

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: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/30/2022 10:34 am
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PART I - COST REPORT STATUS

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

Contractor use only
 5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended
 6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN
 10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/30/2022 Time: 10:34 am

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)
 MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ESKENAZI HEALTH (15-0024) 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	Nicole Harper	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	Nicole Harper		2
3	Signatory Title	CFO		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	6,847,362	-444,392	0	0	1.00
2.00 Subprovider - IPF	0	49,222	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	6,896,584	-444,392	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 10:34 am					
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN Zip Code: 46202		4.00 County: MARION					
1.00 Street: 720 ESKENAZI AVENUE		2.00 City: INDIANAPOLIS									
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
		3.00 Hospital and Hospital-Based Component Identification:									
3.00	Hospital	ESKENAZI HEALTH	150024	26900	1	07/01/1966	N	P	P	3.00	
4.00	Subprovider - IPF	PSYCHIATRIC UNIT	15S024	26900	4	01/01/1984	N	P	P	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	
17.10	Hospital-Based (CORF) I									17.10	
18.00	Renal Dialysis									18.00	
19.00	Other									19.00	
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2021	12/31/2021		20.00	
21.00	Type of Control (see instructions)						9			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	Y			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: 15-0024			Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 10:34 am		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	19,165	2,138	82	263	33,218	561	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)					Y	Y	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	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.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code				
		1.00	2.00	3.00				
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	N			60.00		
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01		
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.02		
		Y/N	IME	Direct GME	IME	Direct GME		
		1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00	
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 FTE Count	IME	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00	5.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00		0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00		0.00	61.20	
							1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)								
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings								
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						N	63.00

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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	
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	151.12	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	

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		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y				70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	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)			0		76.00
					1.00	
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N			81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N			87.00
					V	XIX
					1.00	2.00
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y			90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N			91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N			92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N			93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N			94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.06
Rural Providers						
105.00	Does this hospital qualify as a CAH?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					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)					107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 10:34 am
			V 1.00	XI X 2.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N	108.00
		Physical 1.00	Occupational 2.00	Speech 3.00
				Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			109.00
				1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110.00
				1.00
				2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.		N	111.00
				1.00
				2.00
				3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		N	112.00
	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.		2	118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00
118.01	List amounts of malpractice premiums and paid losses:	1	1	0 118.01
				1.00
				2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N 120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		N	122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 10:34 am	
		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC						
161.10	CORF			N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	N				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 10:34 am
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 5/30/2022 10:34 am	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			Y			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			Y			7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			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.			Y			11.00
					Y/N		
					1.00		
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	04/30/2019	Y	04/30/2019
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.			Y		Y	
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	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/30/2022 10:34 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		Y		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		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.				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.		N		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?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LESLIE	MALLORY		41.00
42.00	Enter the employer/company name of the cost report preparer.	ESKENAZI HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-880-3786	LESLIE.MALLORY@ESKENAZIHEALTH.EDU		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/30/2022 10:34 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0024

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2022 10:34 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	193	70,565	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)		193	70,565	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	72	26,280	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	15	5,475	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
11.01 NEONATAL INTENSIVE CARE UNIT	34.01	33	12,045	0.00	0	11.01
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY					0	13.00
14.00 Total (see instructions)		313	114,365	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	30	10,950		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		343				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: 15-0024

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2022 10:34 am

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)	7,770	10,743	51,393			1.00
2.00 HMO and other (see instructions)	12,555	33,519				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	7,770	10,743	51,393			7.00
8.00 INTENSIVE CARE UNIT	3,164	3,882	21,838			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	267	120	3,295			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
11.01 NEONATAL INTENSIVE CARE UNIT	0	2,065	5,943			11.01
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		4,537	4,868			13.00
14.00 Total (see instructions)	11,201	21,347	87,337	193.12	4,072.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,091	853	9,952	0.55	58.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY	0	0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE	0	0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				193.67	4,130.00	27.00
28.00 Observation Bed Days		2,492	6,665			28.00
29.00 Ambulance Trips	14,992					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	561	1,274			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: 15-0024

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2022 10:34 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,813	2,568	16,902	1.00
2.00 HMO and other (see instructions)			1,653	5,390		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
11.01 NEONATAL INTENSIVE CARE UNIT						11.01
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	5.00	0	1,813	2,568	16,902	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	173	645	1,153	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	5.00					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: 15-0024

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2022 10:34 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	299,815,253	0	299,815,253	8,590,760.58	34.90
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		2,991,754	0	2,991,754	34,891.54	85.74
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	15,284,882	15,284,882	401,683.36	38.05
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)		56,922,044	1,062,798	57,984,842	2,045,679.13	28.35
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		15,858,298	0	15,858,298	403,763.36	39.28
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		7,928,008	0	7,928,008	66,468.00	119.28
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		9,716,125	0	9,716,125	284,844.17	34.11
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)		63,415,224	0	63,415,224		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		16,582,937	0	16,582,937		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		1,439,268	0	1,439,268		
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)		3,658,176	0	3,658,176		
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: 15-0024

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2022 10:34 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	3,499,350	0	3,499,350	86,530.46	40.44	26.00
27.00	Administrative & General	52,525,043	0	52,525,043	1,613,824.39	32.55	27.00
28.00	Administrative & General under contract (see inst.)	4,904,448	0	4,904,448	55,804.96	87.89	28.00
29.00	Maintenance & Repairs	1,626,771	0	1,626,771	43,707.91	37.22	29.00
30.00	Operation of Plant	5,453,888	0	5,453,888	184,922.05	29.49	30.00
31.00	Laundry & Linen Service	234,599	0	234,599	12,397.98	18.92	31.00
32.00	Housekeeping	3,926,371	0	3,926,371	195,993.19	20.03	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	4,895,473	-1,589,484	3,305,989	147,152.20	22.47	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	710,234	1,589,484	2,299,718	114,598.77	20.07	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,618,435	0	2,618,435	50,112.23	52.25	38.00
39.00	Central Services and Supply	707,760	0	707,760	32,867.67	21.53	39.00
40.00	Pharmacy	9,522,046	-520,974	9,001,072	180,839.20	49.77	40.00
41.00	Medical Records & Medical Records Library	3,674,054	0	3,674,054	106,979.04	34.34	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0024

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2022 10:34 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on 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)	301,727,947	-15,284,882	286,443,065	8,209,990.64	34.89	1.00
2.00	Excluded area salaries (see instructions)	56,922,044	1,062,798	57,984,842	2,045,679.13	28.35	2.00
3.00	Subtotal salaries (line 1 minus line 2)	244,805,903	-16,347,680	228,458,223	6,164,311.51	37.06	3.00
4.00	Subtotal other wages & related costs (see inst.)	33,502,431	0	33,502,431	755,075.53	44.37	4.00
5.00	Subtotal wage-related costs (see inst.)	67,073,400	0	67,073,400	0.00	29.36	5.00
6.00	Total (sum of lines 3 thru 5)	345,381,734	-16,347,680	329,034,054	6,919,387.04	47.55	6.00
7.00	Total overhead cost (see instructions)	94,298,472	-520,974	93,777,498	2,825,730.05	33.19	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0024

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/30/2022 10:34 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	8,314,871	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)	15,667,161	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	44,492	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)	34,972,471	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	103,407	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1,684,541	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	856,817	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	18,556,991	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	330,339	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	906,341	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	81,437,431	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: 15-0024

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

Worksheet S-3
Part V
Date/Time Prepared:
5/30/2022 10:34 am

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	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/30/2022 10:34 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.251368	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		256,849,845	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		45,296,364	5.00	
6.00	Medicaid charges		1,004,719,290	6.00	
7.00	Medicaid cost (line 1 times line 6)		252,554,278	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)		0	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		1,145,143	9.00	
10.00	Stand-alone CHIP charges		5,067,775	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		1,273,876	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		128,733	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)		128,733	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)	131,431,405	865,040	132,296,445	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	33,037,649	865,040	33,902,689	21.00
22.00	Payments received from patients for amounts previously written off as charity care	9,110	0	9,110	22.00
23.00	Cost of charity care (line 21 minus line 22)	33,028,539	865,040	33,893,579	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)		64,898,248	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		923,857	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,421,318	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		63,476,930	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		16,453,530	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		50,347,109	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		50,475,842	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0024

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

Worksheet A
Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (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		50,705,123	50,705,123	0	50,705,123	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	3,499,350	3,259,852	6,759,202	0	6,759,202	4.00
5.01 00540 NONPATIENT TELEPHONES	261,828	1,734,361	1,996,189	0	1,996,189	5.01
5.02 00560 PURCHASING RECEIVING AND STORES	3,410,829	3,622,602	7,033,431	0	7,033,431	5.02
5.03 00570 ADMITTING	10,523,557	4,573,127	15,096,684	0	15,096,684	5.03
5.04 00580 CASHIERING/ACCOUNTS RECEIVABLE	6,632,862	7,166,910	13,799,772	0	13,799,772	5.04
5.05 00591 OTHER ADMINISTRATIVE AND GENERAL	31,695,967	106,862,921	138,558,888	-18,404,803	120,154,085	5.05
6.00 00600 MAINTENANCE & REPAIRS	1,626,771	3,728,387	5,355,158	0	5,355,158	6.00
7.00 00700 OPERATION OF PLANT	5,453,888	18,801,523	24,255,411	0	24,255,411	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	234,599	1,740,877	1,975,476	0	1,975,476	8.00
9.00 00900 HOUSEKEEPING	3,926,371	2,620,281	6,546,652	0	6,546,652	9.00
10.00 01000 DIETARY	4,895,473	5,402,680	10,298,153	-3,470,607	6,827,546	10.00
11.00 01100 CAFETERIA	710,234	619,178	1,329,412	3,470,607	4,800,019	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	2,618,435	1,739,829	4,358,264	0	4,358,264	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	707,760	1,517,038	2,224,798	0	2,224,798	14.00
15.00 01500 PHARMACY	9,522,046	34,350,400	43,872,446	-532,764	43,339,682	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3,674,054	1,784,890	5,458,944	0	5,458,944	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING PROGRAM	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	15,328,675	15,328,675	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-AMBULANCE	1,166,741	441,015	1,607,756	0	1,607,756	23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0	0	0	532,764	532,764	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	43,831,226	23,989,572	67,820,798	-1,613,502	66,207,296	30.00
31.00 03100 INTENSIVE CARE UNIT	14,405,612	8,620,029	23,025,641	-26,502	22,999,139	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	3,110,425	1,892,101	5,002,526	-11,080	4,991,446	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	3,647,388	1,904,161	5,551,549	-639	5,550,910	34.01
40.00 04000 SUBPROVIDER - IPF	4,037,718	1,242,675	5,280,393	340,343	5,620,736	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	2,252,900	2,252,900	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	7,169,106	31,910,345	39,079,451	-16,228,709	22,850,742	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	1,233,302	1,798,624	3,031,926	-16,945	3,014,981	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	7,810,885	10,907,176	18,718,061	-2,127,188	16,590,873	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	265,835	473,285	739,120	0	739,120	56.00
57.00 05700 CT SCAN	1,345,594	884,922	2,230,516	-1,126	2,229,390	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	5,428,829	11,740,568	17,169,397	-1,191	17,168,206	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,567	3,081,736	3,083,303	-22	3,083,281	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	5,523,784	2,475,085	7,998,869	-63	7,998,806	65.00
65.01 03560 PULMONARY FUNCTION TESTING	305,710	119,194	424,904	0	424,904	65.01
66.00 06600 PHYSICAL THERAPY	4,356,336	1,497,426	5,853,762	-686,488	5,167,274	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,239,243	708,870	2,948,113	403,015	3,351,128	67.00
68.00 06800 SPEECH PATHOLOGY	878,675	311,118	1,189,793	163,587	1,353,380	68.00
69.00 06900 ELECTROCARDIOLOGY	2,689,219	1,266,197	3,955,416	-2,121	3,953,295	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	689,953	689,953	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,673,532	17,673,532	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	264,221	264,221	73.00
73.01 07301 RETAIL PHARMACIES	6,071,212	38,484,691	44,555,903	0	44,555,903	73.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0024

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

Worksheet A
Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
74.00	07400	RENAL DIALYSIS	0	1,484,559	1,484,559	624	1,485,183	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	5,855,898	2,258,398	8,114,296	-1,942,746	6,171,550	90.01
90.02	09002	OB/GYN CLINIC	774,150	555,762	1,329,912	179,402	1,509,314	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	626,703	517,982	1,144,685	229,393	1,374,078	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	1,782,275	1,494,214	3,276,489	521,146	3,797,635	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	1,364,703	1,545,489	2,910,192	631,849	3,542,041	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	270,200	498,448	768,648	48,046	816,694	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	76,902	83,723	160,625	-113	160,512	90.17
90.18	09018	PSYCHIATRIC CLINIC	13,021,994	7,327,997	20,349,991	-798,406	19,551,585	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	128,634	44,271	172,905	1,335	174,240	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	267,964	273,602	541,566	45,060	586,626	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	89,888	41,483	131,371	8,548	139,919	90.24
90.25	09025	WOUND/OSTOMY CLINIC	188,050	66,116	254,166	6,667	260,833	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1,365,016	984,048	2,349,064	53,072	2,402,136	90.26
90.27	09027	TRANSGENDER CLINIC	351,919	580,127	932,046	23,923	955,969	90.27
91.00	09100	EMERGENCY	15,309,803	7,177,639	22,487,442	2,364,193	24,851,635	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	1,711,138	550,183	2,261,321	0	2,261,321	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	17,190,603	11,294,085	28,484,688	-34,191	28,450,497	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	265,288,271	430,756,895	696,045,166	-666,351	695,378,815	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	113,743	51,392	165,135	0	165,135	190.00
190.01	19001	RETAIL SPA	95,933	91,669	187,602	0	187,602	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	162,595	775,007	937,602	0	937,602	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	654,210	286,392	940,602	0	940,602	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06
193.07	19307	MIDTOWN NRCCS	5,013,928	3,512,291	8,526,219	546,125	9,072,344	193.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet A Date/Time Prepared: 5/30/2022 10:34 am	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	6,266,115	4,365,112	10,631,227	0	10,631,227	193.08
193.09	19309	DME	128,109	879,314	1,007,423	120,226	1,127,649	193.09
193.10	19310	PROFESSIONAL BILLING	1,843,590	888,261	2,731,851	0	2,731,851	193.10
193.11	19311	FQHC	20,248,759	42,988,655	63,237,414	0	63,237,414	193.11
200.00		TOTAL (SUM OF LINES 118 through 199)	299,815,253	484,594,988	784,410,241	0	784,410,241	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0024

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

Worksheet A
Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	7,566,934	58,272,057	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	6,759,202	4.00
5.01	00540	NONPATIENT TELEPHONES	0	1,996,189	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	-348	7,033,083	5.02
5.03	00570	ADMINISTRATIVE	0	15,096,684	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	13,799,772	5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	15,689,433	135,843,518	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	5,355,158	6.00
7.00	00700	OPERATION OF PLANT	-1,126,307	23,129,104	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-10,508	1,964,968	8.00
9.00	00900	HOUSEKEEPING	0	6,546,652	9.00
10.00	01000	DIETARY	-2,422,462	4,405,084	10.00
11.00	01100	CAFETERIA	-900,071	3,899,948	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-135,195	4,223,069	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,224,798	14.00
15.00	01500	PHARMACY	-33,440	43,306,242	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-21,828	5,437,116	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	15,328,675	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-AMBULANCE	-266,904	1,340,852	23.00
23.01	02301	PARAMEDICAL PRGM-PHARMACY	0	532,764	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,510,996	64,696,300	30.00
31.00	03100	INTENSIVE CARE UNIT	0	22,999,139	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	-1,004	4,990,442	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	5,550,910	34.01
40.00	04000	SUBPROVIDER - I/PF	-768,699	4,852,037	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	2,252,900	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-338	22,850,404	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-252,558	2,762,423	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16,590,873	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	739,120	56.00
57.00	05700	CT SCAN	0	2,229,390	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-607	17,167,599	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	3,083,281	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	7,998,806	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	424,904	65.01
66.00	06600	PHYSICAL THERAPY	0	5,167,274	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,351,128	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,353,380	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,953,295	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	689,953	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,673,532	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	264,221	73.00
73.01	07301	RETAIL PHARMACIES	-28,560	44,527,343	73.01
74.00	07400	RENAL DIALYSIS	0	1,485,183	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0024

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

Worksheet A
Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 MEDICINE CLINIC	-3,598,027	2,573,523	90.01
90.02	09002 OB/GYN CLINIC	-179,313	1,330,001	90.02
90.03	09003 ORTHO CLINIC	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	-143,732	1,230,346	90.07
90.08	09008 ENT CLINIC	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	90.09
90.10	09010 SPECIALTY CLINIC	-110,241	3,687,394	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0	3,542,041	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	-280,930	535,764	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	90.16
90.17	09017 CHC CLINIC	-25,977	134,535	90.17
90.18	09018 PSYCHIATRIC CLINIC	-6,643,120	12,908,465	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	90.19
90.20	09020 DIETARY CLINIC	0	174,240	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	90.21
90.22	09022 OP BURN CLINIC	-61,971	524,655	90.22
90.23	09023 BARIATRIC CLINIC	0	0	90.23
90.24	09024 PLASTICS CLINIC	-1,290	138,629	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	260,833	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	-576,520	1,825,616	90.26
90.27	09027 TRANSGENDER CLINIC	-526,250	429,719	90.27
91.00	09100 EMERGENCY	-2,117,840	22,733,795	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	2,261,321	92.01
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	-738,314	27,712,183	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	773,017	696,151,832	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	165,135	190.00
190.01	19001 RETAIL SPA	0	187,602	190.01
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	937,602	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	0	940,602	193.01
193.02	19302 RENTAL SPACE	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	193.04
193.05	19305 LV BEAUTY	0	0	193.05
193.06	19306 LV DAYCARE	0	0	193.06
193.07	19307 MIDTOWN NRCCS	0	9,072,344	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTR	0	10,631,227	193.08
193.09	19309 DME	0	1,127,649	193.09
193.10	19310 PROFESSIONAL BILLING	0	2,731,851	193.10
193.11	19311 FQHC	-24,487,831	38,749,583	193.11

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021	Worksheet A Date/Time Prepared: 5/30/2022 10:34 am
Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
200.00	TOTAL (SUM OF LINES 118 through 199)	-23,714,814	760,695,427	200.00	

RECLASSIFICATIONS

Provider CCN: 15-0024

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

Worksheet A-6
Date/Time Prepared:
5/30/2022 10:34 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	1,589,484	1,881,123	1.00
	O		1,589,484	1,881,123	
B - INTERNS AND RESIDENTS EXPENSE					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	15,328,675	1.00
	O		0	15,328,675	
E - NON REIMBURSEABLE PSYCH PROGRAMS					
1.00	SUBPROVIDER - IPF	40.00	200,996	139,479	1.00
2.00	MIDTOWN NRCCS	193.07	322,399	223,726	2.00
	O		523,395	363,205	
G - THERAPY ADMINISTRATION RECLASS					
1.00	OCCUPATIONAL THERAPY	67.00	322,123	80,892	1.00
2.00	SPEECH PATHOLOGY	68.00	126,400	36,018	2.00
3.00	DME	193.09	18,429	101,797	3.00
	O		466,952	218,707	
I - SPECIALTY CLINIC ADMIN RECLASS					
1.00	OB/GYN CLINIC	90.02	103,489	32,912	1.00
2.00	OPHTHALMOLOGY CLINIC	90.07	148,214	47,135	2.00
3.00	SPECIALTY CLINIC	90.10	303,416	96,492	3.00
4.00	ENDOSCOPY CLINIC	90.12	409,873	130,348	4.00
5.00	OCCUPATIONAL THERAPY CLINIC	90.13	27,829	8,850	5.00
6.00	DIETARY CLINIC	90.20	778	248	6.00
7.00	OP BURN CLINIC	90.22	27,038	8,599	7.00
8.00	PLASTICS CLINIC	90.24	5,576	1,773	8.00
9.00	WOUND/OSTOMY CLINIC	90.25	5,701	1,813	9.00
10.00	WCOE/SENIOR CARE CLINIC	90.26	33,799	10,749	10.00
11.00	TRANSGENDER CLINIC	90.27	13,743	4,371	11.00
	O		1,079,456	343,290	
K - PICC LINE EXPENSE					
1.00	ADULTS & PEDIATRICS	30.00	0	666,128	1.00
	O		0	666,128	
N - PHARMACY ED RECLASS					
1.00	PARAMED ED PRGM-PHARMACY	23.01	520,974	11,790	1.00
	O		520,974	11,790	
P - SUPPLY & IMPLANTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	689,953	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	17,673,532	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	264,221	3.00
4.00	SPEECH PATHOLOGY	68.00	0	1,169	4.00
5.00	RENAL DIALYSIS	74.00	0	624	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
	O		0	18,629,499	
Q - FAMILY BEGINNINGS					
1.00	NURSERY	43.00	1,578,406	674,494	1.00
	O		1,578,406	674,494	
R - HEALTH CONNECTIONS					
1.00	OB/GYN CLINIC	90.02	26,322	16,890	1.00
2.00	OPHTHALMOLOGY CLINIC	90.07	35,997	23,098	2.00
3.00	SPECIALTY CLINIC	90.10	77,270	49,582	3.00

RECLASSIFICATIONS

Provider CCN: 15-0024

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

Worksheet A-6

Date/Time Prepared:
5/30/2022 10:34 am

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
4.00	ENDOSCOPY CLINIC 90.12	97,413	62,507		4.00
5.00	OCCUPATIONAL THERAPY CLINIC 90.13	7,031	4,512		5.00
6.00	CHC CLINIC 90.17	1	0		6.00
7.00	PSYCHIATRIC CLINIC 90.18	56,209	36,067		7.00
8.00	DIETARY CLINIC 90.20	188	121		8.00
9.00	OP BURN CLINIC 90.22	5,740	3,683		9.00
10.00	PLASTICS CLINIC 90.24	1,388	891		10.00
11.00	WOUND/OSTOMY CLINIC 90.25	424	272		11.00
12.00	WCOE/SENIOR CARE CLINIC 90.26	5,194	3,333		12.00
13.00	TRANSGENDER CLINIC 90.27	3,568	2,290		13.00
	0	316,745	203,246		
U - TRAUMA ONCALL					
1.00	EMERGENCY 91.00	0	2,410,000		1.00
	0	0	2,410,000		
500.00	Grand Total: Increases	6,075,412	40,730,157		500.00

RECLASSIFICATIONS

Provider CCN: 15-0024

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

Worksheet A-6
Date/Time Prepared:
5/30/2022 10:34 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA RECLASS							
1.00	DIETARY	10.00	1,589,484	1,881,123	0		1.00
	O		1,589,484	1,881,123			
B - INTERNS AND RESIDENTS EXPENSE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	15,328,675	0		1.00
	O		0	15,328,675			
E - NON REIMBURSEABLE PSYCH PROGRAMS							
1.00	PSYCHIATRIC CLINIC	90.18	523,395	363,205	0		1.00
2.00		0.00	0	0	0		2.00
	O		523,395	363,205			
G - THERAPY ADMINISTRATION RECLASS							
1.00	PHYSICAL THERAPY	66.00	466,952	218,707	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	O		466,952	218,707			
I - SPECIALTY CLINIC ADMIN RECLASS							
1.00	MEDICINE CLINIC	90.01	1,079,456	343,290	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
	O		1,079,456	343,290			
K - PICC LINE EXPENSE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	666,128	0		1.00
	O		0	666,128			
N - PHARMACY ED RECLASS							
1.00	PHARMACY	15.00	520,974	11,790	0		1.00
	O		520,974	11,790			
P - SUPPLY & IMPLANTS							
1.00	ADULTS & PEDIATRICS	30.00	0	26,730	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	26,502	0		2.00
3.00	BURN INTENSIVE CARE UNIT	33.00	0	11,080	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	34.01	0	639	0		4.00
5.00	SUBPROVIDER - IPF	40.00	0	132	0		5.00
6.00	OPERATING ROOM	50.00	0	16,228,709	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	16,945	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,127,188	0		8.00
9.00	CT SCAN	57.00	0	1,126	0		9.00
10.00	LABORATORY	60.00	0	1,191	0		10.00
11.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	22	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	63	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	829	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	2,121	0		14.00
15.00	MEDICINE CLINIC	90.01	0	9	0		15.00
16.00	OB/GYN CLINIC	90.02	0	211	0		16.00
17.00	OPHTHALMOLOGY CLINIC	90.07	0	25,051	0		17.00
18.00	SPECIALTY CLINIC	90.10	0	5,614	0		18.00
19.00	ENDOSCOPY CLINIC	90.12	0	68,292	0		19.00
20.00	OCCUPATIONAL THERAPY CLINIC	90.13	0	176	0		20.00
21.00	CHC CLINIC	90.17	0	114	0		21.00
22.00	PSYCHIATRIC CLINIC	90.18	0	4,082	0		22.00
23.00	TRANSGENDER CLINIC	90.27	0	49	0		23.00
24.00	PLASTICS CLINIC	90.24	0	1,080	0		24.00
25.00	WOUND/OSTOMY CLINIC	90.25	0	1,543	0		25.00
26.00	EMERGENCY	91.00	0	45,807	0		26.00
27.00	AMBULANCE SERVICES	95.00	0	34,191	0		27.00
28.00	WCOE/SENIOR CARE CLINIC	90.26	0	3	0		28.00
	O		0	18,629,499			
Q - FAMILY BEGINNINGS							
1.00	ADULTS & PEDIATRICS	30.00	1,578,406	674,494	0		1.00
	O		1,578,406	674,494			
R - HEALTH CONNECTIONS							
1.00	MEDICINE CLINIC	90.01	316,745	203,246	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00

