,561	59.00
60.00 06000	LABORATORY	4,905	4,905	0	0	5,876,393	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	4,394	4,394	1,324,634	0	2,055,551	65.00
66.00 06600	PHYSICAL THERAPY	616	616	513,481	0	752,366	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,104	1,104	342,914	0	507,322	67.00
68.00 06800	SPEECH PATHOLOGY	477	477	107,062	0	160,670	68.00
69.00 06900	ELECTROCARDIOLOGY	104	104	1,112,790	0	1,606,703	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	319	319	13,128	0	39,154	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,439	6,439	372,319	0	6,498,200	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,888,596	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	3,419	3,419	2,394,469	0	21,072,680	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	238,043	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03950	WOUND CARE CENTER	2,066	2,066	401,080	0	725,974	75.01
76.00 03160	CARDIOPULMONARY	0	0	177,032	0	230,278	76.00
OUTPATIENT SERVICE COST CENTERS							
91.00 09100	EMERGENCY	22,863	22,863	2,717,893	0	5,827,862	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00 04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01 04951	GENESIS	0	0	1,681,116	0	1,838,761	93.01
93.02 04952	WOMEN'S CENTER	0	0	0	0	0	93.02
93.03 04953	RESIDENTIAL HOMES	0	0	0	0	0	93.03
93.04 04954	DR. STEELE	0	0	0	0	0	93.04
93.05 04955	DIABETIC EDUCATION	0	0	0	0	0	93.05
93.06 04956	HOWARD COUNTY CSS	0	0	520,708	0	531,809	93.06
93.07 04957	OTHER	0	0	0	0	0	93.07
93.18 04968	PSYCH MEDICATION	0	0	0	0	0	93.18
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	1,730	1,730	1,354,524	0	2,076,750	95.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
114.00 11400	UTILIZATION REVIEW - SNF						114.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	350,074	350,074	43,402,741	-28,442,771	109,841,541	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001	COMMUNITY HOWARD FOUNDATION	0	0	73,431	0	125,658	190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	30,124	30,124	578,427	0	1,681,132	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07951	MISC BH NRCC	0	0	2,380,712	0	3,709,545	194.00
194.08 07958	SOUTH BERKLEY BLDG	0	0	0	0	0	194.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

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

Worksheet B-1

Date/Time Prepared:
5/30/2022 3:00 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
194.09 07959 MOBILE CLINIC	0	0	40,414	0	51,667	194.09
194.10 07960 PLASTIC SURGERY	0	0	0	0	0	194.10
194.11 07961 KOKOMO SCHOOL BASED	0	0	1,820,009	0	2,340,792	194.11
194.15 07965 INDIANA SURGERY CENTER	33,408	33,408	0	0	800,672	194.15
194.16 07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
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)	4,104,828	5,807,113	2,487,964		28,442,771	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	9.924489	14.040205	0.051515		0.239920	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			89,939		3,490,604	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001862		0.029444	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: 15-0007

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

Worksheet B-1

Date/Time Prepared:
5/30/2022 3:00 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (SALARIES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	358,875				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,168	19,760			8.00
9.00	00900	HOUSEKEEPING	2,342	0	354,365		9.00
10.00	01000	DIETARY	4,219	0	4,219	19,760	10.00
11.00	01100	CAFETERIA	6,808	0	6,808	0	11.00
13.00	01300	NURSING ADMINISTRATION	727	0	727	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,975	0	2,975	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PASTORAL CARE	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	58,468	17,054	58,468	17,054	30.00
31.00	03100	INTENSIVE CARE UNIT	5,225	2,011	5,225	2,011	31.00
43.00	04300	NURSERY	1,483	695	1,483	695	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,802	0	19,802	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,696	0	4,696	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,201	0	19,201	0	54.00
54.01	03480	ONCOLOGY	20,534	0	20,534	0	54.01
57.00	05700	CT SCAN	600	0	600	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,200	0	4,200	0	59.00
60.00	06000	LABORATORY	4,905	0	4,905	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,394	0	4,394	0	65.00
66.00	06600	PHYSICAL THERAPY	616	0	616	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,104	0	1,104	0	67.00
68.00	06800	SPEECH PATHOLOGY	477	0	477	0	68.00
69.00	06900	ELECTROCARDIOLOGY	104	0	104	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	319	0	319	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,439	0	6,439	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,419	0	3,419	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	2,066	0	2,066	0	75.01
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	22,863	0	22,863	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
93.01	04951	GENESIS	30,859	0	30,859	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	10,373	0	10,373	0	93.06
93.07	04957	OTHER	0	0	0	0	93.07
93.18	04968	PSYCH MEDICATION	0	0	0	0	93.18
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,730	0	1,730	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW - SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	243,116	19,760	238,606	19,760	32,228,727
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	79,583	0	79,583	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07951	MISC BH NRCC	2,768	0	2,768	0	194.00
194.08	07958	SOUTH BERKLEY BLDG	0	0	0	0	194.08
194.09	07959	MOBILE CLINIC	0	0	0	0	194.09
194.10	07960	PLASTIC SURGERY	0	0	0	0	194.10
194.11	07961	KOKOMO SCHOOL BASED	0	0	0	0	194.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

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

Worksheet B-1

Date/Time Prepared:
5/30/2022 3:00 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (SALARIES)	
		7.00	8.00	9.00	10.00	11.00	
194.15	07965 INDIANA SURGERY CENTER	33,408	0	33,408	0	0	194.15
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
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)	9,549,389	551,783	2,734,410	1,058,066	1,385,158	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	26.609234	27.924241	7.716366	53.545850	0.042979	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	562,429	67,086	133,138	131,821	204,866	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.567200	3.395040	0.375709	6.671103	0.006357	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: 15-0007

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

Worksheet B-1
Date/Time Prepared:
5/30/2022 3:00 pm

Cost Center Description		NURSING ADMINISTRATION (NURSING SALARIES)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PASTORAL CARE (ASSIGNED TIME)	
		13.00	16.00	17.00	19.00	23.00	
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						11.00
13.00	01300	14,332,379					13.00
16.00	01600	0	657,116,245				16.00
17.00	01700	304,835	0	19,760			17.00
19.00	01900	0	0	0	0		19.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	6,717,757	56,346,940	17,054	0	0	30.00
31.00	03100	1,085,504	10,518,542	2,011	0	0	31.00
43.00	04300	157,501	1,070,842	695	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,318,363	78,782,374	0	0	0	50.00
52.00	05200	498,585	3,389,851	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	26,297,679	0	0	0	54.00
54.01	03480	565,123	30,090,663	0	0	0	54.01
57.00	05700	0	38,900,920	0	0	0	57.00
58.00	05800	0	12,847,732	0	0	0	58.00
59.00	05900	490,811	54,630,050	0	0	0	59.00
60.00	06000	0	62,326,403	0	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	12,958,068	0	0	0	65.00
66.00	06600	0	1,583,055	0	0	0	66.00
67.00	06700	0	1,039,041	0	0	0	67.00
68.00	06800	0	323,894	0	0	0	68.00
69.00	06900	254,744	13,742,849	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	11,205,772	0	0	0	71.00
72.00	07200	0	18,977,969	0	0	0	72.00
73.00	07300	0	124,746,873	0	0	0	73.00
74.00	07400	0	616,795	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	03950	273,268	3,567,659	0	0	0	75.01
76.00	03160	93,289	1,353,489	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	1,572,599	79,652,357	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04950	0	0	0	0	0	93.00
93.01	04951	0	5,387,878	0	0	0	93.01
93.02	04952	0	0	0	0	0	93.02
93.03	04953	0	0	0	0	0	93.03
93.04	04954	0	0	0	0	0	93.04
93.05	04955	0	0	0	0	0	93.05
93.06	04956	0	441,666	0	0	0	93.06
93.07	04957	0	0	0	0	0	93.07
93.18	04968	0	0	0	0	0	93.18
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	6,316,884	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
118.00		14,332,379	657,116,245	19,760	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	0	0	0	190.01
192.00	19200	0	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07951	0	0	0	0	0	194.00
194.08	07958	0	0	0	0	0	194.08
194.09	07959	0	0	0	0	0	194.09
194.10	07960	0	0	0	0	0	194.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

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

Worksheet B-1

Date/Time Prepared:
5/30/2022 3:00 pm

Cost Center Description		NURSING ADMINISTRATION (NURSING SALARIES)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PASTORAL CARE (ASSIGNED TIME)	
		13.00	16.00	17.00	19.00	23.00	
194.11	07961 KOKOMO SCHOOL BASED	0	0	0	0	0	194.11
194.15	07965 INDIANA SURGERY CENTER	0	0	0	0	0	194.15
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
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)	2,623,034	1,377,439	1,108,131	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.183015	0.002096	56.079504	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	85,699	107,360	31,214	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.005979	0.000163	1.579656	0.000000	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: 15-0007