RECLASSIFICATIONS

Provider CCN: 15-0024

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

Worksheet A-6

Date/Time Prepared:
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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
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
11.00		0.00	0	0	0	0		11.00
12.00		0.00	0	0	0	0		12.00
13.00		0.00	0	0	0	0		13.00
			316,745	203,246				
U - TRAUMA ONCALL								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	2,410,000		0		1.00
			0	2,410,000				
500.00	Grand Total: Decreases		6,075,412	40,730,157				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0024

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

Worksheet A-7
Part I
Date/Time Prepared:
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		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	9,431,839	0	0	0	207,632	1.00
2.00	Land Improvements	82,812,836	1,565,066	0	1,565,066	0	2.00
3.00	Buildings and Fixtures	435,966,136	7,119,359	0	7,119,359	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	240,800,242	1,779,462	0	1,779,462	0	5.00
6.00	Movable Equipment	240,880,496	39,013,699	0	39,013,699	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,009,891,549	49,477,586	0	49,477,586	207,632	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,009,891,549	49,477,586	0	49,477,586	207,632	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,224,207	0				1.00
2.00	Land Improvements	84,377,902	0				2.00
3.00	Buildings and Fixtures	443,085,495	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	242,579,704	0				5.00
6.00	Movable Equipment	279,894,195	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	1,059,161,503	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	1,059,161,503	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0024

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

Worksheet A-7
Part II
Date/Time Prepared:
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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	50,705,123	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)	50,705,123	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	50,705,123				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	50,705,123				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0024

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

Worksheet A-7
Part III
Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	50,705,123	0	50,705,123	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	50,705,123	0	50,705,123	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	58,272,057	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	58,272,057	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	58,272,057	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	58,272,057	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0024

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-28,849,918				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	63,479,363				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0024

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

Worksheet A-8

Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00	4.00
33.00 CABLE TV COSTS	A	-73,036	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.00
33.01 NON ALLOWABLE ADVERTISING	A	-348	PURCHASING RECEIVING AND STORES		5.02	0 33.01
33.02 NON ALLOWABLE ADVERTISING	A	-1,942,818	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.02
33.03 NON ALLOWABLE ADVERTISING	A	-37	DIETARY		10.00	0 33.03
33.04 NON ALLOWABLE ADVERTISING	A	-5,305	CAFETERIA		11.00	0 33.04
33.05 NON ALLOWABLE ADVERTISING	A	-78,646	ADULTS & PEDIATRICS		30.00	0 33.05
33.06 NON ALLOWABLE ADVERTISING	A	-1,004	BURN INTENSIVE CARE UNIT		33.00	0 33.06
33.07 NON ALLOWABLE ADVERTISING	A	-1,599	RETAIL PHARMACIES		73.01	0 33.07
33.08 NON ALLOWABLE ADVERTISING	A	-1,262	PSYCHIATRIC CLINIC		90.18	0 33.08
33.09 NON ALLOWABLE ADVERTISING	A	-12,388	EMERGENCY		91.00	0 33.09
33.10 NON ALLOWABLE ADVERTISING	A	-3,424	AMBULANCE SERVICES		95.00	0 33.10
33.11 NON ALLOWABLE ADVERTISING	A		AMBULANCE SERVICES		95.00	0 33.11
33.12 NON ALLOWABLE ADVERTISING	A		OMITOWN NRCCS		193.07	0 33.12
33.13 NON ALLOWABLE ADVERTISING	A		OFQHC		193.11	0 33.13
33.14 PARKING LOT	A	-1,819,808	CAP REL COSTS-BLDG & FIXT		1.00	9 33.14
33.15 PARKING LOT	A	-611,327	OPERATION OF PLANT		7.00	0 33.15
33.16 IUMG SERVICES	A	-12,543,210	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.16
33.17 IUMG SERVICES	A	-101,507	NURSING ADMINISTRATION		13.00	0 33.17
33.18 IUHP SERVICES	A	-1,018,809	ADULTS & PEDIATRICS		30.00	0 33.18
33.19 IUHP SERVICES	A	-86,911	SUBPROVIDER - IPF		40.00	0 33.19
33.20 IUHP SERVICES	A	-192,371	ANESTHESIOLOGY		53.00	0 33.20
33.21 IUHP SERVICES	A	-140,861	MEDICINE CLINIC		90.01	0 33.21
33.22 IUHP SERVICES	A	-179,313	OB/GYN CLINIC		90.02	0 33.22
33.23 IUHP SERVICES	A	-143,220	OPHTHALMOLOGY CLINIC		90.07	0 33.23
33.24 IUMG SERVICES	A	-110,241	SPECIALTY CLINIC		90.10	0 33.24
33.25 IUMG SERVICES	A	-280,930	OCCUPATIONAL THERAPY CLINIC		90.13	0 33.25
33.26 IUMG SERVICES	A	-25,977	CHC CLINIC		90.17	0 33.26
33.27 IUMG SERVICES	A	-1,444,981	PSYCHIATRIC CLINIC		90.18	0 33.27
33.28 IUMG SERVICES	A	-543,635	WCOE/SENIOR CARE CLINIC		90.26	0 33.28
33.29 IUMG SERVICES	A	-521,588	TRANSGENDER CLINIC		90.27	0 33.29
33.30 IUMG SERVICES	A	-174,252	EMERGENCY		91.00	0 33.30
33.31 IUMG SERVICES	A	-24,487,831	OFQHC		193.11	0 33.31
33.32 IUMG SERVICES	A		EMERGENCY		91.00	0 33.32
33.33 IUMG SERVICES	A		OFQHC		193.11	0 33.33
33.34 HEALTH CONNECTIONS	A	-3,248,528	MEDICINE CLINIC		90.01	0 33.34
33.35 MISCELLANEOUS REVENUE	B	-549,164	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.35
33.36 MISCELLANEOUS REVENUE	B	-514,980	OPERATION OF PLANT		7.00	0 33.36
33.37 MISCELLANEOUS REVENUE	B	-10,508	LAUNDRY & LINEN SERVICE		8.00	0 33.37
33.38 MISCELLANEOUS REVENUE	B	-2,422,425	DIETARY		10.00	0 33.38
33.39 MISCELLANEOUS REVENUE	B	-894,766	CAFETERIA		11.00	0 33.39
33.40 MISCELLANEOUS REVENUE	B	-33,440	PHARMACY		15.00	0 33.40
33.41 MISCELLANEOUS REVENUE	B	-21,828	MEDICAL RECORDS & LIBRARY		16.00	0 33.41
33.42 MISCELLANEOUS REVENUE	B	-266,904	PARAMED PRGM-AMBULANCE		23.00	0 33.42
33.43 MISCELLANEOUS REVENUE	B	-413,541	ADULTS & PEDIATRICS		30.00	0 33.43
33.44 MISCELLANEOUS REVENUE	B	-338	OPERATING ROOM		50.00	0 33.44
33.45 MISCELLANEOUS REVENUE	B	-607	LABORATORY		60.00	0 33.45
33.46 MISCELLANEOUS REVENUE	B	-26,961	RETAIL PHARMACIES		73.01	0 33.46
33.47 MISCELLANEOUS REVENUE	B	-208,638	MEDICINE CLINIC		90.01	0 33.47
33.48 MISCELLANEOUS REVENUE	B	-512	OPHTHALMOLOGY CLINIC		90.07	0 33.48
33.49 MISCELLANEOUS REVENUE	B	-2,446,542	PSYCHIATRIC CLINIC		90.18	0 33.49
33.50 MISCELLANEOUS REVENUE	B	-1,290	PLASTICS CLINIC		90.24	0 33.50
33.51 MISCELLANEOUS REVENUE	B	-4,662	TRANSGENDER CLINIC		90.27	0 33.51
33.52 MISCELLANEOUS REVENUE	B	-1,241	EMERGENCY		91.00	0 33.52
33.54 MISCELLANEOUS REVENUE	B	-730,745	AMBULANCE SERVICES		95.00	0 33.54
33.55 MISCELLANEOUS REVENUE	B		PLASTICS CLINIC		90.24	0 33.55
33.56 MISCELLANEOUS REVENUE	B		EMERGENCY		91.00	0 33.56
33.57 MISCELLANEOUS REVENUE	B		AMBULANCE SERVICES		95.00	0 33.57
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-23,714,814				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.

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0024

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

Worksheet A-8

Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

(3) Additional adjustments may be made on lines 33 thru 49 and subscrip ts 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: 15-0024
 Period: From 01/01/2021 To 12/31/2021
 Worksheet A-8-1
 Date/Time Prepared: 5/30/2022 10:34 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HHC CAPITAL COSTS	9,386,742	0 1.00
2.00	5.05	OTHER ADMINISTRATIVE AND GEN	HHC OPERATING COSTS	54,092,621	0 2.00
3.00	0.00			0	0 3.00
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			63,479,363	0 5.00

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

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

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

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

6.00	G	HEALTH AND HOSP	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:	FINANCIAL				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: 15-0024

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2022 10:34 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	9,386,742	9		1.00
2.00	54,092,621	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	63,479,363			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: 15-0024

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2022 10:34 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	23,294,960	23,294,960	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	33,688	33,688	0	0	0	2.00
3.00	40.00	SUBPROVIDER - IPF	681,788	681,788	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	60,187	60,187	0	0	0	4.00
5.00	90.22	OP BURN CLINIC	61,971	61,971	0	0	0	5.00
6.00	90.18	PSYCHIATRIC CLINIC	2,750,335	2,750,335	0	0	0	6.00
7.00	90.26	WCOE/SENIOR CARE CLINIC	32,885	32,885	0	0	0	7.00
8.00	91.00	EMERGENCY	3,373,674	715,785	1,694,215	171,400	17,520	8.00
9.00	95.00	AMBULANCE SERVICES	4,145	4,145	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			30,293,633	27,635,744	1,694,215		17,520	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	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	90.22	OP BURN CLINIC	0	0	0	0	0	5.00
6.00	90.18	PSYCHIATRIC CLINIC	0	0	0	0	0	6.00
7.00	90.26	WCOE/SENIOR CARE CLINIC	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	1,443,715	72,186	0	0	0	8.00
9.00	95.00	AMBULANCE SERVICES	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,443,715	72,186	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	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	23,294,960		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	33,688		2.00
3.00	40.00	SUBPROVIDER - IPF	0	0	0	681,788		3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	60,187		4.00
5.00	90.22	OP BURN CLINIC	0	0	0	61,971		5.00
6.00	90.18	PSYCHIATRIC CLINIC	0	0	0	2,750,335		6.00
7.00	90.26	WCOE/SENIOR CARE CLINIC	0	0	0	32,885		7.00
8.00	91.00	EMERGENCY	0	1,443,715	250,500	1,929,959		8.00
9.00	95.00	AMBULANCE SERVICES	0	0	0	4,145		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	1,443,715	250,500	28,849,918		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	58,272,057	58,272,057			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,759,202	448,985	0	7,208,187	4.00
5.01 00540	NONPATIENT TELEPHONES	1,996,189	15,407	0	6,369	5.01
5.02 00560	PURCHASING RECEIVING AND STORES	7,033,083	800,831	0	82,972	5.02
5.03 00570	ADMITTING	15,096,684	254,050	0	255,996	5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	13,799,772	478,315	0	161,351	5.04
5.05 00591	OTHER ADMINISTRATION AND GENERAL	135,843,518	5,101,551	0	771,036	5.05
6.00 00600	MAINTENANCE & REPAIRS	5,355,158	607,791	0	39,573	6.00
7.00 00700	OPERATION OF PLANT	23,129,104	8,031,671	0	132,671	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,964,968	14,171	0	5,707	8.00
9.00 00900	HOUSEKEEPING	6,546,652	533,434	0	95,513	9.00
10.00 01000	DIETARY	4,405,084	689,811	0	80,421	10.00
11.00 01100	CAFETERIA	3,899,948	926,765	0	55,943	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	4,223,069	140,681	0	63,696	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,224,798	14,130	0	17,217	14.00
15.00 01500	PHARMACY	43,306,242	898,999	0	218,960	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,437,116	114,110	0	89,375	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING PROGRAM	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	15,328,675	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-AMBULANCE	1,340,852	0	0	28,382	23.00
23.01 02301	PARAMED ED PRGM-PHARMACY	532,764	0	0	12,673	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	64,696,300	6,352,974	0	1,027,849	30.00
31.00 03100	INTENSIVE CARE UNIT	22,999,139	2,258,559	0	350,431	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	4,990,442	972,285	0	75,664	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	5,550,910	807,835	0	88,726	34.01
40.00 04000	SUBPROVIDER - I PF	4,852,037	1,269,466	0	103,111	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	2,252,900	320,868	0	38,396	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	22,850,404	2,170,237	0	174,396	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	2,762,423	261,341	0	30,001	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	16,590,873	1,243,307	0	190,008	54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	739,120	168,652	0	6,467	56.00
57.00 05700	CT SCAN	2,229,390	127,251	0	32,733	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	17,167,599	791,480	0	132,062	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	3,083,281	78,435	0	38	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	7,998,806	116,088	0	134,372	65.00
65.01 03560	PULMONARY FUNCTION TESTING	424,904	0	0	7,437	65.01
66.00 06600	PHYSICAL THERAPY	5,167,274	348,345	0	94,613	66.00
67.00 06700	OCCUPATIONAL THERAPY	3,351,128	205,769	0	62,308	67.00
68.00 06800	SPEECH PATHOLOGY	1,353,380	11,864	0	24,449	68.00
69.00 06900	ELECTROCARDIOLOGY	3,953,295	652,653	0	65,418	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	689,953	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	17,673,532	0	0	0	72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2022 10:34 am

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
73.00	07300 DRUGS CHARGED TO PATIENTS	264,221	0	0	0	0	73.00
73.01	07301 RETAIL PHARMACIES	44,527,343	465,257	0	147,688	8,749	73.01
74.00	07400 RENAL DIALYSIS	1,485,183	137,179	0	0	1,009	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	2,573,523	1,076,879	0	108,487	43,408	90.01
90.02	09002 OB/GYN CLINIC	1,330,001	545,546	0	21,990	20,526	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	1,230,346	409,025	0	19,726	8,412	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	3,687,394	1,138,095	0	52,616	42,062	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	3,542,041	721,490	0	45,538	16,825	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	535,764	182,700	0	7,421	4,711	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	134,535	22,451	0	1,871	99,266	90.17
90.18	09018 PSYCHIATRIC CLINIC	12,908,465	1,909,266	0	305,408	206,945	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	174,240	247	0	3,153	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	524,655	151,351	0	7,316	336	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	138,629	1,771	0	2,356	2,692	90.24
90.25	09025 WOUND/OSTOMY CLINIC	260,833	865	0	4,723	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	1,825,616	510,777	0	34,154	54,176	90.26
90.27	09027 TRANSGENDER CLINIC	429,719	3,254	0	8,982	0	90.27
91.00	09100 EMERGENCY	22,733,795	2,767,070	0	372,426	79,413	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	2,261,321	215,615	0	41,625	3,365	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	27,712,183	551,066	0	418,179	23,555	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	696,151,832	48,038,015	0	6,359,993	1,621,910	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	165,135	0	0	2,767	1,682	190.00
190.01	19001 RETAIL SPA	187,602	27,683	0	2,334	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	937,602	49,146	0	3,955	43,071	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	940,602	27,848	0	15,914	13,123	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
193.03 19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04 19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05 19305 LV BEAUTY	0	0	0	0	0	193.05
193.06 19306 LV DAYCARE	0	0	0	0	0	193.06
193.07 19307 MIDTOWN NRCCS	9,072,344	1,705,845	0	129,811	12,787	193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTR	10,631,227	206,016	0	152,430	46,100	193.08
193.09 19309 DME	1,127,649	52,482	0	3,565	3,365	193.09
193.10 19310 PROFESSIONAL BILLING	2,731,851	63,646	0	44,847	12,114	193.10
193.11 19311 FOHC	38,749,583	8,101,376	0	492,571	263,813	193.11
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	760,695,427	58,272,057	0	7,208,187	2,017,965	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES	7,931,692					5.02
5.03	00570	ADMINISTRATIVE	6,362	15,648,761				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	10,362	0	14,517,099			5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	142,335	0	0	142,150,519	142,150,519	5.05
6.00	00600	MAINTENANCE & REPAIRS	259,585	0	0	6,263,453	1,439,429	6.00
7.00	00700	OPERATION OF PLANT	145,789	0	0	31,468,510	7,231,904	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,359	0	0	2,007,205	461,284	8.00
9.00	00900	HOUSEKEEPING	47,990	0	0	7,228,300	1,661,165	9.00
10.00	01000	DIETARY	20,178	0	0	5,207,608	1,196,781	10.00
11.00	01100	CAFETERIA	29,085	0	0	4,918,471	1,130,333	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	7,453	0	0	4,438,937	1,020,130	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,361	0	0	2,276,899	523,263	14.00
15.00	01500	PHARMACY	157,787	0	0	44,610,254	10,252,061	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,726	0	0	5,665,853	1,302,092	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	15,328,675	3,522,744	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-AMBULANCE	16,179	0	0	1,385,413	318,387	23.00
23.01	02301	PARAMEDICAL PRGM-PHARMACY	0	0	0	545,437	125,349	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,306,101	1,200,528	999,627	75,711,584	17,399,822	30.00
31.00	03100	INTENSIVE CARE UNIT	539,347	853,791	710,914	27,779,144	6,384,036	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	201,051	422,452	351,757	7,047,974	1,619,723	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	186,145	171,839	143,083	6,956,950	1,598,805	34.01
40.00	04000	SUBPROVIDER - IPF	51,626	150,894	125,643	6,581,043	1,512,416	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	79,075	40,686	33,877	2,774,551	637,631	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	540,801	1,629,730	1,357,004	28,792,900	6,617,012	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	137,427	289,700	241,220	3,733,889	858,100	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	498,628	1,105,998	920,916	20,588,764	4,731,586	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	6,362	48,963	40,769	1,013,698	232,962	56.00
57.00	05700	CT SCAN	30,903	597,012	497,106	3,517,760	808,430	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,692	619	59.00
60.00	06000	LABORATORY	251,404	1,452,656	1,209,563	21,029,665	4,832,911	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	15,997	197,486	164,438	3,542,030	814,008	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	291,033	707,754	589,316	9,845,108	2,262,544	65.00
65.01	03560	PULMONARY FUNCTION TESTING	8,544	19,582	16,305	479,127	110,110	65.01
66.00	06600	PHYSICAL THERAPY	85,438	127,255	105,960	5,949,075	1,367,181	66.00
67.00	06700	OCCUPATIONAL THERAPY	26,177	74,706	62,204	3,783,974	869,610	67.00
68.00	06800	SPEECH PATHOLOGY	6,544	26,234	21,844	1,444,988	332,078	68.00
69.00	06900	ELECTROCARDIOLOGY	134,155	308,983	257,277	5,389,615	1,238,609	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	100,344	465,312	387,445	1,643,054	377,597	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	418,462	311,915	259,718	18,663,627	4,289,163	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,897	1,346,956	1,121,551	2,795,625	642,474	73.00
73.01	07301	RETAIL PHARMACIES	60,897	992,305	826,249	47,028,488	10,807,805	73.01
74.00	07400	RENAL DIALYSIS	16,542	45,862	38,187	1,723,962	396,191	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
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Cost Center Description		PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.04	5A.04	5.05	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	56,171	130,891	108,987	4,098,346	941,857	90.01
90.02	09002 OB/GYN CLINIC	69,441	0	57,617	2,045,121	469,997	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	13,270	94,496	78,683	1,853,958	426,066	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	185,963	203,098	169,111	5,478,339	1,258,999	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	99,798	255,843	213,029	4,894,564	1,124,839	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	14,724	18,462	15,373	779,155	179,061	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	12,361	0	1	270,485	62,161	90.17
90.18	09018 PSYCHIATRIC CLINIC	71,986	0	122,866	15,524,936	3,567,848	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	182	493	411	178,726	41,074	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	36,356	0	12,542	732,556	168,352	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	3,272	3,643	3,033	155,396	35,712	90.24
90.25	09025 WOUND/OSTOMY CLINIC	8,726	1,112	926	277,185	63,701	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	30,721	0	11,352	2,466,796	566,904	90.26
90.27	09027 TRANSGENDER CLINIC	6,908	0	7,810	456,673	104,950	90.27
91.00	09100 EMERGENCY	574,249	2,156,551	1,795,497	30,479,001	7,004,501	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART) -CD	182	194,459	161,918	2,878,485	661,516	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	117,976	0	1,268,585	30,091,544	6,915,458	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	7,242,737	15,647,647	14,509,714	683,976,087	124,519,341	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	364	0	0	169,948	39,056	190.00
190.01	19001 RETAIL SPA	21,087	0	0	238,706	54,858	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	4,545	1,114	928	1,040,361	239,090	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	364	0	0	997,851	229,320	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDTOWN NRCCS	46,354	0	6,457	10,973,598	2,521,886	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTR	63,442	0	0	11,099,215	2,550,755	193.08
193.09	19309 DME	75,621	0	0	1,262,682	290,182	193.09
193.10	19310 PROFESSIONAL BILLING	3,272	0	0	2,855,730	656,287	193.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
193.11	19311	FQHC	473,906	0	0	48,081,249	11,049,744	193.11
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)	7,931,692	15,648,761	14,517,099	760,695,427	142,150,519	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS	7,702,882					6.00
7.00	00700	OPERATION OF PLANT	1,223,512	39,923,926				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,159	13,302	2,483,950			8.00
9.00	00900	HOUSEKEEPING	81,261	500,707	0	9,471,433		9.00
10.00	01000	DIETARY	105,083	647,489	0	362,705	7,519,666	10.00
11.00	01100	CAFETERIA	141,179	869,905	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	21,431	132,050	401,985	22,104	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,152	13,263	0	0	0	14.00
15.00	01500	PHARMACY	136,950	843,843	0	356,759	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,383	107,109	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	967,786	5,963,204	722,815	2,224,703	4,685,280	30.00
31.00	03100	INTENSIVE CARE UNIT	344,059	2,119,991	330,923	781,703	1,763,036	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	148,114	912,633	120,493	337,758	266,014	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	123,062	758,272	21,759	268,474	0	34.01
40.00	04000	SUBPROVIDER - I PF	193,385	1,191,581	0	221,617	805,336	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	48,880	301,182	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	330,605	2,037,087	199,623	845,040	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	39,812	245,307	0	84,278	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	189,400	1,167,027	70,505	485,244	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	25,692	158,305	0	58,490	0	56.00
57.00	05700	CT SCAN	19,385	119,444	0	44,466	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	120,571	742,921	0	271,899	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,949	73,623	0	26,563	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	17,684	108,965	0	39,618	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	53,065	326,973	0	8,337	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	31,346	193,145	0	64,178	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,807	11,136	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	99,422	612,611	0	210,371	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
73.01	07301	RETAIL PHARMACIES	70,875	436,712	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	20,897	128,763	27,691	46,986	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	164,047	1,010,810	0	393,857	0	90.01
90.02	09002 OB/GYN CLINIC	83,106	512,075	0	159,314	0	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	62,309	383,931	0	101,857	0	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	173,373	1,068,270	0	300,789	0	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	109,909	677,225	49,811	204,813	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	27,832	171,491	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	3,420	21,074	0	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	290,850	1,792,128	0	60,300	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	38	232	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	23,056	142,065	0	36,516	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	270	1,663	0	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	132	812	0	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	77,810	479,440	0	79,624	0	90.26
90.27	09027 TRANSGENDER CLINIC	496	3,055	0	129	0	90.27
91.00	09100 EMERGENCY	421,524	2,597,304	468,884	909,800	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	32,846	202,386	0	75,359	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	83,947	517,257	69,461	7,626	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	6,143,871	30,317,768	2,483,950	9,091,277	7,519,666	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	5,623	0	190.00
190.01	19001 RETAIL SPA	4,217	25,985	0	9,371	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	7,487	46,130	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	4,242	26,139	0	39,489	0	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	18,161	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDDLETOWN NRCCS	259,861	1,601,187	0	38,326	0	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTR	31,384	193,377	0	116,141	0	193.08
193.09	19309 DME	7,995	49,263	0	25,594	0	193.09
193.10	19310 PROFESSIONAL BILLING	9,696	59,741	0	0	0	193.10
193.11	19311 FOHC	1,234,129	7,604,336	0	127,451	0	193.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
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Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
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)	7,702,882	39,923,926	2,483,950	9,471,433	7,519,666	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