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2022 3:00 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		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		26,751,311	0	26,751,311	30.00	
31.00	03100 INTENSIVE CARE UNIT		3,972,965	0	3,972,965	31.00	
43.00	04300 NURSERY		659,395	0	659,395	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		10,169,213	0	10,169,213	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,784,850	0	1,784,850	52.00	
53.00	05300 ANESTHESIOLOGY		0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,499,692	0	5,499,692	54.00	
54.01	03480 ONCOLOGY		5,189,907	0	5,189,907	54.01	
57.00	05700 CT SCAN		1,232,847	0	1,232,847	57.00	
58.00	05800 MRI		632,192	0	632,192	58.00	
59.00	05900 CARDIAC CATHETERIZATION		2,372,557	0	2,372,557	59.00	
60.00	06000 LABORATORY		7,585,260	0	7,585,260	60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0	2,784,360	0	2,784,360	65.00	
66.00	06600 PHYSICAL THERAPY	0	979,981	0	979,981	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	683,851	0	683,851	67.00	
68.00	06800 SPEECH PATHOLOGY	0	220,872	0	220,872	68.00	
69.00	06900 ELECTROCARDIOLOGY		2,119,168	0	2,119,168	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		60,062	0	60,062	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		8,317,793	0	8,317,793	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		7,341,166	0	7,341,166	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		26,610,417	0	26,610,417	73.00	
74.00	07400 RENAL DIALYSIS		296,447	0	296,447	74.00	
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00	
75.01	03950 WOUND CARE CENTER		1,045,795	0	1,045,795	75.01	
76.00	03160 CARDIOPULMONARY		313,174	0	313,174	76.00	
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY		8,583,488	0	8,583,488	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,601,357	0	2,601,357	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		0	0	0	92.01	
93.00	04950 OTHER OUTPATIENT SERVICES		0	0	0	93.00	
93.01	04951 GENESIS		3,350,463	0	3,350,463	93.01	
93.02	04952 WOMEN'S CENTER		0	0	0	93.02	
93.03	04953 RESIDENTIAL HOMES		0	0	0	93.03	
93.04	04954 DR. STEELE		0	0	0	93.04	
93.05	04955 DIABETIC EDUCATION		0	0	0	93.05	
93.06	04956 HOWARD COUNTY CSS		1,016,387	0	1,016,387	93.06	
93.07	04957 OTHER		0	0	0	93.07	
93.18	04968 PSYCH MEDICATION		0	0	0	93.18	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES		2,647,627	0	2,647,627	95.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
114.00	11400 UTILIZATION REVIEW - SNF					114.00	
200.00	Subtotal (see instructions)		134,822,597	0	134,822,597	200.00	
201.00	Less Observation Beds		2,601,357	0	2,601,357	201.00	
202.00	Total (see instructions)		132,221,240	0	132,221,240	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0007		Period: From 01/01/2021 To 12/31/2021		Worksheet C Part I Date/Time Prepared: 5/30/2022 3:00 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	53,231,930		53,231,930				30.00
31.00	03100	INTENSIVE CARE UNIT	10,518,542		10,518,542				31.00
43.00	04300	NURSERY	1,070,842		1,070,842				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	28,438,083	50,344,291	78,782,374	0.129080	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,389,851	0	3,389,851	0.526528	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,786,861	22,510,818	26,297,679	0.209132	0.000000		54.00
54.01	03480	ONCOLOGY	279,009	29,811,654	30,090,663	0.172476	0.000000		54.01
57.00	05700	CT SCAN	9,100,248	29,800,672	38,900,920	0.031692	0.000000		57.00
58.00	05800	MRI	1,089,792	11,757,940	12,847,732	0.049207	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	21,656,121	32,973,929	54,630,050	0.043430	0.000000		59.00
60.00	06000	LABORATORY	25,658,062	36,668,341	62,326,403	0.121702	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	9,970,170	2,987,898	12,958,068	0.214875	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,158,267	424,788	1,583,055	0.619044	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	871,181	167,860	1,039,041	0.658156	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	248,845	75,049	323,894	0.681927	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	3,509,043	10,233,806	13,742,849	0.154202	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,653,675	6,552,097	11,205,772	0.742278	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,360,492	11,617,477	18,977,969	0.386826	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,390,728	99,356,145	124,746,873	0.213315	0.000000		73.00
74.00	07400	RENAL DIALYSIS	616,795	0	616,795	0.480625	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
75.01	03950	WOUND CARE CENTER	251,429	3,316,230	3,567,659	0.293132	0.000000		75.01
76.00	03160	CARDIOPULMONARY	2,064	1,351,425	1,353,489	0.231383	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	18,188,292	61,464,065	79,652,357	0.107762	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	879,461	2,235,549	3,115,010	0.835104	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000		92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	0.000000		93.00