Period:
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To 12/31/2021

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Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00591						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	7,059,888					11.00
12.00	01200		0				12.00
13.00	01300	88,875	0	6,125,512			13.00
14.00	01400	58,292	0	0	2,873,869		14.00
15.00	01500	320,724	0	0	0	56,520,591	15.00
16.00	01600	189,731	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	71,754	0	0	0	0	23.00
23.01	02301	34,939	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,487,047	0	2,616,190	0	0	30.00
31.00	03100	595,943	0	1,048,455	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	125,660	0	221,077	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
34.01	02060	142,574	0	250,834	0	0	34.01
40.00	04000	215,181	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	61,520	0	108,234	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	346,373	0	609,381	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	61,375	0	0	0	0	53.00
54.00	05400	333,291	0	0	0	0	54.00
54.01	03470	0	0	0	0	0	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	10,946	0	0	0	0	56.00
57.00	05700	49,590	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	277,201	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	55	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	198,962	0	0	0	0	65.00
65.01	03560	9,325	0	0	0	0	65.01
66.00	06600	175,276	0	0	0	0	66.00
67.00	06700	107,254	0	0	0	0	67.00
68.00	06800	38,683	0	0	0	0	68.00
69.00	06900	121,214	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	555,843	0	71.00
72.00	07200	0	0	0	2,318,026	0	72.00
73.00	07300	0	0	0	0	56,520,591	73.00
73.01	07301	245,157	0	0	0	0	73.01
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
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Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	124,548	0	0	0	0	90.01
90.02	09002 OB/GYN CLINIC	57,003	0	0	0	0	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	54,320	0	0	0	0	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	150,532	0	0	0	0	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	92,619	0	0	0	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	18,631	0	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	3,939	0	0	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	92,529	0	0	0	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	6,761	0	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	18,773	0	0	0	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	5,432	0	0	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	7,672	0	0	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	89,634	0	0	0	0	90.26
90.27	09027 TRANSGENDER CLINIC	22,054	0	0	0	0	90.27
91.00	09100 EMERGENCY	654,267	0	1,151,066	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART) -CD	68,364	0	120,275	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	6,834,020	0	6,125,512	2,873,869	56,520,591	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,699	0	0	0	0	190.00
190.01	19001 RETAIL SPA	6,560	0	0	0	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	9,607	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	37,711	0	0	0	0	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDTOWN NRCCS	0	0	0	0	0	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTR	0	0	0	0	0	193.08
193.09	19309 DME	8,586	0	0	0	0	193.09
193.10	19310 PROFESSIONAL BILLING	136,232	0	0	0	0	193.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

Period:
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To 12/31/2021

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Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
193.11	19311 FQHC	17,473	0	0	0	0	193.11
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)	7,059,888	0	6,125,512	2,873,869	56,520,591	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
	16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00560 PURCHASING RECEIVING AND STORES						5.02
5.03 00570 ADMIN TTING						5.03
5.04 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 00591 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	7,282,168					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 02000 NURSING PROGRAM	0	0	0		0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00 02300 PARAMED ED PRGM-AMBULANCE	0	0	0			23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	501,469	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	356,634	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	176,461	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	71,778	0	0	0	0	34.01
40.00 04000 SUBPROVIDER - I PF	63,030	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	16,995	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	680,749	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	121,010	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	461,983	0	0	0	0	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	20,452	0	0	0	0	56.00
57.00 05700 CT SCAN	249,376	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	606,784	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	82,491	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	295,634	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	8,179	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	53,155	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	31,205	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	10,958	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	129,064	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	194,364	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	130,289	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	562,633	0	0	0	0	73.00
73.01 07301 RETAIL PHARMACIES	414,493	0	0	0	0	73.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

Period:
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To 12/31/2021

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
					16.00			
74.00	07400	RENAL DIALYSIS	19,157	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	54,674	0	0	0	0	90.01
90.02	09002	OB/GYN CLINIC	28,904	0	0	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	39,472	0	0	0	0	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	84,835	0	0	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	106,867	0	0	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	7,712	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	1	0	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	61,637	0	0	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	206	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	6,292	0	0	0	0	90.22
90.23	09023	BARITRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	1,522	0	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	465	0	0	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	5,695	0	0	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	3,918	0	0	0	0	90.27
91.00	09100	EMERGENCY	900,301	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)-CD	81,227	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	636,393	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,278,464	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	RETAIL SPA	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	465	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	0	0	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM		
					16.00				17.00
193.07	19307	MIDTOWN NRCCS	3,239	0	0	0	0	0	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	0	0	0	0	0	193.08
193.09	19309	DME	0	0	0	0	0	0	193.09
193.10	19310	PROFESSIONAL BILLING	0	0	0	0	0	0	193.10
193.11	19311	FQHC	0	0	0	0	0	0	193.11
200.00		Cross Foot Adjustments					0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,282,168	0	0	0	0	0	202.00

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM-AMBULANCE	PARAMED PRGM-PHARMACY	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00	23.00	23.01	24.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00560	PURCHASING RECEIVING AND STORES					5.02
5.03 00570	ADMINISTRATIVE					5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING PROGRAM					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	18,851,419				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300	PARAMED PRGM-AMBULANCE			1,775,554		23.00
23.01 02301	PARAMED PRGM-PHARMACY				705,725	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	4,357,164	0	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	711,374	0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	88,922	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	177,844	0	0	0	34.01
40.00 04000	SUBPROVIDER - IPF	88,922	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	177,844	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,867,358	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	1,067,061	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	533,531	0	0	0	54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	177,844	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01 03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	88,922	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	705,725	73.00
73.01 07301	RETAIL PHARMACIES	0	0	0	0	73.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B Part I Date/Time Prepared: 5/30/2022 10:34 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED PRGM-AMBULANCE	PARAMED PRGM-PHARMACY	Subtotal	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
74.00	07400	RENAL DIALYSIS	88,922	0	0	0	2,452,569	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	444,609	0	0	0	7,232,748	90.01
90.02	09002	OB/GYN CLINIC	1,600,592	0	0	0	4,956,112	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	88,922	0	0	0	3,010,835	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	800,296	0	0	0	9,315,433	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	177,844	0	0	0	7,438,491	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	0	1,183,882	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	1,778,436	0	0	0	2,139,516	90.17
90.18	09018	PSYCHIATRIC CLINIC	533,531	0	0	0	21,923,759	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0	227,037	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0	0	0	0	1,127,610	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	88,922	0	0	0	288,917	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0	0	349,967	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	88,922	0	0	0	3,854,825	90.26
90.27	09027	TRANSGENER CLINIC	0	0	0	0	591,275	90.27
91.00	09100	EMERGENCY	1,956,279	0	0	0	46,542,927	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	0	4,120,458	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	88,922	0	1,775,554	0	40,186,162	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,072,983	0	1,775,554	705,725	652,791,576	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	224,326	190.00
190.01	19001	RETAIL SPA	0	0	0	0	339,697	190.01
191.00	19100	RESEARCH	355,687	0	0	0	355,687	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,343,140	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	0	1,334,752	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	0	18,161	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-AMBULANCE	PARAMED ED PRGM-PHARMACY	Subtotal	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
193.07	19307	MIDTOWN NRCCS	0	0	0	0	15,398,097	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	0	0	0	13,990,872	193.08
193.09	19309	DME	0	0	0	0	1,644,302	193.09
193.10	19310	PROFESSIONAL BILLING	0	0	0	0	3,717,686	193.10
193.11	19311	FQHC	1,422,749	0	0	0	69,537,131	193.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	18,851,419	0	1,775,554	705,725	760,695,427	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00560	PURCHASING RECEIVING AND STORES		5.02
5.03	00570	ADMINISTRATIVE		5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING PROGRAM		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-AMBULANCE		23.00
23.01	02301	PARAMED ED PRGM-PHARMACY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-4,357,164	112,279,900
31.00	03100	INTENSIVE CARE UNIT	-711,374	41,503,924
32.00	03200	CORONARY CARE UNIT	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	-88,922	10,975,907
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	-177,844	10,192,508
40.00	04000	SUBPROVIDER - IPF	-88,922	10,783,589
41.00	04100	SUBPROVIDER - I RF	0	0
42.00	04200	SUBPROVIDER	0	0
43.00	04300	NURSERY	-177,844	3,948,993
44.00	04400	SKILLED NURSING FACILITY	0	0
45.00	04500	NURSING FACILITY	0	0
46.00	04600	OTHER LONG TERM CARE	0	0
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-1,867,358	40,458,770
51.00	05100	RECOVERY ROOM	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0
53.00	05300	ANESTHESIOLOGY	-1,067,061	5,143,771
54.00	05400	RADIOLOGY-DIAGNOSTIC	-533,531	28,027,800
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0
56.00	05600	RADIOISOTOPE	0	1,520,545
57.00	05700	CT SCAN	-177,844	4,808,451
58.00	05800	MRI	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	3,311
60.00	06000	LABORATORY	0	27,881,952
60.01	06001	BLOOD LABORATORY	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,550,719
64.00	06400	INTRAVENOUS THERAPY	0	0
65.00	06500	RESPIRATORY THERAPY	0	12,768,515
65.01	03560	PULMONARY FUNCTION TESTING	0	606,741
66.00	06600	PHYSICAL THERAPY	0	7,933,062
67.00	06700	OCCUPATIONAL THERAPY	0	5,080,712
68.00	06800	SPEECH PATHOLOGY	0	1,839,650
69.00	06900	ELECTROCARDIOLOGY	-88,922	7,800,906
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,770,858
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	25,401,105
73.00	07300	DRUGS CHARGED TO PATIENTS	0	61,227,048
73.01	07301	RETAIL PHARMACIES	0	59,003,530

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
74.00	07400	RENAL DIALYSIS	-88,922	2,363,647	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	MEDICINE CLINIC	-444,609	6,788,139	90.01
90.02	09002	OB/GYN CLINIC	-1,600,592	3,355,520	90.02
90.03	09003	ORTHO CLINIC	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	-88,922	2,921,913	90.07
90.08	09008	ENT CLINIC	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	90.09
90.10	09010	SPECIALTY CLINIC	-800,296	8,515,137	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	-177,844	7,260,647	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	1,183,882	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	90.16
90.17	09017	CHC CLINIC	-1,778,436	361,080	90.17
90.18	09018	PSYCHIATRIC CLINIC	-533,531	21,390,228	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	90.19
90.20	09020	DIETARY CLINIC	0	227,037	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	90.21
90.22	09022	OP BURN CLINIC	0	1,127,610	90.22
90.23	09023	BARIATRIC CLINIC	0	0	90.23
90.24	09024	PLASTICS CLINIC	-88,922	199,995	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	349,967	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	-88,922	3,765,903	90.26
90.27	09027	TRANSGENDER CLINIC	0	591,275	90.27
91.00	09100	EMERGENCY	-1,956,279	44,586,648	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0	4,120,458	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	-88,922	40,097,240	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-17,072,983	635,718,593	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	224,326	190.00
190.01	19001	RETAIL SPA	0	339,697	190.01
191.00	19100	RESEARCH	-355,687	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,343,140	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	1,334,752	193.01
193.02	19302	RENTAL SPACE	0	0	193.02
193.03	19303	UNUSED SPACE	0	18,161	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	193.04
193.05	19305	LV BEAUTY	0	0	193.05
193.06	19306	LV DAYCARE	0	0	193.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

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Part I
Date/Time Prepared:
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
193.07	19307	MIDTOWN NRCCS	0	15,398,097	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	13,990,872	193.08
193.09	19309	DME	0	1,644,302	193.09
193.10	19310	PROFESSIONAL BILLING	0	3,717,686	193.10
193.11	19311	FQHC	-1,422,749	68,114,382	193.11
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	-18,851,419	741,844,008	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,696	448,985	0	450,681	450,681 4.00
5.01 00540	NONPATIENT TELEPHONES	3,421	15,407	0	18,828	398 5.01
5.02 00560	PURCHASING RECEIVING AND STORES	31,695	800,831	0	832,526	5,188 5.02
5.03 00570	ADMITTING	0	254,050	0	254,050	16,006 5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	7,948	478,315	0	486,263	10,089 5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL	4,376,751	5,101,551	0	9,478,302	48,210 5.05
6.00 00600	MAINTENANCE & REPAIRS	363,817	607,791	0	971,608	2,474 6.00
7.00 00700	OPERATION OF PLANT	348,786	8,031,671	0	8,380,457	8,295 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	14,171	0	14,171	357 8.00
9.00 00900	HOUSEKEEPING	24,539	533,434	0	557,973	5,972 9.00
10.00 01000	DIETARY	68,812	689,811	0	758,623	5,028 10.00
11.00 01100	CAFETERIA	20,089	926,765	0	946,854	3,498 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	256,654	140,681	0	397,335	3,983 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,370	14,130	0	21,500	1,077 14.00
15.00 01500	PHARMACY	422,855	898,999	0	1,321,854	13,691 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	114,110	0	114,110	5,588 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0 18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING PROGRAM	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	1,775 23.00
23.01 02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	792 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	998,751	6,352,974	0	7,351,725	64,252 30.00
31.00 03100	INTENSIVE CARE UNIT	93,509	2,258,559	0	2,352,068	21,911 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	16,566	972,285	0	988,851	4,731 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	4,759	807,835	0	812,594	5,548 34.01
40.00 04000	SUBPROVIDER - I PF	15,909	1,269,466	0	1,285,375	6,447 40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	320,868	0	320,868	2,401 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,356,174	2,170,237	0	3,526,411	10,904 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	14,486	261,341	0	275,827	1,876 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,332,964	1,243,307	0	2,576,271	11,880 54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	52,232	168,652	0	220,884	404 56.00
57.00 05700	CT SCAN	9,835	127,251	0	137,086	2,047 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	201,241	791,480	0	992,721	8,257 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	21,385	78,435	0	99,820	2 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	104,849	116,088	0	220,937	8,402 65.00
65.01 03560	PULMONARY FUNCTION TESTING	23,625	0	0	23,625	465 65.01
66.00 06600	PHYSICAL THERAPY	32,390	348,345	0	380,735	5,916 66.00
67.00 06700	OCCUPATIONAL THERAPY	10,135	205,769	0	215,904	3,896 67.00
68.00 06800	SPEECH PATHOLOGY	0	11,864	0	11,864	1,529 68.00
69.00 06900	ELECTROCARDIOLOGY	145,286	652,653	0	797,939	4,090 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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2022 10:34 am

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	1.00	2.00	2A	4.00	
73.01 07301 RETAIL PHARMACIES	15,306	465,257	0	480,563	9,234	73.01
74.00 07400 RENAL DIALYSIS	42	137,179	0	137,221	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 MEDICINE CLINIC	81,845	1,076,879	0	1,158,724	6,783	90.01
90.02 09002 OB/GYN CLINIC	11,073	545,546	0	556,619	1,375	90.02
90.03 09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	18,378	409,025	0	427,403	1,233	90.07
90.08 09008 ENT CLINIC	0	0	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10 09010 SPECIALTY CLINIC	58,509	1,138,095	0	1,196,604	3,290	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	721,490	0	721,490	2,847	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	182,700	0	182,700	464	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17 09017 CHC CLINIC	3,649	22,451	0	26,100	117	90.17
90.18 09018 PSYCHIATRIC CLINIC	137,643	1,909,266	0	2,046,909	19,096	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	247	0	247	197	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	151,351	0	151,351	457	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24 09024 PLASTICS CLINIC	0	1,771	0	1,771	147	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	865	0	865	295	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	4,211	510,777	0	514,988	2,135	90.26
90.27 09027 TRANSGENDER CLINIC	0	3,254	0	3,254	562	90.27
91.00 09100 EMERGENCY	87,664	2,767,070	0	2,854,734	23,286	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	215,615	0	215,615	2,603	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	1,513,818	551,066	0	2,064,884	26,147	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	12,300,667	48,038,015	0	60,338,682	397,647	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	173	190.00
190.01 19001 RETAIL SPA	0	27,683	0	27,683	146	190.01
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	49,146	0	49,146	247	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS	23,882	27,848	0	51,730	995	193.01
193.02 19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03 19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04 19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2022 10:34 am

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	1.00	2.00	2A	4.00	
193.05 19305 LV BEAUTY	0	0	0	0	0	193.05
193.06 19306 LV DAYCARE	0	0	0	0	0	193.06
193.07 19307 MIDTOWN NRCCS	26,320	1,705,845	0	1,732,165	8,117	193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTR	3,125	206,016	0	209,141	9,531	193.08
193.09 19309 DME	0	52,482	0	52,482	223	193.09
193.10 19310 PROFESSIONAL BILLING	0	63,646	0	63,646	2,804	193.10
193.11 19311 FOHC	511,789	8,101,376	0	8,613,165	30,798	193.11
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)	12,865,783	58,272,057	0	71,137,840	450,681	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/30/2022 10:34 am	
Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	19,226					5.01
5.02	00560	PURCHASING RECEIVING AND STORES	141	837,855				5.02
5.03	00570	ADMINITTING	340	672	271,068			5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	641	1,095	0	498,088		5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	2,786	15,035	0	0	9,544,333	5.05
6.00	00600	MAINTENANCE & REPAIRS	13	27,421	0	0	96,645	6.00
7.00	00700	OPERATION OF PLANT	279	15,400	0	0	485,559	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,362	0	0	30,971	8.00
9.00	00900	HOUSEKEEPING	45	5,069	0	0	111,533	9.00
10.00	01000	DIETARY	115	2,131	0	0	80,353	10.00
11.00	01100	CAFETERIA	64	3,072	0	0	75,892	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	38	787	0	0	68,493	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	61	1,517	0	0	35,133	14.00
15.00	01500	PHARMACY	269	16,668	0	0	688,336	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	196	499	0	0	87,424	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	236,521	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	1,709	0	0	21,377	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	8,416	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,221	137,972	20,735	34,326	1,168,414	30.00
31.00	03100	INTENSIVE CARE UNIT	638	56,973	14,746	24,412	428,632	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	327	21,238	7,296	12,079	108,750	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	80	19,663	2,968	4,913	107,346	34.01
40.00	04000	SUBPROVIDER - IPF	269	5,453	2,606	4,314	101,545	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	83	8,353	703	1,163	42,811	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	670	57,127	28,148	46,598	444,274	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	112	14,517	5,004	8,283	57,614	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	372	52,672	19,102	31,623	317,685	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	32	672	846	1,400	15,641	56.00
57.00	05700	CT SCAN	32	3,264	10,311	17,070	54,279	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	26	0	0	0	42	59.00
60.00	06000	LABORATORY	237	26,557	25,089	41,535	324,488	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	22	1,690	3,411	5,647	54,654	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	74	30,743	12,224	20,236	151,910	65.00
65.01	03560	PULMONARY FUNCTION TESTING	22	903	338	560	7,393	65.01
66.00	06600	PHYSICAL THERAPY	192	9,025	2,198	3,639	91,794	66.00
67.00	06700	OCCUPATIONAL THERAPY	16	2,765	1,290	2,136	58,387	67.00
68.00	06800	SPEECH PATHOLOGY	6	691	453	750	22,296	68.00
69.00	06900	ELECTROCARDIOLOGY	170	14,171	5,337	8,834	83,162	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,600	8,037	13,304	25,352	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	44,204	5,387	8,918	287,980	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,644	23,264	38,512	43,136	73.00
73.01	07301	RETAIL PHARMACIES	83	6,433	17,139	28,372	725,650	73.01
74.00	07400	RENAL DIALYSIS	10	1,747	792	1,311	26,601	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/30/2022 10:34 am	
Cost Center Description		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
		5.01	5.02	5.03	5.04	5.05	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	414	5,934	2,261	3,742	63,237	90.01
90.02	09002 OB/GYN CLINIC	196	7,335	0	1,978	31,556	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	80	1,402	1,632	2,702	28,607	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	401	19,644	3,508	5,807	84,531	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	160	10,542	4,419	7,315	75,523	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	45	1,555	319	528	12,022	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	946	1,306	0	0	4,174	90.17
90.18	09018 PSYCHIATRIC CLINIC	1,972	7,604	0	4,219	239,550	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	0	19	9	14	2,758	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	3	3,840	0	431	11,303	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	26	346	63	104	2,398	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	922	19	32	4,277	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	516	3,245	0	390	38,063	90.26
90.27	09027 TRANSGENDER CLINIC	0	730	0	268	7,046	90.27
91.00	09100 EMERGENCY	757	60,660	38,036	61,248	470,291	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART) -CD	32	19	3,359	5,560	44,415	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	224	12,462	0	43,561	464,313	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	15,454	765,079	271,049	497,834	8,360,553	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	16	38	0	0	2,622	190.00
190.01	19001 RETAIL SPA	0	2,227	0	0	3,683	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	410	480	19	32	16,053	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	125	38	0	0	15,397	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDTOWN NRCCS	122	4,897	0	222	169,323	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTR	439	6,702	0	0	171,261	193.08
193.09	19309 DME	32	7,988	0	0	19,483	193.09
193.10	19310 PROFESSIONAL BILLING	115	346	0	0	44,064	193.10

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/30/2022 10:34 am	
Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
193.11	19311	FQHC	2,513	50,060	0	0	741,894	193.11
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)	19,226	837,855	271,068	498,088	9,544,333	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/30/2022 10:34 am		
Cost Center Description				MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
				6.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS	1,098,161					6.00
7.00	00700	OPERATION OF PLANT	174,430	9,064,420				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	308	3,020	51,189			8.00
9.00	00900	HOUSEKEEPING	11,585	113,682	0	805,859		9.00
10.00	01000	DIETARY	14,981	147,007	0	30,860	1,039,098	10.00
11.00	01100	CAFETERIA	20,127	197,505	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,055	29,981	8,284	1,881	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	307	3,011	0	0	0	14.00
15.00	01500	PHARMACY	19,524	191,588	0	30,354	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,478	24,318	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	137,972	1,353,899	14,895	189,282	647,431	30.00
31.00	03100	INTENSIVE CARE UNIT	49,051	481,328	6,820	66,510	243,623	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	21,116	207,206	2,483	28,737	36,759	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	17,544	172,160	448	22,843	0	34.01
40.00	04000	SUBPROVIDER - I PF	27,570	270,539	0	18,856	111,285	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	6,969	68,381	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	47,133	462,505	4,114	71,899	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,676	55,695	0	7,171	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,002	264,965	1,453	41,286	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	3,663	35,942	0	4,977	0	56.00
57.00	05700	CT SCAN	2,764	27,119	0	3,783	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	17,189	168,674	0	23,134	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,703	16,716	0	2,260	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,521	24,740	0	3,371	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	7,565	74,237	0	709	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,469	43,852	0	5,460	0	67.00
68.00	06800	SPEECH PATHOLOGY	258	2,528	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	14,174	139,089	0	17,899	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
73.01	07301	RETAIL PHARMACIES	10,104	99,152	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	2,979	29,235	571	3,998	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/30/2022 10:34 am	
Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	23,387	229,497	0	33,511	0	90.01
90.02	09002	OB/GYN CLINIC	11,848	116,263	0	13,555	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	8,883	87,169	0	8,666	0	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	24,717	242,543	0	25,592	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	15,669	153,759	1,027	17,426	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	3,968	38,936	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	488	4,785	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	41,465	406,889	0	5,131	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	5	53	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	3,287	32,255	0	3,107	0	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	38	378	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	19	184	0	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	11,093	108,853	0	6,775	0	90.26
90.27	09027	TRANSGENDER CLINIC	71	694	0	11	0	90.27
91.00	09100	EMERGENCY	60,095	589,698	9,663	77,409	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	4,683	45,950	0	6,412	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	11,968	117,439	1,431	649	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	875,901	6,883,419	51,189	773,514	1,039,098	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	478	0	190.00
190.01	19001	RETAIL SPA	601	5,900	0	797	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,067	10,474	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	605	5,935	0	3,360	0	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	1,545	0	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06
193.07	19307	MIDTOWN NRCCS	37,047	363,537	0	3,261	0	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	4,474	43,905	0	9,882	0	193.08
193.09	19309	DME	1,140	11,185	0	2,178	0	193.09
193.10	19310	PROFESSIONAL BILLING	1,382	13,564	0	0	0	193.10
193.11	19311	FQHC	175,944	1,726,501	0	10,844	0	193.11

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0024			Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/30/2022 10:34 am	
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		6.00	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	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,098,161	9,064,420	51,189	805,859	1,039,098		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00591						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,247,012					11.00
12.00	01200	0	0				12.00
13.00	01300	15,698	0	529,535			13.00
14.00	01400	10,296	0	0	72,902		14.00
15.00	01500	56,651	0	0	0	2,338,935	15.00
16.00	01600	33,513	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	12,674	0	0	0	0	23.00
23.01	02301	6,171	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	262,663	0	226,162	0	0	30.00
31.00	03100	105,263	0	90,636	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	22,196	0	19,112	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
34.01	02060	25,183	0	21,684	0	0	34.01
40.00	04000	38,008	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	10,867	0	9,357	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	61,181	0	52,680	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	10,841	0	0	0	0	53.00
54.00	05400	58,870	0	0	0	0	54.00
54.01	03470	0	0	0	0	0	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	1,933	0	0	0	0	56.00
57.00	05700	8,759	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	48,963	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	10	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	35,143	0	0	0	0	65.00
65.01	03560	1,647	0	0	0	0	65.01
66.00	06600	30,960	0	0	0	0	66.00
67.00	06700	18,945	0	0	0	0	67.00
68.00	06800	6,833	0	0	0	0	68.00
69.00	06900	21,410	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	14,100	0	71.00
72.00	07200	0	0	0	58,802	0	72.00
73.00	07300	0	0	0	0	2,338,935	73.00
73.01	07301	43,303	0	0	0	0	73.01
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/30/2022 10:34 am	
Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	21,999	0	0	0	0	90.01
90.02	09002 OB/GYN CLINIC	10,069	0	0	0	0	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	9,595	0	0	0	0	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	26,589	0	0	0	0	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	16,360	0	0	0	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	3,291	0	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	696	0	0	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	16,344	0	0	0	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	1,194	0	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	3,316	0	0	0	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	960	0	0	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	1,355	0	0	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	15,832	0	0	0	0	90.26
90.27	09027 TRANSGENDER CLINIC	3,895	0	0	0	0	90.27
91.00	09100 EMERGENCY	115,565	0	99,507	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART) -CD	12,075	0	10,397	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	1,207,116	0	529,535	72,902	2,338,935	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,713	0	0	0	0	190.00
190.01	19001 RETAIL SPA	1,159	0	0	0	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,697	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	6,661	0	0	0	0	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDTOWN NRCCS	0	0	0	0	0	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTR	0	0	0	0	0	193.08
193.09	19309 DME	1,517	0	0	0	0	193.09
193.10	19310 PROFESSIONAL BILLING	24,063	0	0	0	0	193.10

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/30/2022 10:34 am	
Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
193.11	19311	FQHC	3,086	0	0	0	0	193.11
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)	1,247,012	0	529,535	72,902	2,338,935	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
	16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00560 PURCHASING RECEIVING AND STORES						5.02
5.03 00570 ADMIN TTING						5.03
5.04 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 00591 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	268,126					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 02000 NURSING PROGRAM	0	0	0		0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00 02300 PARAMED ED PRGM-AMBULANCE	0	0	0			23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	18,470	0	0			30.00
31.00 03100 INTENSIVE CARE UNIT	13,135	0	0			31.00
32.00 03200 CORONARY CARE UNIT	0	0	0			32.00
33.00 03300 BURN INTENSIVE CARE UNIT	6,499	0	0			33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0			34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	2,644	0	0			34.01
40.00 04000 SUBPROVIDER - I PF	2,321	0	0			40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0			41.00
42.00 04200 SUBPROVIDER	0	0	0			42.00
43.00 04300 NURSERY	626	0	0			43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0			44.00
45.00 04500 NURSING FACILITY	0	0	0			45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0			46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	25,073	0	0			50.00
51.00 05100 RECOVERY ROOM	0	0	0			51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00 05300 ANESTHESIOLOGY	4,457	0	0			53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	17,015	0	0			54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0			54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00 05600 RADIOISOTOPE	753	0	0			56.00
57.00 05700 CT SCAN	9,185	0	0			57.00
58.00 05800 MRI	0	0	0			58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0			59.00
60.00 06000 LABORATORY	22,349	0	0			60.00
60.01 06001 BLOOD LABORATORY	0	0	0			60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0			62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	3,038	0	0			63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0			64.00
65.00 06500 RESPIRATORY THERAPY	10,889	0	0			65.00
65.01 03560 PULMONARY FUNCTION TESTING	301	0	0			65.01
66.00 06600 PHYSICAL THERAPY	1,958	0	0			66.00
67.00 06700 OCCUPATIONAL THERAPY	1,149	0	0			67.00
68.00 06800 SPEECH PATHOLOGY	404	0	0			68.00
69.00 06900 ELECTROCARDIOLOGY	4,754	0	0			69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0			70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	7,159	0	0			71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	4,799	0	0			72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	20,722	0	0			73.00
73.01 07301 RETAIL PHARMACIES	15,266	0	0			73.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
					16.00			
74.00	07400	RENAL DIALYSIS	706	0	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0			75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0			90.00
90.01	09001	MEDICINE CLINIC	2,014	0	0			90.01
90.02	09002	OB/GYN CLINIC	1,065	0	0			90.02
90.03	09003	ORTHO CLINIC	0	0	0			90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0			90.04
90.05	09005	DENTISTRY CLINIC	0	0	0			90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0			90.06
90.07	09007	OPHTHALMOLOGY CLINIC	1,454	0	0			90.07
90.08	09008	ENT CLINIC	0	0	0			90.08
90.09	09009	GERIATRIC CLINIC	0	0	0			90.09
90.10	09010	SPECIALTY CLINIC	3,125	0	0			90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0			90.11
90.12	09012	ENDOSCOPY CLINIC	3,936	0	0			90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	284	0	0			90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0			90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0			90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0			90.16
90.17	09017	CHC CLINIC	0	0	0			90.17
90.18	09018	PSYCHIATRIC CLINIC	2,270	0	0			90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0			90.19
90.20	09020	DIETARY CLINIC	8	0	0			90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0			90.21
90.22	09022	OP BURN CLINIC	232	0	0			90.22
90.23	09023	BARIATRIC CLINIC	0	0	0			90.23
90.24	09024	PLASTICS CLINIC	56	0	0			90.24
90.25	09025	WOUND/OSTOMY CLINIC	17	0	0			90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	210	0	0			90.26
90.27	09027	TRANSGENDER CLINIC	144	0	0			90.27
91.00	09100	EMERGENCY	33,072	0	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	2,992	0	0			92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0			94.00
95.00	09500	AMBULANCE SERVICES	23,439	0	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0			98.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE	0	0	0			113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	267,990	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
190.01	19001	RETAIL SPA	0	0	0			190.01
191.00	19100	RESEARCH	0	0	0			191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	17	0	0			192.00
193.00	19300	NONPAID WORKERS	0	0	0			193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	0	0			193.01
193.02	19302	RENTAL SPACE	0	0	0			193.02
193.03	19303	UNUSED SPACE	0	0	0			193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0			193.04
193.05	19305	LV BEAUTY	0	0	0			193.05
193.06	19306	LV DAYCARE	0	0	0			193.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

Period:
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To 12/31/2021

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
					(SPECIFY)			
			16.00	17.00	18.00	19.00	20.00	
193.07	19307	MIDTOWN NRCCS	119	0	0	0		193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	0	0			193.08
193.09	19309	DME	0	0	0			193.09
193.10	19310	PROFESSIONAL BILLING	0	0	0			193.10
193.11	19311	FOHC	0	0	0			193.11
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	268,126	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/30/2022 10:34 am
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM-AMBULANCE	PARAMED PRGM-PHARMACY	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00560	PURCHASING RECEIVING AND STORES					5.02
5.03 00570	ADMINISTRATIVE					5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING PROGRAM					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	236,521				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300	PARAMED PRGM-AMBULANCE			37,535		23.00
23.01 02301	PARAMED PRGM-PHARMACY				15,379	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS				11,629,419	30.00
31.00 03100	INTENSIVE CARE UNIT				3,955,746	31.00
32.00 03200	CORONARY CARE UNIT				0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT				1,487,380	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT				0	34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT				1,215,618	34.01
40.00 04000	SUBPROVIDER - IPF				1,874,588	40.00
41.00 04100	SUBPROVIDER - IRF				0	41.00
42.00 04200	SUBPROVIDER				0	42.00
43.00 04300	NURSERY				472,582	43.00
44.00 04400	SKILLED NURSING FACILITY				0	44.00
45.00 04500	NURSING FACILITY				0	45.00
46.00 04600	OTHER LONG TERM CARE				0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM				4,838,717	50.00
51.00 05100	RECOVERY ROOM				0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				0	52.00
53.00 05300	ANESTHESIOLOGY				447,073	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				3,420,196	54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC				0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC				0	55.00
56.00 05600	RADIOISOTOPE				287,147	56.00
57.00 05700	CT SCAN				275,699	57.00
58.00 05800	MRI				0	58.00
59.00 05900	CARDIAC CATHETERIZATION				68	59.00
60.00 06000	LABORATORY				1,699,193	60.00
60.01 06001	BLOOD LABORATORY				0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL				0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.				188,973	63.00
64.00 06400	INTRAVENOUS THERAPY				0	64.00
65.00 06500	RESPIRATORY THERAPY				521,190	65.00
65.01 03560	PULMONARY FUNCTION TESTING				35,254	65.01
66.00 06600	PHYSICAL THERAPY				608,928	66.00
67.00 06700	OCCUPATIONAL THERAPY				358,269	67.00
68.00 06800	SPEECH PATHOLOGY				47,612	68.00
69.00 06900	ELECTROCARDIOLOGY				1,111,029	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				78,552	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				410,090	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				2,471,213	73.00
73.01 07301	RETAIL PHARMACIES				1,435,299	73.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM-AMBULANCE	PARAMED PRGM-PHARMACY	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
74.00 07400 RENAL DIALYSIS			23.00	23.01	24.00	74.00
75.00 07500 ASC (NON-DISTINCT PART)					205,171	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC					0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00 09000 CLINIC					0	90.00
90.01 09001 MEDICINE CLINIC					1,551,503	90.01
90.02 09002 OB/GYN CLINIC					751,859	90.02
90.03 09003 ORTHO CLINIC					0	90.03
90.04 09004 PEDIATRICS CLINIC					0	90.04
90.05 09005 DENTISTRY CLINIC					0	90.05
90.06 09006 DERMATOLOGY CLINIC					0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC					578,826	90.07
90.08 09008 ENT CLINIC					0	90.08
90.09 09009 GERIATRIC CLINIC					0	90.09
90.10 09010 SPECIALTY CLINIC					1,636,351	90.10
90.11 09011 NEUROLOGY CLINIC					0	90.11
90.12 09012 ENDOSCOPY CLINIC					1,030,473	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC					244,112	90.13
90.14 09014 URGENT VISIT CLINIC					0	90.14
90.15 09015 SENIOR CARE CLINIC					0	90.15
90.16 09016 WOMENS VISIT CLINIC					0	90.16
90.17 09017 CHC CLINIC					38,612	90.17
90.18 09018 PSYCHIATRIC CLINIC					2,791,449	90.18
90.19 09019 ORAL SURGERY CLINIC					0	90.19
90.20 09020 DIETARY CLINIC					4,504	90.20
90.21 09021 CENTER OF EXCELLENCE					0	90.21
90.22 09022 OP BURN CLINIC					209,582	90.22
90.23 09023 BARIATRIC CLINIC					0	90.23
90.24 09024 PLASTICS CLINIC					6,287	90.24
90.25 09025 WOUND/OSTOMY CLINIC					7,985	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC					702,100	90.26
90.27 09027 TRANSGENDER CLINIC					16,675	90.27
91.00 09100 EMERGENCY					4,494,021	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD					354,112	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS					0	94.00
95.00 09500 AMBULANCE SERVICES					2,766,517	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED					0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD					0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS					0	98.00
99.00 09900 CMHC					0	99.00
99.10 09910 CORF					0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM					0	100.00
101.00 10100 HOME HEALTH AGENCY					0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION					0	105.00
106.00 10600 HEART ACQUISITION					0	106.00
107.00 10700 LIVER ACQUISITION					0	107.00
108.00 10800 LUNG ACQUISITION					0	108.00
109.00 10900 PANCREAS ACQUISITION					0	109.00
110.00 11000 INTESTINAL ACQUISITION					0	110.00
111.00 11100 ISLET ACQUISITION					0	111.00
113.00 11300 INTEREST EXPENSE					0	113.00
114.00 11400 UTILIZATION REVIEW-SNF					0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
116.00 11600 HOSPICE					0	116.00
118.00					56,259,974	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					5,040	190.00
190.01 19001 RETAIL SPA					42,196	190.01
191.00 19100 RESEARCH					0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES					79,642	192.00
193.00 19300 NONPAID WORKERS					0	193.00
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS					84,846	193.01
193.02 19302 RENTAL SPACE					0	193.02
193.03 19303 UNUSED SPACE					1,545	193.03
193.04 19304 SENIOR CONNECTIONS-NRCC					0	193.04
193.05 19305 LV BEAUTY					0	193.05
193.06 19306 LV DAYCARE					0	193.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-AMBULANCE	PARAMED ED PRGM-PHARMACY	Subtotal	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
193.07	19307	MIDTOWN NRCCS			23.00	23.01	24.00	
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR					2,318,810	193.07
193.09	19309	DME					455,335	193.08
193.10	19310	PROFESSIONAL BILLING					96,228	193.09
193.11	19311	FQHC					149,984	193.10
200.00		Cross Foot Adjustments	236,521	0	37,535	15,379	11,354,805	193.11
201.00		Negative Cost Centers	0	0	0	0	289,435	200.00
202.00		TOTAL (sum lines 118 through 201)	236,521	0	37,535	15,379	0	201.00
							71,137,840	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00560	PURCHASING RECEIVING AND STORES		5.02
5.03	00570	ADMINISTRATIVE		5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING PROGRAM		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-AMBULANCE		23.00
23.01	02301	PARAMED ED PRGM-PHARMACY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	11,629,419	30.00
31.00	03100	INTENSIVE CARE UNIT	3,955,746	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	1,487,380	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	1,215,618	34.01
40.00	04000	SUBPROVIDER - IPF	1,874,588	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	472,582	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	4,838,717	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	447,073	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,420,196	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	287,147	56.00
57.00	05700	CT SCAN	275,699	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	68	59.00
60.00	06000	LABORATORY	1,699,193	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	188,973	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	521,190	65.00
65.01	03560	PULMONARY FUNCTION TESTING	35,254	65.01
66.00	06600	PHYSICAL THERAPY	608,928	66.00
67.00	06700	OCCUPATIONAL THERAPY	358,269	67.00
68.00	06800	SPEECH PATHOLOGY	47,612	68.00
69.00	06900	ELECTROCARDIOLOGY	1,111,029	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	78,552	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	410,090	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,471,213	73.00
73.01	07301	RETAIL PHARMACIES	1,435,299	73.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
74.00	07400	RENAL DIALYSIS	0	205,171	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	MEDICINE CLINIC	0	1,551,503	90.01
90.02	09002	OB/GYN CLINIC	0	751,859	90.02
90.03	09003	ORTHO CLINIC	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	578,826	90.07
90.08	09008	ENT CLINIC	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0	1,636,351	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	1,030,473	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	244,112	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	90.16
90.17	09017	CHC CLINIC	0	38,612	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	2,791,449	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	90.19
90.20	09020	DIETARY CLINIC	0	4,504	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	90.21
90.22	09022	OP BURN CLINIC	0	209,582	90.22
90.23	09023	BARITRIC CLINIC	0	0	90.23
90.24	09024	PLASTICS CLINIC	0	6,287	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	7,985	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	702,100	90.26
90.27	09027	TRANSGENDER CLINIC	0	16,675	90.27
91.00	09100	EMERGENCY	0	4,494,021	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0	354,112	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	2,766,517	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	56,259,974	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,040	190.00
190.01	19001	RETAIL SPA	0	42,196	190.01
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	79,642	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	84,846	193.01
193.02	19302	RENTAL SPACE	0	0	193.02
193.03	19303	UNUSED SPACE	0	1,545	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	193.04
193.05	19305	LV BEAUTY	0	0	193.05
193.06	19306	LV DAYCARE	0	0	193.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
193.07	19307	MIDTOWN NRCCS	0	2,318,810	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	455,335	193.08
193.09	19309	DME	0	96,228	193.09
193.10	19310	PROFESSIONAL BILLING	0	149,984	193.10
193.11	19311	FQHC	0	11,354,805	193.11
200.00		Cross Foot Adjustments	0	289,435	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	71,137,840	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PATIENT PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,414,541				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,899	0	296,315,902		4.00
5.01 00540	NONPATIENT TELEPHONES	374	0	261,828	5,997	5.01
5.02 00560	PURCHASING RECEIVING AND STORES	19,440	0	3,410,829	44	43,633 5.02
5.03 00570	ADMITTING	6,167	0	10,523,557	106	35 5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	11,611	0	6,632,862	200	57 5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL	123,839	0	31,695,967	868	783 5.05
6.00 00600	MAINTENANCE & REPAIRS	14,754	0	1,626,771	4	1,428 6.00
7.00 00700	OPERATION OF PLANT	194,967	0	5,453,888	87	802 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	344	0	234,599	0	123 8.00
9.00 00900	HOUSEKEEPING	12,949	0	3,926,371	14	264 9.00
10.00 01000	DIETARY	16,745	0	3,305,989	36	111 10.00
11.00 01100	CAFETERIA	22,497	0	2,299,718	20	160 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	3,415	0	2,618,435	12	41 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	343	0	707,760	19	79 14.00
15.00 01500	PHARMACY	21,823	0	9,001,073	84	868 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,770	0	3,674,054	61	26 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0 18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING PROGRAM	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-AMBULANCE	0	0	1,166,741	0	89 23.00
23.01 02301	PARAMED ED PRGM-PHARMACY	0	0	520,974	0	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	154,217	0	42,252,820	381	7,185 30.00
31.00 03100	INTENSIVE CARE UNIT	54,826	0	14,405,612	199	2,967 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	23,602	0	3,110,425	102	1,106 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	19,610	0	3,647,388	25	1,024 34.01
40.00 04000	SUBPROVIDER - I PF	30,816	0	4,238,714	84	284 40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	7,789	0	1,578,406	26	435 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	52,682	0	7,169,106	209	2,975 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	6,344	0	1,233,302	35	756 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	30,181	0	7,810,885	116	2,743 54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	4,094	0	265,835	10	35 56.00
57.00 05700	CT SCAN	3,089	0	1,345,594	10	170 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	8	0 59.00
60.00 06000	LABORATORY	19,213	0	5,428,829	74	1,383 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,904	0	1,567	7	88 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	2,818	0	5,523,784	23	1,601 65.00
65.01 03560	PULMONARY FUNCTION TESTING	0	0	305,710	7	47 65.01
66.00 06600	PHYSICAL THERAPY	8,456	0	3,889,384	60	470 66.00
67.00 06700	OCCUPATIONAL THERAPY	4,995	0	2,561,365	5	144 67.00
68.00 06800	SPEECH PATHOLOGY	288	0	1,005,075	2	36 68.00
69.00 06900	ELECTROCARDIOLOGY	15,843	0	2,689,219	53	738 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	552 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,302 72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

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73.00	07300	DRUGS CHARGED TO PATIENTS	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PATIENT PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	73.00		
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	4.00					5.01	5.02
			1.00	2.00							
73.01	07301	RETAIL PHARMACIES	11,294	0	6,071,212	0	26	335	73.01		
74.00	07400	RENAL DIALYSIS	3,330	0	0	0	3	91	74.00		
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00		
OUTPATIENT SERVICE COST CENTERS											
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00		
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00		
90.00	09000	CLINIC	0	0	0	0	0	0	90.00		
90.01	09001	MEDICINE CLINIC	26,141	0	4,459,696	129	309	90.01			
90.02	09002	OB/GYN CLINIC	13,243	0	903,961	61	382	90.02			
90.03	09003	ORTHO CLINIC	0	0	0	0	0	0	90.03		
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	0	90.04		
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	0	90.05		
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	0	90.06		
90.07	09007	OPHTHALMOLOGY CLINIC	9,929	0	810,914	25	73	90.07			
90.08	09008	ENT CLINIC	0	0	0	0	0	0	90.08		
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	0	90.09		
90.10	09010	SPECIALTY CLINIC	27,627	0	2,162,961	125	1,023	90.10			
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	0	90.11		
90.12	09012	ENDOSCOPY CLINIC	17,514	0	1,871,989	50	549	90.12			
90.13	09013	OCCUPATIONAL THERAPY CLINIC	4,435	0	305,060	14	81	90.13			
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	0	90.14		
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	0	90.15		
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	0	90.16		
90.17	09017	CHC CLINIC	545	0	76,903	295	68	90.17			
90.18	09018	PSYCHIATRIC CLINIC	46,347	0	12,554,808	615	396	90.18			
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	0	90.19		
90.20	09020	DIETARY CLINIC	6	0	129,601	0	1	90.20			
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	0	90.21		
90.22	09022	OP BURN CLINIC	3,674	0	300,742	1	200	90.22			
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	0	90.23		
90.24	09024	PLASTICS CLINIC	43	0	96,852	8	18	90.24			
90.25	09025	WOUND/OSTOMY CLINIC	21	0	194,174	0	48	90.25			
90.26	09026	WCOE/SENIOR CARE CLINIC	12,399	0	1,404,009	161	169	90.26			
90.27	09027	TRANSGENDER CLINIC	79	0	369,230	0	38	90.27			
91.00	09100	EMERGENCY	67,170	0	15,309,803	236	3,159	91.00			
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00		
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	5,234	0	1,711,138	10	1	92.01			
OTHER REIMBURSABLE COST CENTERS											
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00		
95.00	09500	AMBULANCE SERVICES	13,377	0	17,190,603	70	649	95.00			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00		
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00		
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00		
99.00	09900	CMHC	0	0	0	0	0	0	99.00		
99.10	09910	CORF	0	0	0	0	0	0	99.10		
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00		
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	0	101.00		
SPECIAL PURPOSE COST CENTERS											
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	0	105.00		
106.00	10600	HEART ACQUISITION	0	0	0	0	0	0	106.00		
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	0	107.00		
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	0	108.00		
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00		
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00		
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0	111.00		
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	0	113.00		
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00		
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00		
116.00	11600	HOSPICE	0	0	0	0	0	0	116.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,166,112	0	261,448,092	4,820	39,843	118.00			
NONREIMBURSABLE COST CENTERS											
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	113,743	5	2	190.00			
190.01	19001	RETAIL SPA	672	0	95,933	0	116	190.01			
191.00	19100	RESEARCH	0	0	0	0	0	191.00			
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,193	0	162,595	128	25	192.00			
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00			
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	676	0	654,210	39	2	193.01			
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02			

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PATIENT PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
193.03 19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04 19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05 19305 LV BEAUTY	0	0	0	0	0	193.05
193.06 19306 LV DAYCARE	0	0	0	0	0	193.06
193.07 19307 MIDTOWN NRCCS	41,409	0	5,336,327	38	255	193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTR	5,001	0	6,266,115	137	349	193.08
193.09 19309 DME	1,274	0	146,538	10	416	193.09
193.10 19310 PROFESSIONAL BILLING	1,545	0	1,843,590	36	18	193.10
193.11 19311 FOHC	196,659	0	20,248,759	784	2,607	193.11
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)	58,272,057	0	7,208,187	2,017,965	7,931,692	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	41.195029	0.000000	0.024326	336.495748	181.781954	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			450,681	19,226	837,855	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001521	3.205936	19.202324	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: 15-0024

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

Worksheet B-1

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5/30/2022 10:34 am

Cost Center Description			ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.03	5.04	5A.05	5.05	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMINISTRATIVE	2,271,090,069					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,530,325,117				5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	-142,150,519	618,544,908		5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	6,263,453	1,227,457	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	31,468,510	194,967	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,007,205	344	8.00
9.00	00900	HOUSEKEEPING	0	0	0	7,228,300	12,949	9.00
10.00	01000	DIETARY	0	0	0	5,207,608	16,745	10.00
11.00	01100	CAFETERIA	0	0	0	4,918,471	22,497	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	4,438,937	3,415	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,276,899	343	14.00
15.00	01500	PHARMACY	0	0	0	44,610,254	21,823	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	5,665,853	2,770	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	15,328,675	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-AMBULANCE	0	0	0	1,385,413	0	23.00
23.01	02301	PARAMEDICAL PRGM-PHARMACY	0	0	0	545,437	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	174,242,028	174,242,028	0	75,711,584	154,217	30.00
31.00	03100	INTENSIVE CARE UNIT	123,917,412	123,917,412	0	27,779,144	54,826	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	61,313,737	61,313,737	0	7,047,974	23,602	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	24,940,372	24,940,372	0	6,956,950	19,610	34.01
40.00	04000	SUBPROVIDER - IPF	21,900,502	21,900,502	0	6,581,043	30,816	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	5,905,019	5,905,019	0	2,774,551	7,789	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	236,535,549	236,535,549	0	28,792,900	52,682	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	42,046,418	42,046,418	0	3,733,889	6,344	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	160,522,138	160,522,138	0	20,588,764	30,181	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	7,106,409	7,106,409	0	1,013,698	4,094	56.00
57.00	05700	CT SCAN	86,649,124	86,649,124	0	3,517,760	3,089	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,692	0	59.00
60.00	06000	LABORATORY	210,835,465	210,835,465	0	21,029,665	19,213	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	28,662,640	28,662,640	0	3,542,030	1,904	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	102,721,911	102,721,911	0	9,845,108	2,818	65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,842,049	2,842,049	0	479,127	0	65.01
66.00	06600	PHYSICAL THERAPY	18,469,576	18,469,576	0	5,949,075	8,456	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,842,607	10,842,607	0	3,783,974	4,995	67.00
68.00	06800	SPEECH PATHOLOGY	3,807,571	3,807,571	0	1,444,988	288	68.00
69.00	06900	ELECTROCARDIOLOGY	44,845,164	44,845,164	0	5,389,615	15,843	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	67,534,465	67,534,465	0	1,643,054	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,270,722	45,270,722	0	18,663,627	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	195,494,340	195,494,340	0	2,795,625	0	73.00
73.01	07301	RETAIL PHARMACIES	144,021,064	144,021,064	0	47,028,488	11,294	73.01

COST ALLOCATION - STATISTICAL BASIS

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Worksheet B-1
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Cost Center Description			ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.03	5.04	5A.05	5.05	6.00	
74.00	07400	RENAL DIALYSIS	6,656,241	6,656,241	0	1,723,962	3,330	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	18,997,246	18,997,246	0	4,098,346	26,141	90.01
90.02	09002	OB/GYN CLINIC	0	10,043,008	0	2,045,121	13,243	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	13,714,958	13,714,958	0	1,853,958	9,929	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	29,477,235	29,477,235	0	5,478,339	27,627	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	37,132,541	37,132,541	0	4,894,564	17,514	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	2,679,605	2,679,605	0	779,155	4,435	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0	236	0	270,485	545	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	21,416,498	0	15,524,936	46,347	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	71,579	71,579	0	178,726	6	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0	2,186,194	0	732,556	3,674	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	528,729	528,729	0	155,396	43	90.24
90.25	09025	WOUND/OSTOMY CLINIC	161,427	161,427	0	277,185	21	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	1,978,817	0	2,466,796	12,399	90.26
90.27	09027	TRANSGENDER CLINIC	0	1,361,318	0	456,673	79	90.27
91.00	09100	EMERGENCY	312,859,110	312,859,110	0	30,479,001	67,170	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	28,223,382	28,223,382	0	2,878,485	5,234	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	221,123,482	0	30,091,544	13,377	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,270,928,335	2,529,037,888	-142,150,519	541,825,568	979,028	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	169,948	0	190.00
190.01	19001	RETAIL SPA	0	0	0	238,706	672	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	161,734	161,734	0	1,040,361	1,193	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	997,851	676	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description			ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.03	5.04	5A.05	5.05	6.00	
193.07	19307	MIDTOWN NRCCS	0	1,125,495	0	10,973,598	41,409	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	0	0	11,099,215	5,001	193.08
193.09	19309	DME	0	0	0	1,262,682	1,274	193.09
193.10	19310	PROFESSIONAL BILLING	0	0	0	2,855,730	1,545	193.10
193.11	19311	FOHC	0	0	0	48,081,249	196,659	193.11
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)	15,648,761	14,517,099		142,150,519	7,702,882	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.006890	0.005737		0.229814	6.275480	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	271,068	498,088		9,544,333	1,098,161	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000119	0.000197		0.015430	0.894664	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: 15-0024