93.01	04951	GENESIS	0	5,387,878	5,387,878	0.621852	0.000000		93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0.000000	0.000000		93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0.000000	0.000000		93.03
93.04	04954	DR. STEELE	0	0	0	0.000000	0.000000		93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0.000000	0.000000		93.05
93.06	04956	HOWARD COUNTY CSS	0	441,666	441,666	2.301257	0.000000		93.06
93.07	04957	OTHER	0	0	0	0.000000	0.000000		93.07
93.18	04968	PSYCH MEDICATION	0	0	0	0.000000	0.000000		93.18
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	6,316,884	6,316,884	0.419135	0.000000		95.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW - SNF							114.00
200.00		Subtotal (see instructions)	231,319,783	425,796,462	657,116,245				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	231,319,783	425,796,462	657,116,245				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/30/2022 3:00 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.129080		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.526528		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.209132		54.00
54.01	03480	ONCOLOGY	0.172476		54.01
57.00	05700	CT SCAN	0.031692		57.00
58.00	05800	MRI	0.049207		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.043430		59.00
60.00	06000	LABORATORY	0.121702		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.214875		65.00
66.00	06600	PHYSICAL THERAPY	0.619044		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.658156		67.00
68.00	06800	SPEECH PATHOLOGY	0.681927		68.00
69.00	06900	ELECTROCARDIOLOGY	0.154202		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.742278		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.386826		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.213315		73.00
74.00	07400	RENAL DIALYSIS	0.480625		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03950	WOUND CARE CENTER	0.293132		75.01
76.00	03160	CARDIOPULMONARY	0.231383		76.00
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	0.107762		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.835104		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0.000000		93.00
93.01	04951	GENESIS	0.621852		93.01
93.02	04952	WOMEN'S CENTER	0.000000		93.02
93.03	04953	RESIDENTIAL HOMES	0.000000		93.03
93.04	04954	DR. STEELE	0.000000		93.04
93.05	04955	DIABETIC EDUCATION	0.000000		93.05
93.06	04956	HOWARD COUNTY CSS	2.301257		93.06
93.07	04957	OTHER	0.000000		93.07
93.18	04968	PSYCH MEDICATION	0.000000		93.18
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.419135		95.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW - SNF			114.00
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: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/30/2022 3:00 pm
			Title XIX	Hospital	Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		26,751,311	0	26,751,311
31.00	03100 INTENSIVE CARE UNIT		3,972,965	0	3,972,965
43.00	04300 NURSERY		659,395	0	659,395
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		10,169,213	0	10,169,213
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,784,850	0	1,784,850
53.00	05300 ANESTHESIOLOGY		0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,499,692	0	5,499,692
54.01	03480 ONCOLOGY		5,189,907	0	5,189,907
57.00	05700 CT SCAN		1,232,847	0	1,232,847
58.00	05800 MRI		632,192	0	632,192
59.00	05900 CARDIAC CATHETERIZATION		2,372,557	0	2,372,557
60.00	06000 LABORATORY		7,585,260	0	7,585,260
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0	0	0
65.00	06500 RESPIRATORY THERAPY	0	2,784,360	0	2,784,360
66.00	06600 PHYSICAL THERAPY	0	979,981	0	979,981
67.00	06700 OCCUPATIONAL THERAPY	0	683,851	0	683,851
68.00	06800 SPEECH PATHOLOGY	0	220,872	0	220,872
69.00	06900 ELECTROCARDIOLOGY		2,119,168	0	2,119,168
70.00	07000 ELECTROENCEPHALOGRAPHY		60,062	0	60,062
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		8,317,793	0	8,317,793
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		7,341,166	0	7,341,166
73.00	07300 DRUGS CHARGED TO PATIENTS		26,610,417	0	26,610,417
74.00	07400 RENAL DIALYSIS		296,447	0	296,447
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0
75.01	03950 WOUND CARE CENTER		1,045,795	0	1,045,795
76.00	03160 CARDIOPULMONARY		313,174	0	313,174
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY		8,583,488	0	8,583,488
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,601,357	0	2,601,357
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		0	0	0
93.00	04950 OTHER OUTPATIENT SERVICES		0	0	0
93.01	04951 GENESIS		3,350,463	0	3,350,463
93.02	04952 WOMEN'S CENTER		0	0	0
93.03	04953 RESIDENTIAL HOMES		0	0	0
93.04	04954 DR. STEELE		0	0	0
93.05	04955 DIABETIC EDUCATION		0	0	0
93.06	04956 HOWARD COUNTY CSS		1,016,387	0	1,016,387
93.07	04957 OTHER		0	0	0
93.18	04968 PSYCH MEDICATION		0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES		2,647,627	0	2,647,627
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				
114.00	11400 UTILIZATION REVIEW - SNF				
200.00	Subtotal (see instructions)		134,822,597	0	134,822,597
201.00	Less Observation Beds		2,601,357	0	2,601,357
202.00	Total (see instructions)		132,221,240	0	132,221,240