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

Worksheet B-1
Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMITTING					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	1,032,490				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	344	2,176,511			8.00
9.00	00900	HOUSEKEEPING	12,949	0	146,548		9.00
10.00	01000	DIETARY	16,745	0	5,612	622,742	10.00
11.00	01100	CAFETERIA	22,497	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	3,980,692	12.00
13.00	01300	NURSING ADMINISTRATION	3,415	352,231	342	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	343	0	0	0	14.00
15.00	01500	PHARMACY	21,823	0	5,520	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,770	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	154,217	633,350	34,422	388,012	30.00
31.00	03100	INTENSIVE CARE UNIT	54,826	289,965	12,095	146,006	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	23,602	105,580	5,226	22,030	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	19,610	19,066	4,154	0	34.01
40.00	04000	SUBPROVIDER - I/PF	30,816	0	3,429	66,694	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	7,789	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	52,682	174,916	13,075	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,344	0	1,304	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,181	61,779	7,508	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	4,094	0	905	0	56.00
57.00	05700	CT SCAN	3,089	0	688	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	19,213	0	4,207	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,904	0	411	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,818	0	613	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	8,456	0	129	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,995	0	993	0	67.00
68.00	06800	SPEECH PATHOLOGY	288	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,843	0	3,255	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACIES	11,294	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	3,330	24,264	727	0	74.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	26,141	0	6,094	0	70,226	90.01
90.02	09002 OB/GYN CLINIC	13,243	0	2,465	0	32,141	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	9,929	0	1,576	0	30,628	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	27,627	0	4,654	0	84,877	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	17,514	43,646	3,169	0	52,223	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	4,435	0	0	0	10,505	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	545	0	0	0	2,221	90.17
90.18	09018 PSYCHIATRIC CLINIC	46,347	0	933	0	52,172	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	6	0	0	0	3,812	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	3,674	0	565	0	10,585	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	43	0	0	0	3,063	90.24
90.25	09025 WOUND/OSTOMY CLINIC	21	0	0	0	4,326	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	12,399	0	1,232	0	50,540	90.26
90.27	09027 TRANSGENDER CLINIC	79	0	2	0	12,435	90.27
91.00	09100 EMERGENCY	67,170	410,850	14,077	0	368,906	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	5,234	0	1,166	0	38,547	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	13,377	60,864	118	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	784,061	2,176,511	140,666	622,742	3,853,337	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	87	0	5,469	190.00
190.01	19001 RETAIL SPA	672	0	145	0	3,699	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,193	0	0	0	5,417	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	676	0	611	0	21,263	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	281	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDTOWN NRCCS	41,409	0	593	0	0	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTR	5,001	0	1,797	0	0	193.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
193.09	19309 DME	1,274	0	396	0	4,841	193.09
193.10	19310 PROFESSIONAL BILLING	1,545	0	0	0	76,814	193.10
193.11	19311 FQHC	196,659	0	1,972	0	9,852	193.11
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)	39,923,926	2,483,950	9,471,433	7,519,666	7,059,888	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	38.667615	1.141253	64.630244	12.075090	1.773533	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	9,064,420	51,189	805,859	1,039,098	1,247,012	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	8.779184	0.023519	5.498942	1.668585	0.313265	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: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00591						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200	0					12.00
13.00	01300	0	1,963,170				13.00
14.00	01400	0	0	2,854			14.00
15.00	01500	0	0	0	100		15.00
16.00	01600	0	0	0	0	2,530,325,117	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	838,465	0	0	174,242,028	30.00
31.00	03100	0	336,020	0	0	123,917,412	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	70,853	0	0	61,313,737	33.00
34.00	03400	0	0	0	0	0	34.00
34.01	02060	0	80,390	0	0	24,940,372	34.01
40.00	04000	0	0	0	0	21,900,502	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	34,688	0	0	5,905,019	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	195,301	0	0	236,535,549	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	42,046,418	53.00
54.00	05400	0	0	0	0	160,522,138	54.00
54.01	03470	0	0	0	0	0	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	7,106,409	56.00
57.00	05700	0	0	0	0	86,649,124	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	210,835,465	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	28,662,640	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	0	0	0	102,721,911	65.00
65.01	03560	0	0	0	0	2,842,049	65.01
66.00	06600	0	0	0	0	18,469,576	66.00
67.00	06700	0	0	0	0	10,842,607	67.00
68.00	06800	0	0	0	0	3,807,571	68.00
69.00	06900	0	0	0	0	44,845,164	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	552	0	67,534,465	71.00
72.00	07200	0	0	2,302	0	45,270,722	72.00
73.00	07300	0	0	0	100	195,494,340	73.00
73.01	07301	0	0	0	0	144,021,064	73.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			12.00	13.00	14.00	15.00	16.00	
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
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0	0	0	0	18,997,246	90.01
90.02	09002	OB/GYN CLINIC	0	0	0	0	10,043,008	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	13,714,958	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0	0	0	0	29,477,235	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0	0	37,132,541	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	0	2,679,605	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0	0	0	0	236	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	0	0	0	21,416,498	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0	71,579	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0	0	0	0	2,186,194	90.22
90.23	09023	BARITRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	0	0	0	0	528,729	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0	0	161,427	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	0	0	1,978,817	90.26
90.27	09027	TRANSGENDER CLINIC	0	0	0	0	1,361,318	90.27
91.00	09100	EMERGENCY	0	368,906	0	0	312,859,110	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0	38,547	0	0	28,223,382	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	221,123,482	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,963,170	2,854	100	2,529,037,888	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	RETAIL SPA	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	161,734	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	0	0	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			12.00	13.00	14.00	15.00	16.00	
193.07	19307	MIDTOWN NRCCS	0	0	0	0	1,125,495	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	0	0	0	0	193.08
193.09	19309	DME	0	0	0	0	0	193.09
193.10	19310	PROFESSIONAL BILLING	0	0	0	0	0	193.10
193.11	19311	FOHC	0	0	0	0	0	193.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	6,125,512	2,873,869	56,520,591	7,282,168	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	3.120215	1,006.961808	565,205.910000	0.002878	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	529,535	72,902	2,338,935	268,126	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.269735	25.543798	23,389.350000	0.000106	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: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPROV (ASSIGNED TIME)	
		17.00			18.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00560	PURCHASING RECEIVING AND STORES					5.02
5.03 00570	ADMITTING					5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	0				17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0			18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00 02000	NURSING PROGRAM	0			0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				22.00
23.00 02300	PARAMED ED PRGM-AMBULANCE	0				23.00
23.01 02301	PARAMED ED PRGM-PHARMACY	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	0	49 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	8 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	1 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	2 34.01
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	1 40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	0	0	0	2 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	0	21 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	12 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	6 54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00 05700	CT SCAN	0	0	0	0	2 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	0	0	0	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
65.01 03560	PULMONARY FUNCTION TESTING	0	0	0	0	0 65.01
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	1 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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

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5/30/2022 10:34 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
		17.00	18.00	19.00	20.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01 07301 RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	1	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 MEDICINE CLINIC	0	0	0	0	5	90.01
90.02 09002 OB/GYN CLINIC	0	0	0	0	18	90.02
90.03 09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	0	1	90.07
90.08 09008 ENT CLINIC	0	0	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10 09010 SPECIALTY CLINIC	0	0	0	0	9	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	0	0	2	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17 09017 CHC CLINIC	0	0	0	0	20	90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	0	6	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	0	0	0	0	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24 09024 PLASTICS CLINIC	0	0	0	0	1	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	0	0	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	0	1	90.26
90.27 09027 TRANSGENDER CLINIC	0	0	0	0	0	90.27
91.00 09100 EMERGENCY	0	0	0	0	22	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	1	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	192	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 RETAIL SPA	0	0	0	0	0	190.01
191.00 19100 RESEARCH	0	0	0	0	4	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	0	0	193.01
193.02 19302 RENTAL SPACE	0	0	0	0	0	193.02

COST ALLOCATION - STATISTICAL BASIS

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To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPROV (ASSIGNED TIME)	
		17.00			18.00	
193.03 19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04 19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05 19305 LV BEAUTY	0	0	0	0	0	193.05
193.06 19306 LV DAYCARE	0	0	0	0	0	193.06
193.07 19307 MIDTOWN NRCCS	0	0	0	0	0	193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTR	0	0	0	0	0	193.08
193.09 19309 DME	0	0	0	0	0	193.09
193.10 19310 PROFESSIONAL BILLING	0	0	0	0	0	193.10
193.11 19311 FOHC	0	0	0	0	16	193.11
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	18,851,419	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	88,921.787736	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	236,521	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	1,115.665094	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1
Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-AMBULANCE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00 00100 CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540 NONPATIENT TELEPHONES				5.01
5.02 00560 PURCHASING RECEIVING AND STORES				5.02
5.03 00570 ADMITTING				5.03
5.04 00580 CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05 00591 OTHER ADMINISTRATIVE AND GENERAL				5.05
6.00 00600 MAINTENANCE & REPAIRS				6.00
7.00 00700 OPERATION OF PLANT				7.00
8.00 00800 LAUNDRY & LINEN SERVICE				8.00
9.00 00900 HOUSEKEEPING				9.00
10.00 01000 DIETARY				10.00
11.00 01100 CAFETERIA				11.00
12.00 01200 MAINTENANCE OF PERSONNEL				12.00
13.00 01300 NURSING ADMINISTRATION				13.00
14.00 01400 CENTRAL SERVICES & SUPPLY				14.00
15.00 01500 PHARMACY				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY				16.00
17.00 01700 SOCIAL SERVICE				17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)				18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000 NURSING PROGRAM				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	212			22.00
23.00 02300 PARAMED PRGM-AMBULANCE		100		23.00
23.01 02301 PARAMED PRGM-PHARMACY			100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	49	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	8	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	1	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	2	0	0	34.01
40.00 04000 SUBPROVIDER - I PF	1	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	42.00
43.00 04300 NURSERY	2	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	21	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	12	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6	0	0	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 CT SCAN	2	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	1	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1
Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-AMBULANCE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
	22.00	23.00	23.01		
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	100	73.00	
73.01 07301 RETAIL PHARMACIES	0	0	0	73.01	
74.00 07400 RENAL DIALYSIS	1	0	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	90.00	
90.01 09001 MEDICINE CLINIC	5	0	0	90.01	
90.02 09002 OB/GYN CLINIC	18	0	0	90.02	
90.03 09003 ORTHO CLINIC	0	0	0	90.03	
90.04 09004 PEDIATRICS CLINIC	0	0	0	90.04	
90.05 09005 DENTISTRY CLINIC	0	0	0	90.05	
90.06 09006 DERMATOLOGY CLINIC	0	0	0	90.06	
90.07 09007 OPHTHALMOLOGY CLINIC	1	0	0	90.07	
90.08 09008 ENT CLINIC	0	0	0	90.08	
90.09 09009 GERIATRIC CLINIC	0	0	0	90.09	
90.10 09010 SPECIALTY CLINIC	9	0	0	90.10	
90.11 09011 NEUROLOGY CLINIC	0	0	0	90.11	
90.12 09012 ENDOSCOPY CLINIC	2	0	0	90.12	
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	90.13	
90.14 09014 URGENT VISITCLINIC	0	0	0	90.14	
90.15 09015 SENIOR CARE CLINIC	0	0	0	90.15	
90.16 09016 WOMENS VISIT CLINIC	0	0	0	90.16	
90.17 09017 CHC CLINIC	20	0	0	90.17	
90.18 09018 PSYCHIATRIC CLINIC	6	0	0	90.18	
90.19 09019 ORAL SURGERY CLINIC	0	0	0	90.19	
90.20 09020 DIETARY CLINIC	0	0	0	90.20	
90.21 09021 CENTER OF EXCELLENCE	0	0	0	90.21	
90.22 09022 OP BURN CLINIC	0	0	0	90.22	
90.23 09023 BARIATRIC CLINIC	0	0	0	90.23	
90.24 09024 PLASTICS CLINIC	1	0	0	90.24	
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	90.25	
90.26 09026 WCOE/SENIOR CARE CLINIC	1	0	0	90.26	
90.27 09027 TRANSGENDER CLINIC	0	0	0	90.27	
91.00 09100 EMERGENCY	22	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	1	100	0	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00	
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00	
99.00 09900 CMHC	0	0	0	99.00	
99.10 09910 CORF	0	0	0	99.10	
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00	
101.00 10100 HOME HEALTH AGENCY	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS					
105.00 10500 KIDNEY ACQUISITION	0	0	0	105.00	
106.00 10600 HEART ACQUISITION	0	0	0	106.00	
107.00 10700 LIVER ACQUISITION	0	0	0	107.00	
108.00 10800 LUNG ACQUISITION	0	0	0	108.00	
109.00 10900 PANCREAS ACQUISITION	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	111.00	
113.00 11300 INTEREST EXPENSE				113.00	
114.00 11400 UTILIZATION REVIEW-SNF				114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00	
116.00 11600 HOSPICE		0	0	116.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	192	100	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00	
190.01 19001 RETAIL SPA	0	0	0	190.01	
191.00 19100 RESEARCH	4	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	193.00	
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	193.01	
193.02 19302 RENTAL SPACE	0	0	0	193.02	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-AMBULANCE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
	SERVICES-OTHER			
	PRGM COSTS APPRV (ASSIGNED TIME)			
	22.00	23.00	23.01	
193.03 19303 UNUSED SPACE	0	0	0	193.03
193.04 19304 SENIOR CONNECTIONS-NRCC	0	0	0	193.04
193.05 19305 LV BEAUTY	0	0	0	193.05
193.06 19306 LV DAYCARE	0	0	0	193.06
193.07 19307 MIDTOWN NRCCS	0	0	0	193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTR	0	0	0	193.08
193.09 19309 DME	0	0	0	193.09
193.10 19310 PROFESSIONAL BILLING	0	0	0	193.10
193.11 19311 FOHC	16	0	0	193.11
200.00 Cross Foot Adjustments				200.00
201.00 Negative Cost Centers				201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	1,775,554	705,725	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	17,755.540000	7,057.250000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	37,535	15,379	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	375.350000	153.790000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C Part I Date/Time Prepared: 5/30/2022 10:34 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	112,279,900		112,279,900	0	112,279,900	30.00
31.00	03100 INTENSIVE CARE UNIT	41,503,924		41,503,924	0	41,503,924	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	10,975,907		10,975,907	0	10,975,907	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	02060 NEONATAL INTENSIVE CARE UNIT	10,192,508		10,192,508	0	10,192,508	34.01
40.00	04000 SUBPROVIDER - IPF	10,783,589		10,783,589	0	10,783,589	40.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	3,948,993		3,948,993	0	3,948,993	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	40,458,770		40,458,770	0	40,458,770	50.00
51.00	05100 RECOVERY ROOM	0		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	5,143,771		5,143,771	0	5,143,771	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	28,027,800		28,027,800	0	28,027,800	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0		0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	1,520,545		1,520,545	0	1,520,545	56.00
57.00	05700 CT SCAN	4,808,451		4,808,451	0	4,808,451	57.00
58.00	05800 MRI	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,311		3,311	0	3,311	59.00
60.00	06000 LABORATORY	27,881,952		27,881,952	0	27,881,952	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	4,550,719		4,550,719	0	4,550,719	63.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	12,768,515	0	12,768,515	0	12,768,515	65.00
65.01	03560 PULMONARY FUNCTION TESTING	606,741	0	606,741	0	606,741	65.01
66.00	06600 PHYSICAL THERAPY	7,933,062	0	7,933,062	0	7,933,062	66.00
67.00	06700 OCCUPATIONAL THERAPY	5,080,712	0	5,080,712	0	5,080,712	67.00
68.00	06800 SPEECH PATHOLOGY	1,839,650	0	1,839,650	0	1,839,650	68.00
69.00	06900 ELECTROCARDIOLOGY	7,800,906		7,800,906	0	7,800,906	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,770,858		2,770,858	0	2,770,858	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	25,401,105		25,401,105	0	25,401,105	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	61,227,048		61,227,048	0	61,227,048	73.00
73.01	07301 RETAIL PHARMACIES	59,003,530		59,003,530	0	59,003,530	73.01
74.00	07400 RENAL DIALYSIS	2,363,647		2,363,647	0	2,363,647	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 MEDICINE CLINIC	6,788,139		6,788,139	0	6,788,139	90.01
90.02	09002 OB/GYN CLINIC	3,355,520		3,355,520	0	3,355,520	90.02
90.03	09003 ORTHO CLINIC	0		0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0		0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0		0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0		0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	2,921,913		2,921,913	0	2,921,913	90.07
90.08	09008 ENT CLINIC	0		0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0		0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	8,515,137		8,515,137	0	8,515,137	90.10
90.11	09011 NEUROLOGY CLINIC	0		0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	7,260,647		7,260,647	0	7,260,647	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	1,183,882		1,183,882	0	1,183,882	90.13
90.14	09014 URGENT VISIT CLINIC	0		0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0		0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0		0	0	0	90.16
90.17	09017 CHC CLINIC	361,080		361,080	0	361,080	90.17
90.18	09018 PSYCHIATRIC CLINIC	21,390,228		21,390,228	0	21,390,228	90.18
90.19	09019 ORAL SURGERY CLINIC	0		0	0	0	90.19
90.20	09020 DIETARY CLINIC	227,037		227,037	0	227,037	90.20
90.21	09021 CENTER OF EXCELLENCE	0		0	0	0	90.21

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2022 10:34 am

			Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00		4.00
90.22 09022 OP BURN CLINIC	1,127,610		1,127,610	0	1,127,610	90.22	
90.23 09023 BARIATRIC CLINIC	0		0	0	0	90.23	
90.24 09024 PLASTICS CLINIC	199,995		199,995	0	199,995	90.24	
90.25 09025 WOUND/OSTOMY CLINIC	349,967		349,967	0	349,967	90.25	
90.26 09026 WCOE/SENIOR CARE CLINIC	3,765,903		3,765,903	0	3,765,903	90.26	
90.27 09027 TRANSGENDER CLINIC	591,275		591,275	0	591,275	90.27	
91.00 09100 EMERGENCY	44,586,648		44,586,648	250,500	44,837,148	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	12,889,643		12,889,643		12,889,643	92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART) -CD	4,120,458		4,120,458	0	4,120,458	92.01	
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0		0	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	40,097,240		40,097,240	0	40,097,240	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00	
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00	
99.00 09900 CMHC	0		0		0	99.00	
99.10 09910 CORF	0		0		0	99.10	
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00	
101.00 10100 HOME HEALTH AGENCY	0		0		0	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0		0		0	105.00	
106.00 10600 HEART ACQUISITION	0		0		0	106.00	
107.00 10700 LIVER ACQUISITION	0		0		0	107.00	
108.00 10800 LUNG ACQUISITION	0		0		0	108.00	
109.00 10900 PANCREAS ACQUISITION	0		0		0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0		0		0	110.00	
111.00 11100 ISLET ACQUISITION	0		0		0	111.00	
113.00 11300 INTEREST EXPENSE						113.00	
114.00 11400 UTILIZATION REVIEW-SNF						114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00	
116.00 11600 HOSPICE	0		0		0	116.00	
200.00 Subtotal (see instructions)	648,608,236	0	648,608,236	250,500	648,858,736	200.00	
201.00 Less Observation Beds	12,889,643		12,889,643		12,889,643	201.00	
202.00 Total (see instructions)	635,718,593	0	635,718,593	250,500	635,969,093	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/30/2022 10:34 am
				Title XVIII	Hospital	PPS
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	174,242,029		174,242,029	30.00
31.00	03100	INTENSIVE CARE UNIT	123,917,412		123,917,412	31.00
32.00	03200	CORONARY CARE UNIT	0		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	61,313,737		61,313,737	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	24,940,372		24,940,372	34.01
40.00	04000	SUBPROVIDER - I/PF	21,900,502		21,900,502	40.00
41.00	04100	SUBPROVIDER - I/RP	0		0	41.00
42.00	04200	SUBPROVIDER	5,905,019		5,905,019	42.00
43.00	04300	NURSERY	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	44.00
45.00	04500	NURSING FACILITY	0		0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	111,735,106	124,800,443	236,535,549	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	20,449,897	21,596,521	42,046,418	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,721,166	99,800,972	160,522,138	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	974,953	6,131,456	7,106,409	56.00
57.00	05700	CT SCAN	33,719,602	52,929,522	86,649,124	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	81,684,864	129,150,601	210,835,465	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	22,375,215	6,287,425	28,662,640	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	94,602,382	8,119,529	102,721,911	65.00
65.01	03560	PULMONARY FUNCTION TESTING	130,114	2,711,935	2,842,049	65.01
66.00	06600	PHYSICAL THERAPY	7,312,211	11,157,365	18,469,576	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,015,676	4,826,931	10,842,607	67.00
68.00	06800	SPEECH PATHOLOGY	2,190,588	1,616,982	3,807,570	68.00
69.00	06900	ELECTROCARDIOLOGY	18,411,170	26,433,994	44,845,164	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	43,321,271	24,213,193	67,534,464	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,226,777	15,043,944	45,270,721	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	112,717,498	82,776,842	195,494,340	73.00
73.01	07301	RETAIL PHARMACIES	0	144,021,064	144,021,064	73.01
74.00	07400	RENAL DIALYSIS	6,069,208	587,033	6,656,241	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	51,784	18,945,462	18,997,246	90.01
90.02	09002	OB/GYN CLINIC	13,268	10,029,740	10,043,008	90.02
90.03	09003	ORTHO CLINIC	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	195,491	13,519,467	13,714,958	90.07
90.08	09008	ENT CLINIC	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	516,981	28,960,254	29,477,235	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	3,844,265	33,288,275	37,132,540	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	359	2,679,246	2,679,605	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	90.16
90.17	09017	CHC CLINIC	0	236	236	90.17
90.18	09018	PSYCHIATRIC CLINIC	329,468	21,087,030	21,416,498	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	90.19
90.20	09020	DIETARY CLINIC	171	71,408	71,579	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	90.21
90.22	09022	OP BURN CLINIC	15,929	2,170,265	2,186,194	90.22

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2022 10:34 am

			Title XVIII			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
90.23	09023	BARIATRIC CLINIC	0	0	0	0.000000	0.000000	90.23
90.24	09024	PLASTICS CLINIC	1,369	527,360	528,729	0.378256	0.000000	90.24
90.25	09025	WOUND/OSTOMY CLINIC	145,407	16,020	161,427	2.167958	0.000000	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	6,862	1,971,955	1,978,817	1.903108	0.000000	90.26
90.27	09027	TRANSGENDER CLINIC	188	1,361,130	1,361,318	0.434340	0.000000	90.27
91.00	09100	EMERGENCY	96,734,405	216,124,704	312,859,109	0.142514	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	3,454,743	24,768,639	28,223,382	0.145994	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	221,123,482	221,123,482	0.181334	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	1,170,187,459	1,358,850,425	2,529,037,884			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,170,187,459	1,358,850,425	2,529,037,884			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/30/2022 10:34 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital
					PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT			34.01
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.171047		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.122336		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174604		54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.213968		56.00
57.00	05700	CT SCAN	0.055493		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.132245		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.158768		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.124302		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.213487		65.01
66.00	06600	PHYSICAL THERAPY	0.429521		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.468588		67.00
68.00	06800	SPEECH PATHOLOGY	0.483156		68.00
69.00	06900	ELECTROCARDIOLOGY	0.173952		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.041029		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.561093		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.313191		73.00
73.01	07301	RETAIL PHARMACIES	0.409687		73.01
74.00	07400	RENAL DIALYSIS	0.355102		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	MEDICINE CLINIC	0.357322		90.01
90.02	09002	OB/GYN CLINIC	0.334115		90.02
90.03	09003	ORTHO CLINIC	0.000000		90.03
90.04	09004	PEDIATRICS CLINIC	0.000000		90.04
90.05	09005	DENTISTRY CLINIC	0.000000		90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.213046		90.07
90.08	09008	ENT CLINIC	0.000000		90.08
90.09	09009	GERIATRIC CLINIC	0.000000		90.09
90.10	09010	SPECIALTY CLINIC	0.288872		90.10
90.11	09011	NEUROLOGY CLINIC	0.000000		90.11
90.12	09012	ENDOSCOPY CLINIC	0.195533		90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.441812		90.13
90.14	09014	URGENT VISIT CLINIC	0.000000		90.14
90.15	09015	SENIOR CARE CLINIC	0.000000		90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000		90.16
90.17	09017	CHC CLINIC	1,530.000000		90.17
90.18	09018	PSYCHIATRIC CLINIC	0.998773		90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000		90.19
90.20	09020	DIETARY CLINIC	3.171838		90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000		90.21
90.22	09022	OP BURN CLINIC	0.515787		90.22
90.23	09023	BARITRIC CLINIC	0.000000		90.23
90.24	09024	PLASTICS CLINIC	0.378256		90.24

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/30/2022 10:34 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
90.25	09025	WOUND/OSTOMY CLINIC	2.167958		90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1.903108		90.26
90.27	09027	TRANSGENDER CLINIC	0.434340		90.27
91.00	09100	EMERGENCY	0.143314		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0.145994		92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.181334		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C Part I Date/Time Prepared: 5/30/2022 10:34 am

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	112,279,900		112,279,900	0	112,279,900	30.00
31.00	03100 INTENSIVE CARE UNIT	41,503,924		41,503,924	0	41,503,924	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	10,975,907		10,975,907	0	10,975,907	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	02060 NEONATAL INTENSIVE CARE UNIT	10,192,508		10,192,508	0	10,192,508	34.01
40.00	04000 SUBPROVIDER - I/PF	10,783,589		10,783,589	0	10,783,589	40.00
41.00	04100 SUBPROVIDER - I/RP	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	3,948,993		3,948,993	0	3,948,993	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	40,458,770		40,458,770	0	40,458,770	50.00
51.00	05100 RECOVERY ROOM	0		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	5,143,771		5,143,771	0	5,143,771	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	28,027,800		28,027,800	0	28,027,800	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0		0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	1,520,545		1,520,545	0	1,520,545	56.00
57.00	05700 CT SCAN	4,808,451		4,808,451	0	4,808,451	57.00
58.00	05800 MRI	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,311		3,311	0	3,311	59.00
60.00	06000 LABORATORY	27,881,952		27,881,952	0	27,881,952	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	4,550,719		4,550,719	0	4,550,719	63.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	12,768,515	0	12,768,515	0	12,768,515	65.00
65.01	03560 PULMONARY FUNCTION TESTING	606,741	0	606,741	0	606,741	65.01
66.00	06600 PHYSICAL THERAPY	7,933,062	0	7,933,062	0	7,933,062	66.00
67.00	06700 OCCUPATIONAL THERAPY	5,080,712	0	5,080,712	0	5,080,712	67.00
68.00	06800 SPEECH PATHOLOGY	1,839,650	0	1,839,650	0	1,839,650	68.00
69.00	06900 ELECTROCARDIOLOGY	7,800,906		7,800,906	0	7,800,906	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,770,858		2,770,858	0	2,770,858	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	25,401,105		25,401,105	0	25,401,105	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	61,227,048		61,227,048	0	61,227,048	73.00
73.01	07301 RETAIL PHARMACIES	59,003,530		59,003,530	0	59,003,530	73.01
74.00	07400 RENAL DIALYSIS	2,363,647		2,363,647	0	2,363,647	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 MEDICINE CLINIC	6,788,139		6,788,139	0	6,788,139	90.01
90.02	09002 OB/GYN CLINIC	3,355,520		3,355,520	0	3,355,520	90.02
90.03	09003 ORTHO CLINIC	0		0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0		0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0		0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0		0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	2,921,913		2,921,913	0	2,921,913	90.07
90.08	09008 ENT CLINIC	0		0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0		0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	8,515,137		8,515,137	0	8,515,137	90.10
90.11	09011 NEUROLOGY CLINIC	0		0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	7,260,647		7,260,647	0	7,260,647	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	1,183,882		1,183,882	0	1,183,882	90.13
90.14	09014 URGENT VISIT CLINIC	0		0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0		0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0		0	0	0	90.16
90.17	09017 CHC CLINIC	361,080		361,080	0	361,080	90.17
90.18	09018 PSYCHIATRIC CLINIC	21,390,228		21,390,228	0	21,390,228	90.18
90.19	09019 ORAL SURGERY CLINIC	0		0	0	0	90.19
90.20	09020 DIETARY CLINIC	227,037		227,037	0	227,037	90.20
90.21	09021 CENTER OF EXCELLENCE	0		0	0	0	90.21

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2022 10:34 am

			Title XIX		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.22	09022	OP BURN CLINIC	1,127,610		1,127,610	0	1,127,610	90.22
90.23	09023	BARIATRIC CLINIC	0		0	0	0	90.23
90.24	09024	PLASTICS CLINIC	199,995		199,995	0	199,995	90.24
90.25	09025	WOUND/OSTOMY CLINIC	349,967		349,967	0	349,967	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	3,765,903		3,765,903	0	3,765,903	90.26
90.27	09027	TRANSGENDER CLINIC	591,275		591,275	0	591,275	90.27
91.00	09100	EMERGENCY	44,586,648		44,586,648	250,500	44,837,148	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	12,889,643		12,889,643		12,889,643	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	4,120,458		4,120,458	0	4,120,458	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	40,097,240		40,097,240	0	40,097,240	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900	CMHC	0		0		0	99.00
99.10	09910	CORF	0		0		0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0		0	105.00
106.00	10600	HEART ACQUISITION	0		0		0	106.00
107.00	10700	LIVER ACQUISITION	0		0		0	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	648,608,236	0	648,608,236	250,500	648,858,736	200.00
201.00		Less Observation Beds	12,889,643		12,889,643		12,889,643	201.00
202.00		Total (see instructions)	635,718,593	0	635,718,593	250,500	635,969,093	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/30/2022 10:34 am	
				Title XIX	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	174,242,029		174,242,029		30.00
31.00	03100	INTENSIVE CARE UNIT	123,917,412		123,917,412		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	61,313,737		61,313,737		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	24,940,372		24,940,372		34.01
40.00	04000	SUBPROVIDER - I/PF	21,900,502		21,900,502		40.00
41.00	04100	SUBPROVIDER - I/RF	0		0		41.00
42.00	04200	SUBPROVIDER	5,905,019		5,905,019		42.00
43.00	04300	NURSERY	0		0		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	111,735,106	124,800,443	236,535,549	0.171047	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	20,449,897	21,596,521	42,046,418	0.122336	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,721,166	99,800,972	160,522,138	0.174604	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	974,953	6,131,456	7,106,409	0.213968	56.00
57.00	05700	CT SCAN	33,719,602	52,929,522	86,649,124	0.055493	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	81,684,864	129,150,601	210,835,465	0.132245	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	22,375,215	6,287,425	28,662,640	0.158768	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	94,602,382	8,119,529	102,721,911	0.124302	65.00
65.01	03560	PULMONARY FUNCTION TESTING	130,114	2,711,935	2,842,049	0.213487	65.01
66.00	06600	PHYSICAL THERAPY	7,312,211	11,157,365	18,469,576	0.429521	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,015,676	4,826,931	10,842,607	0.468588	67.00
68.00	06800	SPEECH PATHOLOGY	2,190,588	1,616,982	3,807,570	0.483156	68.00
69.00	06900	ELECTROCARDIOLOGY	18,411,170	26,433,994	44,845,164	0.173952	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	43,321,271	24,213,193	67,534,464	0.041029	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,226,777	15,043,944	45,270,721	0.561093	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	112,717,498	82,776,842	195,494,340	0.313191	73.00
73.01	07301	RETAIL PHARMACIES	0	144,021,064	144,021,064	0.409687	73.01
74.00	07400	RENAL DIALYSIS	6,069,208	587,033	6,656,241	0.355102	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	MEDICINE CLINIC	51,784	18,945,462	18,997,246	0.357322	90.01
90.02	09002	OB/GYN CLINIC	13,268	10,029,740	10,043,008	0.334115	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0.000000	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0.000000	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0.000000	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	195,491	13,519,467	13,714,958	0.213046	90.07
90.08	09008	ENT CLINIC	0	0	0	0.000000	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0.000000	90.09
90.10	09010	SPECIALTY CLINIC	516,981	28,960,254	29,477,235	0.288872	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0.000000	90.11
90.12	09012	ENDOSCOPY CLINIC	3,844,265	33,288,275	37,132,540	0.195533	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	359	2,679,246	2,679,605	0.441812	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0.000000	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0.000000	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0.000000	90.16
90.17	09017	CHC CLINIC	0	236	236	1,530.000000	90.17
90.18	09018	PSYCHIATRIC CLINIC	329,468	21,087,030	21,416,498	0.998773	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0.000000	90.19
90.20	09020	DIETARY CLINIC	171	71,408	71,579	3.171838	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0.000000	90.21
90.22	09022	OP BURN CLINIC	15,929	2,170,265	2,186,194	0.515787	90.22

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2022 10:34 am

			Title XIX			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
90.23	09023	BARIATRIC CLINIC	0	0	0	0.000000	0.000000	90.23
90.24	09024	PLASTICS CLINIC	1,369	527,360	528,729	0.378256	0.000000	90.24
90.25	09025	WOUND/OSTOMY CLINIC	145,407	16,020	161,427	2.167958	0.000000	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	6,862	1,971,955	1,978,817	1.903108	0.000000	90.26
90.27	09027	TRANSGENDER CLINIC	188	1,361,130	1,361,318	0.434340	0.000000	90.27
91.00	09100	EMERGENCY	96,734,405	216,124,704	312,859,109	0.142514	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	3,454,743	24,768,639	28,223,382	0.145994	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	221,123,482	221,123,482	0.181334	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	1,170,187,459	1,358,850,425	2,529,037,884			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,170,187,459	1,358,850,425	2,529,037,884			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/30/2022 10:34 am
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT			34.01
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.171047		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.122336		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174604		54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.213968		56.00
57.00	05700	CT SCAN	0.055493		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.132245		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.158768		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.124302		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.213487		65.01
66.00	06600	PHYSICAL THERAPY	0.429521		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.468588		67.00
68.00	06800	SPEECH PATHOLOGY	0.483156		68.00
69.00	06900	ELECTROCARDIOLOGY	0.173952		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.041029		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.561093		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.313191		73.00
73.01	07301	RETAIL PHARMACIES	0.409687		73.01
74.00	07400	RENAL DIALYSIS	0.355102		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	MEDICINE CLINIC	0.357322		90.01
90.02	09002	OB/GYN CLINIC	0.334115		90.02
90.03	09003	ORTHO CLINIC	0.000000		90.03
90.04	09004	PEDIATRICS CLINIC	0.000000		90.04
90.05	09005	DENTISTRY CLINIC	0.000000		90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.213046		90.07
90.08	09008	ENT CLINIC	0.000000		90.08
90.09	09009	GERIATRIC CLINIC	0.000000		90.09
90.10	09010	SPECIALTY CLINIC	0.288872		90.10
90.11	09011	NEUROLOGY CLINIC	0.000000		90.11
90.12	09012	ENDOSCOPY CLINIC	0.195533		90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.441812		90.13
90.14	09014	URGENT VISIT CLINIC	0.000000		90.14
90.15	09015	SENIOR CARE CLINIC	0.000000		90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000		90.16
90.17	09017	CHC CLINIC	1,530.000000		90.17
90.18	09018	PSYCHIATRIC CLINIC	0.998773		90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000		90.19
90.20	09020	DIETARY CLINIC	3.171838		90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000		90.21
90.22	09022	OP BURN CLINIC	0.515787		90.22
90.23	09023	BARITRIC CLINIC	0.000000		90.23
90.24	09024	PLASTICS CLINIC	0.378256		90.24

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/30/2022 10:34 am
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
90.25	09025 WOUND/OSTOMY CLINIC	2.167958		90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	1.903108		90.26
90.27	09027 TRANSGENDER CLINIC	0.434340		90.27
91.00	09100 EMERGENCY	0.143314		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	0.145994		92.01
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.181334		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY				Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet C Part II Date/Time Prepared: 5/30/2022 10:34 am	
Title XIX				Hospital		PPS			
Cost Center Description			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	40,458,770	4,838,717	35,620,053	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	5,143,771	447,073	4,696,698	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,027,800	3,420,196	24,607,604	0	0	54.00	
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	1,520,545	287,147	1,233,398	0	0	56.00	
57.00	05700	CT SCAN	4,808,451	275,699	4,532,752	0	0	57.00	
58.00	05800	MRI	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	3,311	68	3,243	0	0	59.00	
60.00	06000	LABORATORY	27,881,952	1,699,193	26,182,759	0	0	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,550,719	188,973	4,361,746	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	12,768,515	521,190	12,247,325	0	0	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	606,741	35,254	571,487	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	7,933,062	608,928	7,324,134	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	5,080,712	358,269	4,722,443	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	1,839,650	47,612	1,792,038	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	7,800,906	1,111,029	6,689,877	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,770,858	78,552	2,692,306	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,401,105	410,090	24,991,015	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	61,227,048	2,471,213	58,755,835	0	0	73.00	
73.01	07301	RETAIL PHARMACIES	59,003,530	1,435,299	57,568,231	0	0	73.01	
74.00	07400	RENAL DIALYSIS	2,363,647	205,171	2,158,476	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	MEDICINE CLINIC	6,788,139	1,551,503	5,236,636	0	0	90.01	
90.02	09002	OB/GYN CLINIC	3,355,520	751,859	2,603,661	0	0	90.02	
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03	
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04	
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05	
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06	
90.07	09007	OPHTHALMOLOGY CLINIC	2,921,913	578,826	2,343,087	0	0	90.07	
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08	
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09	
90.10	09010	SPECIALTY CLINIC	8,515,137	1,636,351	6,878,786	0	0	90.10	
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11	
90.12	09012	ENDOSCOPY CLINIC	7,260,647	1,030,473	6,230,174	0	0	90.12	
90.13	09013	OCCUPATIONAL THERAPY CLINIC	1,183,882	244,112	939,770	0	0	90.13	
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14	
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15	
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16	
90.17	09017	CHC CLINIC	361,080	38,612	322,468	0	0	90.17	
90.18	09018	PSYCHIATRIC CLINIC	21,390,228	2,791,449	18,598,779	0	0	90.18	
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19	
90.20	09020	DIETARY CLINIC	227,037	4,504	222,533	0	0	90.20	
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21	
90.22	09022	OP BURN CLINIC	1,127,610	209,582	918,028	0	0	90.22	
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23	
90.24	09024	PLASTICS CLINIC	199,995	6,287	193,708	0	0	90.24	
90.25	09025	WOUND/OSTOMY CLINIC	349,967	7,985	341,982	0	0	90.25	
90.26	09026	WCOE/SENIOR CARE CLINIC	3,765,903	702,100	3,063,803	0	0	90.26	
90.27	09027	TRANSFENDER CLINIC	591,275	16,675	574,600	0	0	90.27	
91.00	09100	EMERGENCY	44,586,648	4,494,021	40,092,627	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,889,643	1,335,045	11,554,598	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	4,120,458	354,112	3,766,346	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	40,097,240	2,766,517	37,330,723	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 15-0024

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

Worksheet C
Part II
Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
1.00	2.00	3.00	4.00	5.00				
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	458,923,415	36,959,686	421,963,729	0	0	200.00
201.00		Less Observation Beds	12,889,643	1,335,045	11,554,598	0	0	201.00
202.00		Total (line 200 minus line 201)	446,033,772	35,624,641	410,409,131	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part II Date/Time Prepared: 5/30/2022 10:34 am
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Title XIX	
					Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	40,458,770	236,535,549	0.171047		50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	5,143,771	42,046,418	0.122336		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	28,027,800	160,522,138	0.174604		54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000		55.00
56.00	05600 RADIOISOTOPE	1,520,545	7,106,409	0.213968		56.00
57.00	05700 CT SCAN	4,808,451	86,649,124	0.055493		57.00
58.00	05800 MRI	0	0	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	3,311	0	0.000000		59.00
60.00	06000 LABORATORY	27,881,952	210,835,465	0.132245		60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000		62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	4,550,719	28,662,640	0.158768		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	12,768,515	102,721,911	0.124302		65.00
65.01	03560 PULMONARY FUNCTION TESTING	606,741	2,842,049	0.213487		65.01
66.00	06600 PHYSICAL THERAPY	7,933,062	18,469,576	0.429521		66.00
67.00	06700 OCCUPATIONAL THERAPY	5,080,712	10,842,607	0.468588		67.00
68.00	06800 SPEECH PATHOLOGY	1,839,650	3,807,570	0.483156		68.00
69.00	06900 ELECTROCARDIOLOGY	7,800,906	44,845,164	0.173952		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,770,858	67,534,464	0.041029		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	25,401,105	45,270,721	0.561093		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	61,227,048	195,494,340	0.313191		73.00
73.01	07301 RETAIL PHARMACIES	59,003,530	144,021,064	0.409687		73.01
74.00	07400 RENAL DIALYSIS	2,363,647	6,656,241	0.355102		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	09001 MEDICINE CLINIC	6,788,139	18,997,246	0.357322		90.01
90.02	09002 OB/GYN CLINIC	3,355,520	10,043,008	0.334115		90.02
90.03	09003 ORTHO CLINIC	0	0	0.000000		90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0.000000		90.04
90.05	09005 DENTISTRY CLINIC	0	0	0.000000		90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0.000000		90.06
90.07	09007 OPHTHALMOLOGY CLINIC	2,921,913	13,714,958	0.213046		90.07
90.08	09008 ENT CLINIC	0	0	0.000000		90.08
90.09	09009 GERIATRIC CLINIC	0	0	0.000000		90.09
90.10	09010 SPECIALTY CLINIC	8,515,137	29,477,235	0.288872		90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0.000000		90.11
90.12	09012 ENDOSCOPY CLINIC	7,260,647	37,132,540	0.195533		90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	1,183,882	2,679,605	0.441812		90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0.000000		90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0.000000		90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0.000000		90.16
90.17	09017 CHC CLINIC	361,080	236	1,530.000000		90.17
90.18	09018 PSYCHIATRIC CLINIC	21,390,228	21,416,498	0.998773		90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0.000000		90.19
90.20	09020 DIETARY CLINIC	227,037	71,579	3.171838		90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0.000000		90.21
90.22	09022 OP BURN CLINIC	1,127,610	2,186,194	0.515787		90.22
90.23	09023 BARIATRIC CLINIC	0	0	0.000000		90.23
90.24	09024 PLASTICS CLINIC	199,995	528,729	0.378256		90.24
90.25	09025 WOUND/OSTOMY CLINIC	349,967	161,427	2.167958		90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	3,765,903	1,978,817	1.903108		90.26
90.27	09027 TRANSGENDER CLINIC	591,275	1,361,318	0.434340		90.27
91.00	09100 EMERGENCY	44,586,648	312,859,109	0.142514		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	12,889,643	0	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	4,120,458	28,223,382	0.145994		92.01
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	40,097,240	221,123,482	0.181334		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000		98.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 15-0024

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

Worksheet C Part II Date/Time Prepared: 5/30/2022 10:34 am

Cost Center Description			Title XIX			Hospital	PPS
			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
99.00	09900	CMHC	0	0	0.000000		99.00
99.10	09910	CORF	0	0	0.000000		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0.000000		105.00
106.00	10600	HEART ACQUISITION	0	0	0.000000		106.00
107.00	10700	LIVER ACQUISITION	0	0	0.000000		107.00
108.00	10800	LUNG ACQUISITION	0	0	0.000000		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	11100	ISLET ACQUISITION	0	0	0.000000		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
116.00	11600	HOSPICE	0	0	0.000000		116.00
200.00		Subtotal (sum of lines 50 thru 199)	458,923,415	2,116,818,813			200.00
201.00		Less Observation Beds	12,889,643	0			201.00
202.00		Total (line 200 minus line 201)	446,033,772	2,116,818,813			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 5/30/2022 10:34 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,629,419	0	11,629,419	58,058	200.31	30.00
31.00	INTENSIVE CARE UNIT	3,955,746		3,955,746	21,838	181.14	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	1,487,380		1,487,380	3,295	451.41	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	NEONATAL INTENSIVE CARE UNIT	1,215,618		1,215,618	5,943	204.55	34.01
40.00	SUBPROVIDER - IPF	1,874,588	0	1,874,588	9,952	188.36	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	472,582		472,582	4,868	97.08	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	20,635,333		20,635,333	103,954		200.00

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				

30.00	ADULTS & PEDIATRICS	7,770	1,556,409	30.00
31.00	INTENSIVE CARE UNIT	3,164	573,127	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	267	120,526	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	NEONATAL INTENSIVE CARE UNIT	0	0	34.01
40.00	SUBPROVIDER - IPF	2,091	393,861	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30 through 199)	13,292	2,643,923	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0024