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0007		Period: From 01/01/2021 To 12/31/2021		Worksheet C Part I Date/Time Prepared: 5/30/2022 3:00 pm		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	53,231,930		53,231,930				30.00
31.00	03100	INTENSIVE CARE UNIT	10,518,542		10,518,542				31.00
43.00	04300	NURSERY	1,070,842		1,070,842				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	28,438,083	50,344,291	78,782,374	0.129080	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,389,851	0	3,389,851	0.526528	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,786,861	22,510,818	26,297,679	0.209132	0.000000		54.00
54.01	03480	ONCOLOGY	279,009	29,811,654	30,090,663	0.172476	0.000000		54.01
57.00	05700	CT SCAN	9,100,248	29,800,672	38,900,920	0.031692	0.000000		57.00
58.00	05800	MRI	1,089,792	11,757,940	12,847,732	0.049207	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	21,656,121	32,973,929	54,630,050	0.043430	0.000000		59.00
60.00	06000	LABORATORY	25,658,062	36,668,341	62,326,403	0.121702	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	9,970,170	2,987,898	12,958,068	0.214875	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,158,267	424,788	1,583,055	0.619044	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	871,181	167,860	1,039,041	0.658156	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	248,845	75,049	323,894	0.681927	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	3,509,043	10,233,806	13,742,849	0.154202	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,653,675	6,552,097	11,205,772	0.742278	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,360,492	11,617,477	18,977,969	0.386826	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,390,728	99,356,145	124,746,873	0.213315	0.000000		73.00
74.00	07400	RENAL DIALYSIS	616,795	0	616,795	0.480625	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
75.01	03950	WOUND CARE CENTER	251,429	3,316,230	3,567,659	0.293132	0.000000		75.01
76.00	03160	CARDIOPULMONARY	2,064	1,351,425	1,353,489	0.231383	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	18,188,292	61,464,065	79,652,357	0.107762	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	879,461	2,235,549	3,115,010	0.835104	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000		92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	0.000000		93.00
93.01	04951	GENESIS	0	5,387,878	5,387,878	0.621852	0.000000		93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0.000000	0.000000		93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0.000000	0.000000		93.03
93.04	04954	DR. STEELE	0	0	0	0.000000	0.000000		93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0.000000	0.000000		93.05
93.06	04956	HOWARD COUNTY CSS	0	441,666	441,666	2.301257	0.000000		93.06
93.07	04957	OTHER	0	0	0	0.000000	0.000000		93.07
93.18	04968	PSYCH MEDICATION	0	0	0	0.000000	0.000000		93.18
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	6,316,884	6,316,884	0.419135	0.000000		95.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW - SNF							114.00
200.00		Subtotal (see instructions)	231,319,783	425,796,462	657,116,245				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	231,319,783	425,796,462	657,116,245				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/30/2022 3:00 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital
					Cost
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03480	ONCOLOGY	0.000000		54.01
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03950	WOUND CARE CENTER	0.000000		75.01
76.00	03160	CARDIOPULMONARY	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0.000000		93.00
93.01	04951	GENESIS	0.000000		93.01
93.02	04952	WOMEN'S CENTER	0.000000		93.02
93.03	04953	RESIDENTIAL HOMES	0.000000		93.03
93.04	04954	DR. STEELE	0.000000		93.04
93.05	04955	DIABETIC EDUCATION	0.000000		93.05
93.06	04956	HOWARD COUNTY CSS	0.000000		93.06
93.07	04957	OTHER	0.000000		93.07
93.18	04968	PSYCH MEDICATION	0.000000		93.18
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW - SNF			114.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0007		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part I Date/Time Prepared: 5/30/2022 3:00 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,340,317	0	2,340,317	18,891	123.89	30.00
31.00	INTENSIVE CARE UNIT	257,073		257,073	2,011	127.83	31.00
43.00	NURSERY	60,532		60,532	695	87.10	43.00
200.00	Total (Lines 30 through 199)	2,657,922		2,657,922	21,597		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	3,380	418,748				
31.00	INTENSIVE CARE UNIT	2,009	256,810				
43.00	NURSERY	0	0				
200.00	Total (Lines 30 through 199)	5,389	675,558				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0007		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 5/30/2022 3:00 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)	Hospital Inpatient Program Charges	PPS Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	862,600	78,782,374	0.010949	10,886,884	119,200	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	166,033	3,389,851	0.048979	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	747,195	26,297,679	0.028413	1,273,449	36,183	54.00
54.01	03480	ONCOLOGY	1,502,329	30,090,663	0.049927	129,215	6,451	54.01
57.00	05700	CT SCAN	133,974	38,900,920	0.003444	2,951,216	10,164	57.00
58.00	05800	MRI	427,261	12,847,732	0.033256	368,194	12,245	58.00
59.00	05900	CARDIAC CATHETERIZATION	174,073	54,630,050	0.003186	5,585,578	17,796	59.00
60.00	06000	LABORATORY	310,261	62,326,403	0.004978	8,679,708	43,208	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	187,468	12,958,068	0.014467	3,125,054	45,210	65.00
66.00	06600	PHYSICAL THERAPY	42,674	1,583,055	0.026957	491,433	13,248	66.00
67.00	06700	OCCUPATIONAL THERAPY	46,528	1,039,041	0.044780	332,586	14,893	67.00
68.00	06800	SPEECH PATHOLOGY	18,022	323,894	0.055642	96,169	5,351	68.00
69.00	06900	ELECTROCARDIOLOGY	182,783	13,742,849	0.013300	1,934,649	25,731	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,525	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	392,235	11,205,772	0.035003	1,574,973	55,129	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	176,477	18,977,969	0.009299	2,541,166	23,630	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,063,065	124,746,873	0.008522	7,464,028	63,608	73.00
74.00	07400	RENAL DIALYSIS	7,110	616,795	0.011527	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03950	WOUND CARE CENTER	101,810	3,567,659	0.028537	78,987	2,254	75.01
76.00	03160	CARDIOPULMONARY	9,034	1,353,489	0.006675	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	808,801	79,652,357	0.010154	4,616,263	46,874	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	227,577	3,115,010	0.073058	614,241	44,875	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
93.01	04951	GENESIS	118,104	5,387,878	0.021920	0	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	0.000000	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0.000000	0	0	93.03
93.04	04954	DR. STEELE	0	0	0.000000	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0.000000	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	39,251	441,666	0.088870	0	0	93.06
93.07	04957	OTHER	0	0	0.000000	0	0	93.07
93.18	04968	PSYCH MEDICATION	0	0	0.000000	0	0	93.18
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	7,754,190	585,978,047		52,743,793	586,050	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0007		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 5/30/2022 3:00 pm	
Title XVIII			Hospital		PPS			
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	18,891	0.00	3,380	30.00
31.00	03100	INTENSIVE CARE UNIT		0	2,011	0.00	2,009	31.00
43.00	04300	NURSERY		0	695	0.00	0	43.00
200.00		Total (lines 30 through 199)		0	21,597		5,389	200.00
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
			9.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 3:00 pm