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

Worksheet D
Part II
Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,838,717	236,535,549	0.020457	11,332,838	231,836	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	447,073	42,046,418	0.010633	1,877,986	19,969	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,420,196	160,522,138	0.021307	9,432,784	200,984	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	287,147	7,106,409	0.040407	142,773	5,769	56.00
57.00	05700 CT SCAN	275,699	86,649,124	0.003182	5,020,205	15,974	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	68	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	1,699,193	210,835,465	0.008059	11,066,812	89,187	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	188,973	28,662,640	0.006593	2,811,550	18,537	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	521,190	102,721,911	0.005074	14,521,582	73,683	65.00
65.01	03560 PULMONARY FUNCTION TESTING	35,254	2,842,049	0.012404	19,354	240	65.01
66.00	06600 PHYSICAL THERAPY	608,928	18,469,576	0.032969	1,152,828	38,008	66.00
67.00	06700 OCCUPATIONAL THERAPY	358,269	10,842,607	0.033043	857,560	28,336	67.00
68.00	06800 SPEECH PATHOLOGY	47,612	3,807,570	0.012505	397,947	4,976	68.00
69.00	06900 ELECTROCARDIOLOGY	1,111,029	44,845,164	0.024775	2,816,929	69,789	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	78,552	67,534,464	0.001163	5,714,207	6,646	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	410,090	45,270,721	0.009059	3,496,133	31,671	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,471,213	195,494,340	0.012641	14,553,122	183,966	73.00
73.01	07301 RETAIL PHARMACIES	1,435,299	144,021,064	0.009966	0	0	73.01
74.00	07400 RENAL DIALYSIS	205,171	6,656,241	0.030824	1,384,669	42,681	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 MEDICINE CLINIC	1,551,503	18,997,246	0.081670	9,953	813	90.01
90.02	09002 OB/GYN CLINIC	751,859	10,043,008	0.074864	407	30	90.02
90.03	09003 ORTHO CLINIC	0	0	0.000000	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0.000000	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0.000000	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0.000000	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	578,826	13,714,958	0.042204	25,559	1,079	90.07
90.08	09008 ENT CLINIC	0	0	0.000000	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0.000000	0	0	90.09
90.10	09010 SPECIALTY CLINIC	1,636,351	29,477,235	0.055512	87,581	4,862	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0.000000	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	1,030,473	37,132,540	0.027751	680,295	18,879	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	244,112	2,679,605	0.091100	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0.000000	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0.000000	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0.000000	0	0	90.16
90.17	09017 CHC CLINIC	38,612	236	163.610169	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	2,791,449	21,416,498	0.130341	5,084	663	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0.000000	0	0	90.19
90.20	09020 DIETARY CLINIC	4,504	71,579	0.062923	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0.000000	0	0	90.21
90.22	09022 OP BURN CLINIC	209,582	2,186,194	0.095866	2,034	195	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0.000000	0	0	90.23
90.24	09024 PLASTICS CLINIC	6,287	528,729	0.011891	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	7,985	161,427	0.049465	29,622	1,465	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	702,100	1,978,817	0.354808	2,441	866	90.26
90.27	09027 TRANSGENDER CLINIC	16,675	1,361,318	0.012249	0	0	90.27
91.00	09100 EMERGENCY	4,494,021	312,859,109	0.014364	12,743,047	183,041	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,335,045	0	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	354,112	28,223,382	0.012547	174,423	2,188	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 5/30/2022 10:34 am	
Cost Center Description			Title XVIII		Hospital		PPS	
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	34,193,169	1,895,695,331		100,359,725	1,276,333	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/30/2022 10:34 am
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	58,058	0.00	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	21,838	0.00	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	3,295	0.00	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	5,943	0.00	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	9,952	0.00	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	42.00
43.00	04300	NURSERY	0	0	4,868	0.00	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	44.00
45.00	04500	NURSING FACILITY	0	0	0	0.00	45.00
200.00		Total (lines 30 through 199)	0	0	103,954	0.00	200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
		9.00					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0				31.00
32.00	03200	CORONARY CARE UNIT	0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0				34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0				34.01
40.00	04000	SUBPROVIDER - IPF	0				40.00
41.00	04100	SUBPROVIDER - IRF	0				41.00
42.00	04200	SUBPROVIDER	0				42.00
43.00	04300	NURSERY	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0				44.00
45.00	04500	NURSING FACILITY	0				45.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 10:34 am
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Cost Center Description	Title XVIII			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	705, 725	73.00
73.01 07301 RETAIL PHARMACIES	0	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 MEDICINE CLINIC	0	0	0	0	0	0	90.01
90.02 09002 OB/GYN CLINIC	0	0	0	0	0	0	90.02
90.03 09003 ORTHO CLINIC	0	0	0	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	0	0	0	90.07
90.08 09008 ENT CLINIC	0	0	0	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0	0	90.09
90.10 09010 SPECIALTY CLINIC	0	0	0	0	0	0	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	0	0	0	0	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0	0	90.16
90.17 09017 CHC CLINIC	0	0	0	0	0	0	90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	0	0	0	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0	0	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	0	0	0	0	0	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0	0	90.23
90.24 09024 PLASTICS CLINIC	0	0	0	0	0	0	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	0	0	0	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	0	0	0	90.26
90.27 09027 TRANSGENDER CLINIC	0	0	0	0	0	0	90.27
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/30/2022 10:34 am	
			Title XVIII		Hospital		PPS
Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
200.00	Total (lines 50 through 199)	0	0	0	0	705,725	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 10:34 am
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Cost Center Description	Title XVIII				Hospital	PPS
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	236,535,549	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	42,046,418	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	160,522,138	0.000000	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0.000000	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	7,106,409	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	86,649,124	0.000000	57.00
58.00 05800 MRI	0	0	0	0	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	210,835,465	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	28,662,640	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	102,721,911	0.000000	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	2,842,049	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	18,469,576	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	10,842,607	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	3,807,570	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	44,845,164	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	67,534,464	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	45,270,721	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	705,725	705,725	195,494,340	0.003610	73.00
73.01 07301 RETAIL PHARMACIES	0	0	0	144,021,064	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	6,656,241	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 MEDICINE CLINIC	0	0	0	18,997,246	0.000000	90.01
90.02 09002 OB/GYN CLINIC	0	0	0	10,043,008	0.000000	90.02
90.03 09003 ORTHO CLINIC	0	0	0	0	0.000000	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0.000000	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0.000000	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0.000000	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	13,714,958	0.000000	90.07
90.08 09008 ENT CLINIC	0	0	0	0	0.000000	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0.000000	90.09
90.10 09010 SPECIALTY CLINIC	0	0	0	29,477,235	0.000000	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0.000000	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	0	37,132,540	0.000000	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	2,679,605	0.000000	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0.000000	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0.000000	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0.000000	90.16
90.17 09017 CHC CLINIC	0	0	0	236	0.000000	90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	21,416,498	0.000000	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0.000000	90.19
90.20 09020 DIETARY CLINIC	0	0	0	71,579	0.000000	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0.000000	90.21
90.22 09022 OP BURN CLINIC	0	0	0	2,186,194	0.000000	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0.000000	90.23
90.24 09024 PLASTICS CLINIC	0	0	0	528,729	0.000000	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	161,427	0.000000	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	1,978,817	0.000000	90.26
90.27 09027 TRANSGENDER CLINIC	0	0	0	1,361,318	0.000000	90.27
91.00 09100 EMERGENCY	0	0	0	312,859,109	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	28,223,382	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/30/2022 10:34 am	
Cost Center Description			Title XVIII		Hospital		PPS	
			All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	705,725	705,725	1,895,695,331		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/30/2022 10:34 am	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	11,332,838	0	9,270,943	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,877,986	0	964,549	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	9,432,784	0	9,914,346	0	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	142,773	0	952,656	0	56.00
57.00	05700 CT SCAN	0.000000	5,020,205	0	4,274,843	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	11,066,812	0	4,650,189	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	2,811,550	0	201,790	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	14,521,582	0	942,070	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.000000	19,354	0	352,333	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	1,152,828	0	34,029	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	857,560	0	14,602	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	397,947	0	9,805	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,816,929	0	2,341,285	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	5,714,207	0	2,198,627	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,496,133	0	1,311,704	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003610	14,553,122	52,537	10,322,659	37,265	73.00
73.01	07301 RETAIL PHARMACIES	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	1,384,669	0	63,515	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	0.000000	9,953	0	2,346,515	0	90.01
90.02	09002 OB/GYN CLINIC	0.000000	407	0	208,675	0	90.02
90.03	09003 ORTHO CLINIC	0.000000	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0.000000	25,559	0	1,877,261	0	90.07
90.08	09008 ENT CLINIC	0.000000	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0.000000	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	0.000000	87,581	0	3,283,031	0	90.10
90.11	09011 NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0.000000	680,295	0	3,214,421	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0.000000	0	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16
90.17	09017 CHC CLINIC	0.000000	0	0	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	0.000000	5,084	0	970,478	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	0.000000	0	0	2,720	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0.000000	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	0.000000	2,034	0	135,273	0	90.22
90.23	09023 BARIATRIC CLINIC	0.000000	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	0.000000	0	0	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0.000000	29,622	0	16,020	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0.000000	2,441	0	1,319,284	0	90.26
90.27	09027 TRANSGENDER CLINIC	0.000000	0	0	51,235	0	90.27
91.00	09100 EMERGENCY	0.000000	12,743,047	0	13,514,184	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	0.000000	174,423	0	2,537,919	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/30/2022 10:34 am	
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	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		100,359,725	52,537	77,296,961	37,265	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 5/30/2022 10:34 am	
			Title XVIII		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.171047	9,270,943	0	0	1,585,767	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.122336	964,549	0	0	117,999	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174604	9,914,346	0	53	1,731,084	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.213968	952,656	0	0	203,838	56.00
57.00	05700	CT SCAN	0.055493	4,274,843	0	0	237,224	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.132245	4,650,189	0	0	614,964	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.158768	201,790	0	0	32,038	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.124302	942,070	0	0	117,101	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.213487	352,333	0	0	75,219	65.01
66.00	06600	PHYSICAL THERAPY	0.429521	34,029	0	0	14,616	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.468588	14,602	0	0	6,842	67.00
68.00	06800	SPEECH PATHOLOGY	0.483156	9,805	0	0	4,737	68.00
69.00	06900	ELECTROCARDIOLOGY	0.173952	2,341,285	0	0	407,271	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.041029	2,198,627	0	0	90,207	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.561093	1,311,704	0	0	735,988	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.313191	10,322,659	7,491	176,150	3,232,964	73.00
73.01	07301	RETAIL PHARMACIES	0.409687	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.355102	63,515	0	0	22,554	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0.357322	2,346,515	0	121	838,461	90.01
90.02	09002	OB/GYN CLINIC	0.334115	208,675	0	5	69,721	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.213046	1,877,261	0	0	399,943	90.07
90.08	09008	ENT CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0.288872	3,283,031	0	0	948,376	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.195533	3,214,421	0	0	628,525	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.441812	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16
90.17	09017	CHC CLINIC	1,530.000000	0	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0.998773	970,478	0	0	969,287	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	3.171838	2,720	0	0	8,627	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0.515787	135,273	0	0	69,772	90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	0.378256	0	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	2.167958	16,020	0	0	34,731	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1.903108	1,319,284	0	106	2,510,740	90.26
90.27	09027	TRANSGENDER CLINIC	0.434340	51,235	0	5	22,253	90.27
91.00	09100	EMERGENCY	0.142514	13,514,184	0	179	1,925,960	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0.145994	2,537,919	0	15	370,521	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0		94.00
95.00	09500	AMBULANCE SERVICES	0.181334		0			95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0024

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

Worksheet D
Part V
Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		77,296,961	7,491	176,634	18,027,330	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)		77,296,961	7,491	176,634	18,027,330	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 10:34 am
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Cost Center Description		Costs		Hospital	PPS
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	9		54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0		56.00
57.00	05700 CT SCAN	0	0		57.00
58.00	05800 MRI	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000 LABORATORY	0	0		60.00
60.01	06001 BLOOD LABORATORY	0	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0		65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0		65.01
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	2,346	55,169		73.00
73.01	07301 RETAIL PHARMACIES	0	0		73.01
74.00	07400 RENAL DIALYSIS	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000 CLINIC	0	0		90.00
90.01	09001 MEDICINE CLINIC	0	43		90.01
90.02	09002 OB/GYN CLINIC	0	2		90.02
90.03	09003 ORTHO CLINIC	0	0		90.03
90.04	09004 PEDIATRICS CLINIC	0	0		90.04
90.05	09005 DENTISTRY CLINIC	0	0		90.05
90.06	09006 DERMATOLOGY CLINIC	0	0		90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	0		90.07
90.08	09008 ENT CLINIC	0	0		90.08
90.09	09009 GERIATRIC CLINIC	0	0		90.09
90.10	09010 SPECIALTY CLINIC	0	0		90.10
90.11	09011 NEUROLOGY CLINIC	0	0		90.11
90.12	09012 ENDOSCOPY CLINIC	0	0		90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	0		90.13
90.14	09014 URGENT VISIT CLINIC	0	0		90.14
90.15	09015 SENIOR CARE CLINIC	0	0		90.15
90.16	09016 WOMENS VISIT CLINIC	0	0		90.16
90.17	09017 CHC CLINIC	0	0		90.17
90.18	09018 PSYCHIATRIC CLINIC	0	0		90.18
90.19	09019 ORAL SURGERY CLINIC	0	0		90.19
90.20	09020 DIETARY CLINIC	0	0		90.20
90.21	09021 CENTER OF EXCELLENCE	0	0		90.21
90.22	09022 OP BURN CLINIC	0	0		90.22
90.23	09023 BARIATRIC CLINIC	0	0		90.23
90.24	09024 PLASTICS CLINIC	0	0		90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	0		90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0	202		90.26
90.27	09027 TRANSGENDER CLINIC	0	2		90.27
91.00	09100 EMERGENCY	0	26		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	2		92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0		95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 10:34 am
		Title XVIII	Hospital	PPS

Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	6.00	7.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	96.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	97.00
200.00		Subtotal (see instructions)	2,346	55,455	98.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		200.00
202.00		Net Charges (Line 200 - Line 201)	2,346	55,455	201.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 5/30/2022 10:34 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,838,717	236,535,549	0.020457	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	447,073	42,046,418	0.010633	832	9	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,420,196	160,522,138	0.021307	26,191	558	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	287,147	7,106,409	0.040407	0	0	56.00
57.00	05700	CT SCAN	275,699	86,649,124	0.003182	36,297	115	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	68	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,699,193	210,835,465	0.008059	99,025	798	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	188,973	28,662,640	0.006593	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	521,190	102,721,911	0.005074	39,341	200	65.00
65.01	03560	PULMONARY FUNCTION TESTING	35,254	2,842,049	0.012404	0	0	65.01
66.00	06600	PHYSICAL THERAPY	608,928	18,469,576	0.032969	1,947	64	66.00
67.00	06700	OCCUPATIONAL THERAPY	358,269	10,842,607	0.033043	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	47,612	3,807,570	0.012505	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,111,029	44,845,164	0.024775	20,794	515	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	78,552	67,534,464	0.001163	11,947	14	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	410,090	45,270,721	0.009059	2,790	25	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,471,213	195,494,340	0.012641	909,924	11,502	73.00
73.01	07301	RETAIL PHARMACIES	1,435,299	144,021,064	0.009966	0	0	73.01
74.00	07400	RENAL DIALYSIS	205,171	6,656,241	0.030824	9,948	307	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	MEDICINE CLINIC	1,551,503	18,997,246	0.081670	0	0	90.01
90.02	09002	OB/GYN CLINIC	751,859	10,043,008	0.074864	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0.000000	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0.000000	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0.000000	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	578,826	13,714,958	0.042204	0	0	90.07
90.08	09008	ENT CLINIC	0	0	0.000000	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0.000000	0	0	90.09
90.10	09010	SPECIALTY CLINIC	1,636,351	29,477,235	0.055512	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0.000000	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	1,030,473	37,132,540	0.027751	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	244,112	2,679,605	0.091100	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0.000000	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0.000000	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0.000000	0	0	90.16
90.17	09017	CHC CLINIC	38,612	236	163.610169	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	2,791,449	21,416,498	0.130341	47,548	6,197	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0.000000	0	0	90.19
90.20	09020	DIETARY CLINIC	4,504	71,579	0.062923	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0.000000	0	0	90.21
90.22	09022	OP BURN CLINIC	209,582	2,186,194	0.095866	0	0	90.22
90.23	09023	BARITRIC CLINIC	0	0	0.000000	0	0	90.23
90.24	09024	PLASTICS CLINIC	6,287	528,729	0.011891	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	7,985	161,427	0.049465	699	35	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	702,100	1,978,817	0.354808	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	16,675	1,361,318	0.012249	0	0	90.27
91.00	09100	EMERGENCY	4,494,021	312,859,109	0.014364	285,311	4,098	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	354,112	28,223,382	0.012547	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 5/30/2022 10:34 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	32,858,124	1,895,695,331		1,492,594	24,437	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/30/2022 10:34 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	705,725	73.00
73.01	07301	RETAIL PHARMACIES	0	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0	0	0	0	0	0	90.01
90.02	09002	OB/GYN CLINIC	0	0	0	0	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	0	0	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0	0	0	0	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0	0	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0	0	0	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	0	0	0	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0	0	0	0	0	0	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	0	0	0	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0	0	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	0	0	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	0	0	0	0	0	0	90.27
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/30/2022 10:34 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	705,725	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/30/2022 10:34 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	236,535,549	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	42,046,418	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	160,522,138	0.000000	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	7,106,409	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	86,649,124	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	210,835,465	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	28,662,640	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	102,721,911	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	2,842,049	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	18,469,576	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,842,607	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,807,570	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	44,845,164	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	67,534,464	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	45,270,721	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	705,725	705,725	195,494,340	0.003610	73.00
73.01	07301	RETAIL PHARMACIES	0	0	0	144,021,064	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	6,656,241	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	MEDICINE CLINIC	0	0	0	18,997,246	0.000000	90.01
90.02	09002	OB/GYN CLINIC	0	0	0	10,043,008	0.000000	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0.000000	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0.000000	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0.000000	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	13,714,958	0.000000	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0.000000	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0.000000	90.09
90.10	09010	SPECIALTY CLINIC	0	0	0	29,477,235	0.000000	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0.000000	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0	37,132,540	0.000000	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	2,679,605	0.000000	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0.000000	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0.000000	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0.000000	90.16
90.17	09017	CHC CLINIC	0	0	0	236	0.000000	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	0	0	21,416,498	0.000000	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0.000000	90.19
90.20	09020	DIETARY CLINIC	0	0	0	71,579	0.000000	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0.000000	90.21
90.22	09022	OP BURN CLINIC	0	0	0	2,186,194	0.000000	90.22
90.23	09023	BARITRIC CLINIC	0	0	0	0	0.000000	90.23
90.24	09024	PLASTICS CLINIC	0	0	0	528,729	0.000000	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0	161,427	0.000000	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	0	1,978,817	0.000000	90.26
90.27	09027	TRANSGENDER CLINIC	0	0	0	1,361,318	0.000000	90.27
91.00	09100	EMERGENCY	0	0	0	312,859,109	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	28,223,382	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/30/2022 10:34 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	705,725	705,725	1,895,695,331		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/30/2022 10:34 am	
				Title XVIII		Subprovider - IPF	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	832	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	26,191	0	0	0	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	36,297	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	99,025	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	39,341	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	1,947	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	20,794	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	11,947	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,790	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003610	909,924	3,285	0	0	73.00
73.01	07301 RETAIL PHARMACIES	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	9,948	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 OB/GYN CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 ORTHO CLINIC	0.000000	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0.000000	0	0	0	0	90.07
90.08	09008 ENT CLINIC	0.000000	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0.000000	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	0.000000	0	0	0	0	90.10
90.11	09011 NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0.000000	0	0	0	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0.000000	0	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16
90.17	09017 CHC CLINIC	0.000000	0	0	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	0.000000	47,548	0	0	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	0.000000	0	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0.000000	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	0.000000	0	0	0	0	90.22
90.23	09023 BARIATRIC CLINIC	0.000000	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	0.000000	0	0	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0.000000	699	0	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0.000000	0	0	0	0	90.26
90.27	09027 TRANSGENDER CLINIC	0.000000	0	0	0	0	90.27
91.00	09100 EMERGENCY	0.000000	285,311	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART) -CD	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/30/2022 10:34 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		1,492,594	3,285	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 5/30/2022 10:34 am
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	11,629,419	0	11,629,419	58,058	200.31	30.00	
31.00	INTENSIVE CARE UNIT	3,955,746		3,955,746	21,838	181.14	31.00	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
33.00	BURN INTENSIVE CARE UNIT	1,487,380		1,487,380	3,295	451.41	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
34.01	NEONATAL INTENSIVE CARE UNIT	1,215,618		1,215,618	5,943	204.55	34.01	
40.00	SUBPROVIDER - IPF	1,874,588	0	1,874,588	9,952	188.36	40.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	472,582		472,582	4,868	97.08	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (lines 30 through 199)	20,635,333		20,635,333	103,954		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	10,743	2,151,930					30.00
31.00	INTENSIVE CARE UNIT	3,882	703,185					31.00
32.00	CORONARY CARE UNIT	0	0					32.00
33.00	BURN INTENSIVE CARE UNIT	120	54,169					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
34.01	NEONATAL INTENSIVE CARE UNIT	2,065	422,396					34.01
40.00	SUBPROVIDER - IPF	853	160,671					40.00
41.00	SUBPROVIDER - IRF	0	0					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	4,537	440,452					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
45.00	NURSING FACILITY	0	0					45.00
200.00	Total (lines 30 through 199)	22,200	3,932,803					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 5/30/2022 10:34 am	
Title XIX			Hospital		PPS			
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,838,717	236,535,549	0.020457	54,815,776	1,121,366	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	447,073	42,046,418	0.010633	11,055,476	117,553	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,420,196	160,522,138	0.021307	28,082,154	598,346	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	287,147	7,106,409	0.040407	504,376	20,380	56.00
57.00	05700	CT SCAN	275,699	86,649,124	0.003182	16,477,100	52,430	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	68	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,699,193	210,835,465	0.008059	43,128,413	347,572	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	188,973	28,662,640	0.006593	11,774,482	77,629	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	521,190	102,721,911	0.005074	43,860,210	222,547	65.00
65.01	03560	PULMONARY FUNCTION TESTING	35,254	2,842,049	0.012404	52,609	653	65.01
66.00	06600	PHYSICAL THERAPY	608,928	18,469,576	0.032969	3,342,197	110,189	66.00
67.00	06700	OCCUPATIONAL THERAPY	358,269	10,842,607	0.033043	3,020,275	99,799	67.00
68.00	06800	SPEECH PATHOLOGY	47,612	3,807,570	0.012505	1,053,677	13,176	68.00
69.00	06900	ELECTROCARDIOLOGY	1,111,029	44,845,164	0.024775	8,501,874	210,634	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	78,552	67,534,464	0.001163	20,599,479	23,957	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	410,090	45,270,721	0.009059	12,490,959	113,156	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,471,213	195,494,340	0.012641	57,744,915	729,953	73.00
73.01	07301	RETAIL PHARMACIES	1,435,299	144,021,064	0.009966	0	0	73.01
74.00	07400	RENAL DIALYSIS	205,171	6,656,241	0.030824	3,078,536	94,893	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	MEDICINE CLINIC	1,551,503	18,997,246	0.081670	11,794	963	90.01
90.02	09002	OB/GYN CLINIC	751,859	10,043,008	0.074864	10,425	780	90.02
90.03	09003	ORTHO CLINIC	0	0	0.000000	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0.000000	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0.000000	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	578,826	13,714,958	0.042204	83,584	3,528	90.07
90.08	09008	ENT CLINIC	0	0	0.000000	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0.000000	0	0	90.09
90.10	09010	SPECIALTY CLINIC	1,636,351	29,477,235	0.055512	227,680	12,639	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0.000000	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	1,030,473	37,132,540	0.027751	1,663,736	46,170	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	244,112	2,679,605	0.091100	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0.000000	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0.000000	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0.000000	0	0	90.16
90.17	09017	CHC CLINIC	38,612	236	163.610169	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	2,791,449	21,416,498	0.130341	48,416	6,311	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0.000000	0	0	90.19
90.20	09020	DIETARY CLINIC	4,504	71,579	0.062923	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0.000000	0	0	90.21
90.22	09022	OP BURN CLINIC	209,582	2,186,194	0.095866	4,700	451	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0.000000	0	0	90.23
90.24	09024	PLASTICS CLINIC	6,287	528,729	0.011891	1,182	14	90.24
90.25	09025	WOUND/OSTOMY CLINIC	7,985	161,427	0.049465	53,505	2,647	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	702,100	1,978,817	0.354808	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	16,675	1,361,318	0.012249	0	0	90.27
91.00	09100	EMERGENCY	4,494,021	312,859,109	0.014364	48,850,662	701,691	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,335,045	0	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	354,112	28,223,382	0.012547	1,040,065	13,050	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 5/30/2022 10:34 am	
Cost Center Description			Title XIX		Hospital		PPS	
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	34,193,169	1,895,695,331		371,578,257	4,742,477	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/30/2022 10:34 am
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	58,058	0.00	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	21,838	0.00	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	3,295	0.00	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	5,943	0.00	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	9,952	0.00	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	42.00
43.00	04300	NURSERY	0	0	4,868	0.00	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	44.00
45.00	04500	NURSING FACILITY	0	0	0	0.00	45.00
200.00		Total (lines 30 through 199)	0	0	103,954	0.00	200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
		9.00					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0				31.00
32.00	03200	CORONARY CARE UNIT	0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0				34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0				34.01
40.00	04000	SUBPROVIDER - IPF	0				40.00
41.00	04100	SUBPROVIDER - IRF	0				41.00
42.00	04200	SUBPROVIDER	0				42.00
43.00	04300	NURSERY	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0				44.00
45.00	04500	NURSING FACILITY	0				45.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/30/2022 10:34 am	
Cost Center Description		Title XIX			Hospital		PPS
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	RETAIL PHARMACIES	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0	0	0	0	90.01
90.02	09002	OB/GYN CLINIC	0	0	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	90.07
90.08	09008	ENT CLINIC	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0	0	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	0	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0	0	0	0	90.22
90.23	09023	BARITRIC CLINIC	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	0	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	0	0	0	0	90.27
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/30/2022 10:34 am	
		Title XIX		Hospital		PPS	
Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
200.00	Total (lines 50 through 199)	0	0	0	0	705,725	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 10:34 am
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Cost Center Description	Title XIX			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	236,535,549	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	42,046,418	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	160,522,138	0.000000	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0.000000	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	7,106,409	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	86,649,124	0.000000	57.00
58.00 05800 MRI	0	0	0	0	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	210,835,465	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	28,662,640	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	102,721,911	0.000000	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	2,842,049	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	18,469,576	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	10,842,607	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	3,807,570	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	44,845,164	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	67,534,464	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	45,270,721	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	705,725	705,725	195,494,340	0.003610	73.00
73.01 07301 RETAIL PHARMACIES	0	0	0	144,021,064	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	6,656,241	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 MEDICINE CLINIC	0	0	0	18,997,246	0.000000	90.01
90.02 09002 OB/GYN CLINIC	0	0	0	10,043,008	0.000000	90.02
90.03 09003 ORTHO CLINIC	0	0	0	0	0.000000	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0.000000	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0.000000	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0.000000	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	13,714,958	0.000000	90.07
90.08 09008 ENT CLINIC	0	0	0	0	0.000000	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0.000000	90.09
90.10 09010 SPECIALTY CLINIC	0	0	0	29,477,235	0.000000	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0.000000	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	0	37,132,540	0.000000	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	2,679,605	0.000000	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0.000000	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0.000000	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0.000000	90.16
90.17 09017 CHC CLINIC	0	0	0	236	0.000000	90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	21,416,498	0.000000	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0.000000	90.19
90.20 09020 DIETARY CLINIC	0	0	0	71,579	0.000000	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0.000000	90.21
90.22 09022 OP BURN CLINIC	0	0	0	2,186,194	0.000000	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0.000000	90.23
90.24 09024 PLASTICS CLINIC	0	0	0	528,729	0.000000	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	161,427	0.000000	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	1,978,817	0.000000	90.26
90.27 09027 TRANSGENDER CLINIC	0	0	0	1,361,318	0.000000	90.27
91.00 09100 EMERGENCY	0	0	0	312,859,109	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART) -CD	0	0	0	28,223,382	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/30/2022 10:34 am	
Cost Center Description			Title XIX		Hospital		PPS	
			All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	705,725	705,725	1,895,695,331		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/30/2022 10:34 am	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	54,815,776	0	51,016,959	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	11,055,476	0	9,049,987	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	28,082,154	0	39,052,085	0	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	504,376	0	2,104,194	0	56.00
57.00	05700 CT SCAN	0.000000	16,477,100	0	22,820,722	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	43,128,413	0	59,908,208	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	11,774,482	0	2,545,755	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	43,860,210	0	3,341,946	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.000000	52,609	0	1,086,686	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	3,342,197	0	4,359,393	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	3,020,275	0	2,143,277	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	1,053,677	0	1,235,395	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	8,501,874	0	10,509,363	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	20,599,479	0	9,201,907	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	12,490,959	0	7,063,583	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003610	57,744,915	208,459	29,588,573	106,815	73.00
73.01	07301 RETAIL PHARMACIES	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	3,078,536	0	208,099	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	0.000000	11,794	0	5,890,761	0	90.01
90.02	09002 OB/GYN CLINIC	0.000000	10,425	0	3,695,111	0	90.02
90.03	09003 ORTHO CLINIC	0.000000	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0.000000	83,584	0	3,853,983	0	90.07
90.08	09008 ENT CLINIC	0.000000	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0.000000	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	0.000000	227,680	0	10,984,282	0	90.10
90.11	09011 NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0.000000	1,663,736	0	12,193,578	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0.000000	0	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16
90.17	09017 CHC CLINIC	0.000000	0	0	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	0.000000	48,416	0	549,398	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	0.000000	0	0	25,581	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0.000000	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	0.000000	4,700	0	620,169	0	90.22
90.23	09023 BARIATRIC CLINIC	0.000000	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	0.000000	1,182	0	313,438	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0.000000	53,505	0	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0.000000	0	0	226,782	0	90.26
90.27	09027 TRANSGENDER CLINIC	0.000000	0	0	569,816	0	90.27
91.00	09100 EMERGENCY	0.000000	48,850,662	0	105,456,703	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	0.000000	1,040,065	0	7,147,389	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/30/2022 10:34 am	
			Title XIX		Hospital		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		371,578,257	208,459	406,763,123	106,815	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 5/30/2022 10:34 am	
			Title XIX		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.171047	51,016,959	0	0	8,726,298	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.122336	9,049,987	0	0	1,107,139	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174604	39,052,085	0	0	6,818,650	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.213968	2,104,194	0	0	450,230	56.00
57.00	05700	CT SCAN	0.055493	22,820,722	0	0	1,266,390	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.132245	59,908,208	0	0	7,922,561	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.158768	2,545,755	0	0	404,184	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.124302	3,341,946	0	0	415,411	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.213487	1,086,686	0	0	231,993	65.01
66.00	06600	PHYSICAL THERAPY	0.429521	4,359,393	0	0	1,872,451	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.468588	2,143,277	0	0	1,004,314	67.00
68.00	06800	SPEECH PATHOLOGY	0.483156	1,235,395	0	0	596,889	68.00
69.00	06900	ELECTROCARDIOLOGY	0.173952	10,509,363	0	0	1,828,125	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.041029	9,201,907	0	0	377,545	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.561093	7,063,583	0	0	3,963,327	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.313191	29,588,573	0	0	9,266,875	73.00
73.01	07301	RETAIL PHARMACIES	0.409687	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.355102	208,099	0	0	73,896	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0.357322	5,890,761	0	0	2,104,899	90.01
90.02	09002	OB/GYN CLINIC	0.334115	3,695,111	0	0	1,234,592	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.213046	3,853,983	0	0	821,076	90.07
90.08	09008	ENT CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0.288872	10,984,282	0	0	3,173,052	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.195533	12,193,578	0	0	2,384,247	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.441812	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16
90.17	09017	CHC CLINIC	1,530.000000	0	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0.998773	549,398	0	0	548,724	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	3.171838	25,581	0	0	81,139	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0.515787	620,169	0	0	319,875	90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	0.378256	313,438	0	0	118,560	90.24
90.25	09025	WOUND/OSTOMY CLINIC	2.167958	0	0	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	1.903108	226,782	0	0	431,591	90.26
90.27	09027	TRANSGENER CLINIC	0.434340	569,816	0	0	247,494	90.27
91.00	09100	EMERGENCY	0.142514	105,456,703	0	0	15,029,057	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0.145994	7,147,389	0	0	1,043,476	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.181334	0	0	0	0	95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0024