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Cost Center Description	Title XVIII					Hospital	PPS	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03480	ONCOLOGY	0	0	0	0	0	54.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	0	0	0	0	0	75.01
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04951	GENESIS	0	0	0	0	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	0	0	0	0	0	93.06
93.07	04957	OTHER	0	0	0	0	0	93.07
93.18	04968	PSYCH MEDICATION	0	0	0	0	0	93.18
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 3:00 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	78,782,374	0.000000	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,389,851	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	26,297,679	0.000000	54.00
54.01 03480 ONCOLOGY	0	0	0	30,090,663	0.000000	54.01
57.00 05700 CT SCAN	0	0	0	38,900,920	0.000000	57.00
58.00 05800 MRI	0	0	0	12,847,732	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	54,630,050	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	62,326,403	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	12,958,068	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	1,583,055	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,039,041	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	323,894	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	13,742,849	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	11,205,772	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,977,969	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	124,746,873	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	616,795	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01 03950 WOUND CARE CENTER	0	0	0	3,567,659	0.000000	75.01
76.00 03160 CARDIOPULMONARY	0	0	0	1,353,489	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	79,652,357	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	3,115,010	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
93.00 04950 OTHER OUTPATIENT SERVICES	0	0	0	0	0.000000	93.00
93.01 04951 GENESIS	0	0	0	5,387,878	0.000000	93.01
93.02 04952 WOMEN'S CENTER	0	0	0	0	0.000000	93.02
93.03 04953 RESIDENTIAL HOMES	0	0	0	0	0.000000	93.03
93.04 04954 DR. STEELE	0	0	0	0	0.000000	93.04
93.05 04955 DIABETIC EDUCATION	0	0	0	0	0.000000	93.05
93.06 04956 HOWARD COUNTY CSS	0	0	0	441,666	0.000000	93.06
93.07 04957 OTHER	0	0	0	0	0.000000	93.07
93.18 04968 PSYCH MEDICATION	0	0	0	0	0.000000	93.18
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	0	0	585,978,047		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 3:00 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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	10,886,884	0	8,068,298	0	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,273,449	0	5,157,564	0	54.00	
54.01	03480 ONCOLOGY	0.000000	129,215	0	9,297,851	0	54.01	
57.00	05700 CT SCAN	0.000000	2,951,216	0	7,189,466	0	57.00	
58.00	05800 MRI	0.000000	368,194	0	3,053,002	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	5,585,578	0	13,197,638	0	59.00	
60.00	06000 LABORATORY	0.000000	8,679,708	0	5,461,369	0	60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	3,125,054	0	843,129	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	491,433	0	38,361	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	332,586	0	3,405	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	96,169	0	3,101	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,934,649	0	2,815,000	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,574,973	0	1,815,717	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,541,166	0	2,441,730	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	7,464,028	0	31,483,155	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
75.01	03950 WOUND CARE CENTER	0.000000	78,987	0	1,343,346	0	75.01	
76.00	03160 CARDIOPULMONARY	0.000000	0	0	613,399	0	76.00	
OUTPATIENT SERVICE COST CENTERS								
91.00	09100 EMERGENCY	0.000000	4,616,263	0	8,464,788	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	614,241	0	1,543,603	0	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01	
93.00	04950 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00	
93.01	04951 GENESIS	0.000000	0	0	132,491	0	93.01	
93.02	04952 WOMEN'S CENTER	0.000000	0	0	0	0	93.02	
93.03	04953 RESIDENTIAL HOMES	0.000000	0	0	0	0	93.03	
93.04	04954 DR. STEELE	0.000000	0	0	0	0	93.04	
93.05	04955 DIABETIC EDUCATION	0.000000	0	0	0	0	93.05	
93.06	04956 HOWARD COUNTY CSS	0.000000	0	0	0	0	93.06	
93.07	04957 OTHER	0.000000	0	0	0	0	93.07	
93.18	04968 PSYCH MEDICATION	0.000000	0	0	0	0	93.18	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		52,743,793	0	102,966,413	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 3:00 pm
Title XVIII			Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	5.00			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.129080	8,068,298	0	517	1,041,456	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.526528	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.209132	5,157,564	0	0	1,078,612	54.00
54.01	03480	ONCOLOGY	0.172476	9,297,851	0	0	1,603,656	54.01
57.00	05700	CT SCAN	0.031692	7,189,466	0	0	227,849	57.00
58.00	05800	MRI	0.049207	3,053,002	0	0	150,229	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.043430	13,197,638	0	0	573,173	59.00
60.00	06000	LABORATORY	0.121702	5,461,369	0	0	664,660	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.214875	843,129	0	0	181,167	65.00
66.00	06600	PHYSICAL THERAPY	0.619044	38,361	0	0	23,747	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.658156	3,405	0	0	2,241	67.00
68.00	06800	SPEECH PATHOLOGY	0.681927	3,101	0	0	2,115	68.00
69.00	06900	ELECTROCARDIOLOGY	0.154202	2,815,000	0	0	434,079	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.742278	1,815,717	0	0	1,347,767	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.386826	2,441,730	0	0	944,525	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.213315	31,483,155	801	50,640	6,715,829	73.00
74.00	07400	RENAL DIALYSIS	0.480625	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	0.293132	1,343,346	0	0	393,778	75.01
76.00	03160	CARDIOPULMONARY	0.231383	613,399	0	0	141,930	76.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.107762	8,464,788	0	64	912,182	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.835104	1,543,603	0	0	1,289,069	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
93.01	04951	GENESIS	0.621852	132,491	0	0	82,390	93.01
93.02	04952	WOMEN'S CENTER	0.000000	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0.000000	0	0	0	0	93.03
93.04	04954	DR. STEELE	0.000000	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0.000000	0	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	2.301257	0	0	0	0	93.06
93.07	04957	OTHER	0.000000	0	0	0	0	93.07
93.18	04968	PSYCH MEDICATION	0.000000	0	0	0	0	93.18
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.419135		0			95.00
200.00		Subtotal (see instructions)		102,966,413	801	51,221	17,810,454	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)		102,966,413	801	51,221	17,810,454	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 3:00 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	67	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03480 ONCOLOGY	0	0	54.01
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	171	10,802	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03950 WOUND CARE CENTER	0	0	75.01
76.00	03160 CARDIOPULMONARY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0	7	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0	0	93.00
93.01	04951 GENESIS	0	0	93.01
93.02	04952 WOMEN'S CENTER	0	0	93.02
93.03	04953 RESIDENTIAL HOMES	0	0	93.03
93.04	04954 DR. STEELE	0	0	93.04
93.05	04955 DIABETIC EDUCATION	0	0	93.05
93.06	04956 HOWARD COUNTY CSS	0	0	93.06
93.07	04957 OTHER	0	0	93.07
93.18	04968 PSYCH MEDICATION	0	0	93.18
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0		95.00
200.00	Subtotal (see instructions)	171	10,876	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	171	10,876	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0007

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

Worksheet D
Part V
Date/Time Prepared:
5/30/2022 3:00 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.129080	0	842,549	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.526528	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.209132	0	359,652	0	0	54.00
54.01	03480 ONCOLOGY	0.172476	0	413,108	0	0	54.01
57.00	05700 CT SCAN	0.031692	0	809,051	0	0	57.00
58.00	05800 MRI	0.049207	0	203,889	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.043430	0	332,549	0	0	59.00
60.00	06000 LABORATORY	0.121702	0	772,278	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.214875	0	36,315	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.619044	0	12,177	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.658156	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.681927	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.154202	0	109,105	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.742278	0	69,248	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.386826	0	127,103	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.213315	0	738,125	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.480625	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03950 WOUND CARE CENTER	0.293132	0	42,226	0	0	75.01
76.00	03160 CARDIOPULMONARY	0.231383	0	995	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.107762	0	2,719,364	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.835104	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
93.01	04951 GENESIS	0.621852	0	0	0	0	93.01
93.02	04952 WOMEN'S CENTER	0.000000	0	0	0	0	93.02
93.03	04953 RESIDENTIAL HOMES	0.000000	0	0	0	0	93.03
93.04	04954 DR. STEELE	0.000000	0	0	0	0	93.04
93.05	04955 DIABETIC EDUCATION	0.000000	0	0	0	0	93.05
93.06	04956 HOWARD COUNTY CSS	2.301257	0	0	0	0	93.06
93.07	04957 OTHER	0.000000	0	0	0	0	93.07
93.18	04968 PSYCH MEDICATION	0.000000	0	0	0	0	93.18
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.419135	0	0	0	0	95.00
200.00	Subtotal (see instructions)		0	7,587,734	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		0	7,587,734	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 3:00 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	108,756	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	75,215	0	54.00
54.01	03480 ONCOLOGY	71,251	0	54.01
57.00	05700 CT SCAN	25,640	0	57.00
58.00	05800 MRI	10,033	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	14,443	0	59.00
60.00	06000 LABORATORY	93,988	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	7,803	0	65.00
66.00	06600 PHYSICAL THERAPY	7,538	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	16,824	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	51,401	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	49,167	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	157,453	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03950 WOUND CARE CENTER	12,378	0	75.01
76.00	03160 CARDIOPULMONARY	230	0	76.00
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	293,044	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0	0	93.00
93.01	04951 GENESIS	0	0	93.01
93.02	04952 WOMEN'S CENTER	0	0	93.02
93.03	04953 RESIDENTIAL HOMES	0	0	93.03
93.04	04954 DR. STEELE	0	0	93.04
93.05	04955 DIABETIC EDUCATION	0	0	93.05
93.06	04956 HOWARD COUNTY CSS	0	0	93.06
93.07	04957 OTHER	0	0	93.07
93.18	04968 PSYCH MEDICATION	0	0	93.18
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	995,164	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 - line 201)	995,164	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2022 3:00 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		18,891	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		18,891	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)		17,054	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)		3,380	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
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		26,751,311	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)		26,751,311	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		26,751,311	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,416.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,786,384	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)		4,786,384	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0007		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/30/2022 3:00 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
	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	3,972,965	2,011	1,975.62	2,009	3,969,021		43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description								
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,440,780		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					18,196,185		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)					675,558		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					586,050		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,261,608		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					16,934,577		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					1,837		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,416.09		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,601,357		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0007		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/30/2022 3:00 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	2,340,317	26,751,311	0.087484	2,601,357	227,577	90.00
91.00	Nursing Program cost	0	26,751,311	0.000000	2,601,357	0	91.00
92.00	Allied health cost	0	26,751,311	0.000000	2,601,357	0	92.00
93.00	All other Medical Education	0	26,751,311	0.000000	2,601,357	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/30/2022 3:00 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		6,396,319	30.00
31.00	03100	INTENSIVE CARE UNIT		7,989,803	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.129080	10,886,884	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.526528	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.209132	1,273,449	54.00
54.01	03480	ONCOLOGY	0.172476	129,215	54.01
57.00	05700	CT SCAN	0.031692	2,951,216	57.00
58.00	05800	MRI	0.049207	368,194	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.043430	5,585,578	59.00
60.00	06000	LABORATORY	0.121702	8,679,708	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.214875	3,125,054	65.00
66.00	06600	PHYSICAL THERAPY	0.619044	491,433	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.658156	332,586	67.00
68.00	06800	SPEECH PATHOLOGY	0.681927	96,169	68.00
69.00	06900	ELECTROCARDIOLOGY	0.154202	1,934,649	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.742278	1,574,973	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.386826	2,541,166	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.213315	7,464,028	73.00
74.00	07400	RENAL DIALYSIS	0.480625	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03950	WOUND CARE CENTER	0.293132	78,987	75.01
76.00	03160	CARDIOPULMONARY	0.231383	0	76.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.107762	4,616,263	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.835104	614,241	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0.000000	0	93.00
93.01	04951	GENESIS	0.621852	0	93.01
93.02	04952	WOMEN'S CENTER	0.000000	0	93.02
93.03	04953	RESIDENTIAL HOMES	0.000000	0	93.03
93.04	04954	DR. STEELE	0.000000	0	93.04
93.05	04955	DIABETIC EDUCATION	0.000000	0	93.05
93.06	04956	HOWARD COUNTY CSS	2.301257	0	93.06
93.07	04957	OTHER	0.000000	0	93.07
93.18	04968	PSYCH MEDICATION	0.000000	0	93.18
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		52,743,793	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		52,743,793	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/30/2022 3:00 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		1,976,926		30.00
31.00	03100 INTENSIVE CARE UNIT		472,898		31.00
43.00	04300 NURSERY		310,187		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.129080	483,234	62,376	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.526528	78,941	41,565	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.209132	114,468	23,939	54.00
54.01	03480 ONCOLOGY	0.172476	926	160	54.01
57.00	05700 CT SCAN	0.031692	290,662	9,212	57.00
58.00	05800 MRI	0.049207	44,567	2,193	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.043430	373,749	16,232	59.00
60.00	06000 LABORATORY	0.121702	837,667	101,946	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.214875	282,030	60,601	65.00
66.00	06600 PHYSICAL THERAPY	0.619044	49,678	30,753	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.658156	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.681927	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.154202	87,110	13,433	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.742278	305,193	226,538	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.386826	227,885	88,152	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.213315	803,037	171,300	73.00
74.00	07400 RENAL DIALYSIS	0.480625	53,366	25,649	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03950 WOUND CARE CENTER	0.293132	11,102	3,254	75.01
76.00	03160 CARDIOPULMONARY	0.231383	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.107762	620,018	66,814	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.835104	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0.000000	0	0	93.00
93.01	04951 GENESIS	0.621852	0	0	93.01
93.02	04952 WOMEN'S CENTER	0.000000	0	0	93.02
93.03	04953 RESIDENTIAL HOMES	0.000000	0	0	93.03
93.04	04954 DR. STEELE	0.000000	0	0	93.04
93.05	04955 DIABETIC EDUCATION	0.000000	0	0	93.05
93.06	04956 HOWARD COUNTY CSS	2.301257	0	0	93.06
93.07	04957 OTHER	0.000000	0	0	93.07
93.18	04968 PSYCH MEDICATION	0.000000	0	0	93.18
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		4,663,633	944,117	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		4,663,633		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/30/2022 3:00 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		9,470,222	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		2,990,655	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)		142,094	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		79,516	2.04
3.00	Managed Care Simulated Payments		9,762,026	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		107.86	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.86	30.00
31.00	Percentage of Medicaid patient days (see instructions)		30.26	31.00
32.00	Sum of lines 30 and 31		38.12	32.00
33.00	Allowable disproportionate share percentage (see instructions)		20.66	33.00
34.00	Disproportionate share adjustment (see instructions)		643,604	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/30/2022 3:00 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,290,014,521	7,192,008,710	35.00
35.01	Factor 3 (see instructions)	0.000117171	0.000050553	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	971,347	363,578	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	726,514	91,642	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	818,156		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	14,144,247		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
		Amount		
		1.00		
49.00	Total payment for inpatient operating costs (see instructions)		14,144,247	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,024,878	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		307,470	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)		15,476,595	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		15,476,595	61.00
62.00	Deductibles billed to program beneficiaries		1,338,912	62.00
63.00	Coinurance billed to program beneficiaries		3,967	63.00
64.00	Allowable bad debts (see instructions)		75,084	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		48,805	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		37,325	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		14,182,521	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		80,893	70.93
70.94	HRR adjustment amount (see instructions)		-56,764	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/30/2022 3:00 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)		14,206,650		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		14,050,073		72.00
72.01	Interim payments-PARHM		0		72.01
73.00	Tentative settlement (for contractor use only)		0		73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0		73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		156,577		74.00
74.01	Balance due provider/program-PARHM (see instructions)		0		74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		394,308		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0		100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000		101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0		102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000		103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0		104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/30/2022 3:00 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		11,047	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,810,454	2.00
3.00	OPPS payments		14,312,115	3.00
4.00	Outlier payment (see instructions)		106,686	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)		11,047	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		52,022	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)		52,022	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		52,022	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		40,975	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)		11,047	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		14,418,801	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,474,387	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)		11,955,461	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		11,955,461	30.00
31.00	Primary payer payments		5,376	31.00
32.00	Subtotal (line 30 minus line 31)		11,950,085	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		128,616	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		83,600	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		97,897	36.00
37.00	Subtotal (see instructions)		12,033,685	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		12,033,685	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		12,171,297	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-137,612	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		31,079	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0007

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2022 3:00 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		14,050,073		12,171,297	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)		14,050,073		12,171,297	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		156,577		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		137,612	6.02	
7.00	Total Medicare program liability (see instructions)		14,206,650		12,033,685	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: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/30/2022 3:00 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial /interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

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

Provider CCN: 15-0007

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

Worksheet G

Date/Time Prepared:
5/30/2022 3:00 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	156,872	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	16,667	0	0	0	3.00
4.00	Accounts receivable	89,556,475	0	0	0	4.00
5.00	Other receivable	10,904,084	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-64,829,819	0	0	0	6.00
7.00	Inventory	4,432,783	0	0	0	7.00
8.00	Prepaid expenses	567,089	0	0	0	8.00
9.00	Other current assets	911,489	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)	41,715,640	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,259,963	0	0	0	12.00
13.00	Land improvements	4,355,083	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	105,292,072	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	139,419	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	37,904,963	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	625,937	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	-62,275,375	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	90,302,062	0	0	0	30.00
OTHER ASSETS						
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	177,876,752	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	177,876,752	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	309,894,454	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	844,196	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)	473,075	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	16,121,229	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	17,438,500	0	0	0	45.00
LONG TERM LIABILITIES						
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	1,183,895	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,183,895	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	18,622,395	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	291,272,059				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	291,272,059	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	309,894,454	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0007

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

Worksheet G-1

Date/Time Prepared:
5/30/2022 3:00 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		231,161,597		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		60,110,462			2.00
3.00	Total (sum of line 1 and line 2)		291,272,059		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)		291,272,059		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)		291,272,059		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: 15-0007

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2022 3:00 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	27,809,448		27,809,448	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)	27,809,448		27,809,448	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	10,506,045		10,506,045	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	10,506,045		10,506,045	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	38,315,493		38,315,493	17.00
18.00	Ancillary services	184,963,060	451,055,701	636,018,761	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	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL BILLING	0	265,112	265,112	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	223,278,553	451,320,813	674,599,366	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		162,283,053		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)		162,283,053		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0007

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

Worksheet G-3

Date/Time Prepared:
5/30/2022 3:00 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	674,599,366	1.00
2.00	Less contractual allowances and discounts on patients' accounts	472,080,419	2.00
3.00	Net patient revenues (line 1 minus line 2)	202,518,947	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	162,283,053	4.00
5.00	Net income from service to patients (line 3 minus line 4)	40,235,894	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	709,336	6.00
7.00	Income from investments	9,031,189	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	488,921	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	2,355	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	3,740	21.00
22.00	Rental of hospital space	2,209,284	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC REVENUE	4,324,347	24.00
24.50	COVID-19 PHE Funding	3,105,396	24.50
25.00	Total other income (sum of lines 6-24)	19,874,568	25.00
26.00	Total (line 5 plus line 25)	60,110,462	26.00
27.00	MISC	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)	60,110,462	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0007	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/30/2022 3:00 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		939,772	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		9,642	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)		52.84	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.86	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		30.26	8.00
9.00	Sum of lines 7 and 8		38.12	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.03	10.00
11.00	Disproportionate share adjustment (see instructions)		75,464	11.00
12.00	Total prospective capital payments (see instructions)		1,024,878	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00