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

Worksheet D
Part V
Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		406,763,123	0	0	73,864,060	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		406,763,123	0	0	73,864,060	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 10:34 am
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Cost Center Description		Costs		Hospital	PPS
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0		56.00
57.00	05700 CT SCAN	0	0		57.00
58.00	05800 MRI	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000 LABORATORY	0	0		60.00
60.01	06001 BLOOD LABORATORY	0	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0		65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0		65.01
66.00	06600 PHYSICAL THERAPY	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
73.01	07301 RETAIL PHARMACIES	0	0		73.01
74.00	07400 RENAL DIALYSIS	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000 CLINIC	0	0		90.00
90.01	09001 MEDICINE CLINIC	0	0		90.01
90.02	09002 OB/GYN CLINIC	0	0		90.02
90.03	09003 ORTHO CLINIC	0	0		90.03
90.04	09004 PEDIATRICS CLINIC	0	0		90.04
90.05	09005 DENTISTRY CLINIC	0	0		90.05
90.06	09006 DERMATOLOGY CLINIC	0	0		90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0	0		90.07
90.08	09008 ENT CLINIC	0	0		90.08
90.09	09009 GERIATRIC CLINIC	0	0		90.09
90.10	09010 SPECIALTY CLINIC	0	0		90.10
90.11	09011 NEUROLOGY CLINIC	0	0		90.11
90.12	09012 ENDOSCOPY CLINIC	0	0		90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0	0		90.13
90.14	09014 URGENT VISIT CLINIC	0	0		90.14
90.15	09015 SENIOR CARE CLINIC	0	0		90.15
90.16	09016 WOMENS VISIT CLINIC	0	0		90.16
90.17	09017 CHC CLINIC	0	0		90.17
90.18	09018 PSYCHIATRIC CLINIC	0	0		90.18
90.19	09019 ORAL SURGERY CLINIC	0	0		90.19
90.20	09020 DIETARY CLINIC	0	0		90.20
90.21	09021 CENTER OF EXCELLENCE	0	0		90.21
90.22	09022 OP BURN CLINIC	0	0		90.22
90.23	09023 BARIATRIC CLINIC	0	0		90.23
90.24	09024 PLASTICS CLINIC	0	0		90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	0		90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0	0		90.26
90.27	09027 TRANSGENDER CLINIC	0	0		90.27
91.00	09100 EMERGENCY	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0		92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0		95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 10:34 am
		Title XIX	Hospital	PPS

Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	6.00	7.00		
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		96.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0		97.00
200.00		Subtotal (see instructions)	0	0		98.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			200.00
202.00		Net Charges (Line 200 - Line 201)	0	0		201.00
						202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 5/30/2022 10:34 am	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,838,717	236,535,549	0.020457	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	447,073	42,046,418	0.010633	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,420,196	160,522,138	0.021307	0	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	287,147	7,106,409	0.040407	0	0	56.00
57.00	05700	CT SCAN	275,699	86,649,124	0.003182	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	68	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,699,193	210,835,465	0.008059	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	188,973	28,662,640	0.006593	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	521,190	102,721,911	0.005074	4,871	25	65.00
65.01	03560	PULMONARY FUNCTION TESTING	35,254	2,842,049	0.012404	0	0	65.01
66.00	06600	PHYSICAL THERAPY	608,928	18,469,576	0.032969	476	16	66.00
67.00	06700	OCCUPATIONAL THERAPY	358,269	10,842,607	0.033043	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	47,612	3,807,570	0.012505	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,111,029	44,845,164	0.024775	46,975	1,164	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	78,552	67,534,464	0.001163	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	410,090	45,270,721	0.009059	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,471,213	195,494,340	0.012641	0	0	73.00
73.01	07301	RETAIL PHARMACIES	1,435,299	144,021,064	0.009966	0	0	73.01
74.00	07400	RENAL DIALYSIS	205,171	6,656,241	0.030824	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	MEDICINE CLINIC	1,551,503	18,997,246	0.081670	0	0	90.01
90.02	09002	OB/GYN CLINIC	751,859	10,043,008	0.074864	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0.000000	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0.000000	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0.000000	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	578,826	13,714,958	0.042204	0	0	90.07
90.08	09008	ENT CLINIC	0	0	0.000000	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0.000000	0	0	90.09
90.10	09010	SPECIALTY CLINIC	1,636,351	29,477,235	0.055512	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0.000000	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	1,030,473	37,132,540	0.027751	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	244,112	2,679,605	0.091100	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0.000000	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0.000000	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0.000000	0	0	90.16
90.17	09017	CHC CLINIC	38,612	236	163.610169	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	2,791,449	21,416,498	0.130341	130,863	17,057	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0.000000	0	0	90.19
90.20	09020	DIETARY CLINIC	4,504	71,579	0.062923	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0.000000	0	0	90.21
90.22	09022	OP BURN CLINIC	209,582	2,186,194	0.095866	0	0	90.22
90.23	09023	BARITRIC CLINIC	0	0	0.000000	0	0	90.23
90.24	09024	PLASTICS CLINIC	6,287	528,729	0.011891	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	7,985	161,427	0.049465	815	40	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	702,100	1,978,817	0.354808	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	16,675	1,361,318	0.012249	0	0	90.27
91.00	09100	EMERGENCY	4,494,021	312,859,109	0.014364	368,749	5,297	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	354,112	28,223,382	0.012547	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 5/30/2022 10:34 am	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	32,858,124	1,895,695,331		552,749	23,599	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/30/2022 10:34 am	
				Title XIX		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	705,725	73.00
73.01	07301	RETAIL PHARMACIES	0	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0	0	0	0	0	0	90.01
90.02	09002	OB/GYN CLINIC	0	0	0	0	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	0	0	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0	0	0	0	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0	0	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0	0	0	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	0	0	0	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0	0	0	0	0	0	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	0	0	0	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0	0	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	0	0	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	0	0	0	0	0	0	90.27
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/30/2022 10:34 am	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	705,725	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/30/2022 10:34 am	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	236,535,549	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	42,046,418	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	160,522,138	0.000000	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	7,106,409	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	86,649,124	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	210,835,465	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	28,662,640	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	102,721,911	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	2,842,049	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	18,469,576	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,842,607	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,807,570	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	44,845,164	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	67,534,464	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	45,270,721	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	705,725	705,725	195,494,340	0.003610	73.00
73.01	07301	RETAIL PHARMACIES	0	0	0	144,021,064	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	6,656,241	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	MEDICINE CLINIC	0	0	0	18,997,246	0.000000	90.01
90.02	09002	OB/GYN CLINIC	0	0	0	10,043,008	0.000000	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0.000000	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0.000000	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0.000000	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	13,714,958	0.000000	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0.000000	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0.000000	90.09
90.10	09010	SPECIALTY CLINIC	0	0	0	29,477,235	0.000000	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0.000000	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0	37,132,540	0.000000	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	2,679,605	0.000000	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0.000000	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0.000000	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0.000000	90.16
90.17	09017	CHC CLINIC	0	0	0	236	0.000000	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	0	0	21,416,498	0.000000	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0.000000	90.19
90.20	09020	DIETARY CLINIC	0	0	0	71,579	0.000000	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0.000000	90.21
90.22	09022	OP BURN CLINIC	0	0	0	2,186,194	0.000000	90.22
90.23	09023	BARITRIC CLINIC	0	0	0	0	0.000000	90.23
90.24	09024	PLASTICS CLINIC	0	0	0	528,729	0.000000	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0	161,427	0.000000	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	0	1,978,817	0.000000	90.26
90.27	09027	TRANSGENDER CLINIC	0	0	0	1,361,318	0.000000	90.27
91.00	09100	EMERGENCY	0	0	0	312,859,109	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	28,223,382	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/30/2022 10:34 am	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	705,725	705,725	1,895,695,331		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/30/2022 10:34 am	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	4,871	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	476	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	46,975	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003610	0	0	0	0	73.00
73.01	07301 RETAIL PHARMACIES	0.000000	0	0	0	0	73.01
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
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 OB/GYN CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 ORTHO CLINIC	0.000000	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0.000000	0	0	0	0	90.07
90.08	09008 ENT CLINIC	0.000000	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0.000000	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	0.000000	0	0	0	0	90.10
90.11	09011 NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0.000000	0	0	0	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0.000000	0	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16
90.17	09017 CHC CLINIC	0.000000	0	0	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	0.000000	130,863	0	0	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	0.000000	0	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0.000000	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	0.000000	0	0	0	0	90.22
90.23	09023 BARIATRIC CLINIC	0.000000	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	0.000000	0	0	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0.000000	815	0	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0.000000	0	0	0	0	90.26
90.27	09027 TRANSGENDER CLINIC	0.000000	0	0	0	0	90.27
91.00	09100 EMERGENCY	0.000000	368,749	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART) -CD	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/30/2022 10:34 am	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		552,749	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2022 10:34 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		58,058	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		58,058	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)		51,393	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		7,770	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)		112,279,900	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)		112,279,900	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)		112,279,900	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)		1,933.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,026,636	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		15,026,636	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	41,503,924	21,838	1,900.54	3,164	6,013,309	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	10,975,907	3,295	3,331.08	267	889,398	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	NEONATAL INTENSIVE CARE UNIT	10,192,508	5,943	1,715.04	0	0	46.01
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)					18,762,605	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					40,691,948	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,250,062	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,328,870	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,578,932	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					37,113,016	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					6,665	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,933.93	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					12,889,643	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/30/2022 10:34 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	11,629,419	112,279,900	0.103575	12,889,643	1,335,045	90.00
91.00	Nursing Program cost	0	112,279,900	0.000000	12,889,643	0	91.00
92.00	Allied health cost	0	112,279,900	0.000000	12,889,643	0	92.00
93.00	All other Medical Education	0	112,279,900	0.000000	12,889,643	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/30/2022 10:34 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,952	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,952	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)		9,952	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)		2,091	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)		10,783,589	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)		10,783,589	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)		10,783,589	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)		1,083.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,265,724	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,265,724	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
				Component CCN: 15-S024	Date/Time Prepared: 5/30/2022 10:34 am		
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.01
47.00	OTHER SPECIAL CARE (SPECIFY)	0	0	0.00	0	0	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					409,590	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,675,314	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)					393,861	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					27,722	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					421,583	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,253,731	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/30/2022 10:34 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,874,588	10,783,589	0.173837	0	0	90.00
91.00	Nursing Program cost	0	10,783,589	0.000000	0	0	91.00
92.00	Allied health cost	0	10,783,589	0.000000	0	0	92.00
93.00	All other Medical Education	0	10,783,589	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/30/2022 10:34 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		58,058	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		58,058	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)		51,393	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		10,743	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)		4,868	15.00
16.00	Nursery days (title V or XIX only)		4,537	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)		112,279,900	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)		112,279,900	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)		112,279,900	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)		1,933.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,776,210	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)		20,776,210	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/30/2022 10:34 am	
Title XIX			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	3,948,993	4,868	811.21	4,537	3,680,460	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	41,503,924	21,838	1,900.54	3,882	7,377,896	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	10,975,907	3,295	3,331.08	120	399,730	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01 NEONATAL INTENSIVE CARE UNIT	10,192,508	5,943	1,715.04	2,065	3,541,558	46.01
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)					69,297,774	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					105,073,628	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,772,132	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,950,936	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					8,723,068	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					96,350,560	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					6,665	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,933.93	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					12,889,643	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/30/2022 10:34 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	11,629,419	112,279,900	0.103575	12,889,643	1,335,045	90.00
91.00	Nursing Program cost	0	112,279,900	0.000000	12,889,643	0	91.00
92.00	Allied health cost	0	112,279,900	0.000000	12,889,643	0	92.00
93.00	All other Medical Education	0	112,279,900	0.000000	12,889,643	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/30/2022 10:34 am
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,952	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,952	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)		9,952	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)		853	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		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)		4,868	15.00
16.00	Nursery days (title V or XIX only)		4,537	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)		10,783,589	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)		10,783,589	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)		10,783,589	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)		1,083.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		924,277	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)		924,277	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
				Component CCN: 15-S024		Date/Time Prepared: 5/30/2022 10:34 am	
				Title XIX	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
46.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.01
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)					194,296		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,118,573		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)					160,671		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					23,599		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					184,270		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					934,303		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/30/2022 10:34 am	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,874,588	10,783,589	0.173837	0	0	90.00
91.00	Nursing Program cost	0	10,783,589	0.000000	0	0	91.00
92.00	Allied health cost	0	10,783,589	0.000000	0	0	92.00
93.00	All other Medical Education	0	10,783,589	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/30/2022 10:34 am
Cost Center Description			Title XVIII	Hospital	PPS
			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		19,750,820	30.00
31.00	03100	INTENSIVE CARE UNIT		18,484,704	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		6,454,729	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		0	34.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.171047	11,332,838	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.122336	1,877,986	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174604	9,432,784	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.213968	142,773	56.00
57.00	05700	CT SCAN	0.055493	5,020,205	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.132245	11,066,812	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.158768	2,811,550	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.124302	14,521,582	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.213487	19,354	65.01
66.00	06600	PHYSICAL THERAPY	0.429521	1,152,828	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.468588	857,560	67.00
68.00	06800	SPEECH PATHOLOGY	0.483156	397,947	68.00
69.00	06900	ELECTROCARDIOLOGY	0.173952	2,816,929	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.041029	5,714,207	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.561093	3,496,133	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.313191	14,553,122	73.00
73.01	07301	RETAIL PHARMACIES	0.409687	0	73.01
74.00	07400	RENAL DIALYSIS	0.355102	1,384,669	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	MEDICINE CLINIC	0.357322	9,953	90.01
90.02	09002	OB/GYN CLINIC	0.334115	407	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.213046	25,559	90.07
90.08	09008	ENT CLINIC	0.000000	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	90.09
90.10	09010	SPECIALTY CLINIC	0.288872	87,581	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.195533	680,295	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.441812	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	90.16
90.17	09017	CHC CLINIC	1,530.000000	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0.998773	5,084	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	90.19
90.20	09020	DIETARY CLINIC	3.171838	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	90.21
90.22	09022	OP BURN CLINIC	0.515787	2,034	90.22
90.23	09023	BIARIATRIC CLINIC	0.000000	0	90.23
90.24	09024	PLASTICS CLINIC	0.378256	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	2.167958	29,622	90.25

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/30/2022 10:34 am	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.26	09026	WCOE/SENIOR CARE CLINIC	1.903108	2,441	4,645	90.26
90.27	09027	TRANSGENDER CLINIC	0.434340	0	0	90.27
91.00	09100	EMERGENCY	0.143314	12,743,047	1,826,257	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	0.145994	174,423	25,465	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		100,359,725	18,762,605	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)		100,359,725		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/30/2022 10:34 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT			34.01
40.00	04000	SUBPROVIDER - IPF		4,604,991	40.00
41.00	04100	SUBPROVIDER - IPF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.171047	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.122336	832	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174604	26,191	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.213968	0	56.00
57.00	05700	CT SCAN	0.055493	36,297	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.132245	99,025	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.158768	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.124302	39,341	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.213487	0	65.01
66.00	06600	PHYSICAL THERAPY	0.429521	1,947	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.468588	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.483156	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.173952	20,794	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.041029	11,947	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.561093	2,790	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.313191	909,924	73.00
73.01	07301	RETAIL PHARMACIES	0.409687	0	73.01
74.00	07400	RENAL DIALYSIS	0.355102	9,948	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	MEDICINE CLINIC	0.357322	0	90.01
90.02	09002	OB/GYN CLINIC	0.334115	0	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.213046	0	90.07
90.08	09008	ENT CLINIC	0.000000	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	90.09
90.10	09010	SPECIALTY CLINIC	0.288872	0	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.195533	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.441812	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	90.16
90.17	09017	CHC CLINIC	1,530.000000	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0.998773	47,548	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	90.19
90.20	09020	DIETARY CLINIC	3.171838	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	90.21
90.22	09022	OP BURN CLINIC	0.515787	0	90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	90.23
90.24	09024	PLASTICS CLINIC	0.378256	0	90.24

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/30/2022 10:34 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
90.25	09025 WOUND/OSTOMY CLINIC	2.167958	699	1,515	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	1.903108	0	0	90.26
90.27	09027 TRANSGENDER CLINIC	0.434340	0	0	90.27
91.00	09100 EMERGENCY	0.143314	285,311	40,889	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	0.145994	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,492,594	409,590	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		1,492,594		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/30/2022 10:34 am
Cost Center Description			Title XIX	Hospital	PPS
			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		110,627,361	30.00
31.00	03100	INTENSIVE CARE UNIT		59,272,955	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		24,270,243	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		22,970,676	34.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.171047	54,815,776	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.122336	11,055,476	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174604	28,082,154	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.213968	504,376	56.00
57.00	05700	CT SCAN	0.055493	16,477,100	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.132245	43,128,413	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.158768	11,774,482	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.124302	43,860,210	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.213487	52,609	65.01
66.00	06600	PHYSICAL THERAPY	0.429521	3,342,197	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.468588	3,020,275	67.00
68.00	06800	SPEECH PATHOLOGY	0.483156	1,053,677	68.00
69.00	06900	ELECTROCARDIOLOGY	0.173952	8,501,874	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.041029	20,599,479	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.561093	12,490,959	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.313191	57,744,915	73.00
73.01	07301	RETAIL PHARMACIES	0.409687	0	73.01
74.00	07400	RENAL DIALYSIS	0.355102	3,078,536	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	MEDICINE CLINIC	0.357322	11,794	90.01
90.02	09002	OB/GYN CLINIC	0.334115	10,425	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.213046	83,584	90.07
90.08	09008	ENT CLINIC	0.000000	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	90.09
90.10	09010	SPECIALTY CLINIC	0.288872	227,680	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.195533	1,663,736	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.441812	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	90.16
90.17	09017	CHC CLINIC	1,530.000000	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	0.998773	48,416	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	90.19
90.20	09020	DIETARY CLINIC	3.171838	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	90.21
90.22	09022	OP BURN CLINIC	0.515787	4,700	90.22
90.23	09023	BIARIATRIC CLINIC	0.000000	0	90.23
90.24	09024	PLASTICS CLINIC	0.378256	1,182	90.24
90.25	09025	WOUND/OSTOMY CLINIC	2.167958	53,505	90.25

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/30/2022 10:34 am	
Cost Center Description			Title XIX	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.26	09026	WCOE/SENIOR CARE CLINIC	1.903108	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	0.434340	0	0	90.27
91.00	09100	EMERGENCY	0.143314	48,850,662	7,000,984	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	0.145994	1,040,065	151,843	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		371,578,257	69,297,774	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)		371,578,257		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3	
		Component CCN: 15-S024		Date/Time Prepared: 5/30/2022 10:34 am	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT			34.01
40.00	04000	SUBPROVIDER - IPF		11,467,604	40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.171047	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.122336	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174604	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.213968	0	56.00
57.00	05700	CT SCAN	0.055493	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.132245	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.158768	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.124302	4,871	605 65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.213487	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0.429521	476	204 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.468588	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.483156	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.173952	46,975	8,171 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.041029	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.561093	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.313191	0	0 73.00
73.01	07301	RETAIL PHARMACIES	0.409687	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.355102	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	MEDICINE CLINIC	0.357322	0	0 90.01
90.02	09002	OB/GYN CLINIC	0.334115	0	0 90.02
90.03	09003	ORTHO CLINIC	0.000000	0	0 90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	0 90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	0 90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	0 90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.213046	0	0 90.07
90.08	09008	ENT CLINIC	0.000000	0	0 90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	0 90.09
90.10	09010	SPECIALTY CLINIC	0.288872	0	0 90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	0 90.11
90.12	09012	ENDOSCOPY CLINIC	0.195533	0	0 90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.441812	0	0 90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	0 90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	0 90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	0 90.16
90.17	09017	CHC CLINIC	1,530.000000	0	0 90.17
90.18	09018	PSYCHIATRIC CLINIC	0.998773	130,863	130,702 90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	0 90.19
90.20	09020	DIETARY CLINIC	3.171838	0	0 90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	0 90.21
90.22	09022	OP BURN CLINIC	0.515787	0	0 90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	0 90.23
90.24	09024	PLASTICS CLINIC	0.378256	0	0 90.24

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/30/2022 10:34 am	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
90.25	09025 WOUND/OSTOMY CLINIC	2.167958	815	1,767	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	1.903108	0	0	90.26
90.27	09027 TRANSGENDER CLINIC	0.434340	0	0	90.27
91.00	09100 EMERGENCY	0.143314	368,749	52,847	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	0.145994	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		552,749	194,296	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		552,749		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/30/2022 10:34 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		16,722,227	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,961,210	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)		1,132,099	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		633,352	2.04
3.00	Managed Care Simulated Payments		20,754,222	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		295.07	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)		149.07	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)		149.07	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		211.97	10.00
11.00	FTE count for residents in dental and podiatric programs.		1.58	11.00
12.00	Current year allowable FTE (see instructions)		150.65	12.00
13.00	Total allowable FTE count for the prior year.		150.57	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.		150.55	14.00
15.00	Sum of lines 12 through 14 divided by 3.		150.59	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		150.59	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.510353	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.510736	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.510353	21.00
22.00	IME payment adjustment (see instructions)		5,320,400	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		5,092,401	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)		62.90	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)		5,320,400	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		5,092,401	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		16.04	30.00
31.00	Percentage of Medicaid patient days (see instructions)		62.55	31.00
32.00	Sum of lines 30 and 31		78.59	32.00
33.00	Allowable disproportionate share percentage (see instructions)		54.05	33.00
34.00	Disproportionate share adjustment (see instructions)		2,929,975	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/30/2022 10:34 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,290,014,521	7,192,008,710	35.00
35.01	Factor 3 (see instructions)	0.002163161	0.002063040	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	17,932,634	14,837,401	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	13,412,624	3,739,841	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	17,152,465		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)	48,851,728		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)		53,944,129	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,572,190	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).		2,630,766	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		33,733	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)		52,537	58.00
59.00	Total (sum of amounts on lines 49 through 58)		59,233,355	59.00
60.00	Primary payer payments		11,301	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		59,222,054	61.00
62.00	Deductibles billed to program beneficiaries		1,789,288	62.00
63.00	Coinurance billed to program beneficiaries		134,940	63.00
64.00	Allowable bad debts (see instructions)		926,455	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		602,196	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		549,793	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		57,900,022	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		16,917	70.93
70.94	HRR adjustment amount (see instructions)		0	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/30/2022 10:34 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			565,670	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			57,351,269	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			50,503,907	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)			6,847,362	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			1,101,404	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	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0024

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2022 10:34 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	16,722,227	0	16,722,227		16,722,227	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,961,210	0		4,961,210	4,961,210	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,132,099	0	1,132,099		1,132,099	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	633,352	0		633,352	633,352	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	20,754,222	0	14,859,555	5,894,667	20,754,222	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.510353	0.510353	0.510353	0.510353		5.00
6.00	IME payment adjustment (see instructions)	22.00	5,320,400	0	4,103,083	1,217,317	5,320,400	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	5,092,401	0	3,646,044	1,446,357	5,092,401	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	5,320,400	0	4,103,083	1,217,317	5,320,400	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	5,092,401	0	3,646,044	1,446,357	5,092,401	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.5405	0.5405	0.5405	0.5405		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,929,975	0	2,259,591	670,384	2,929,975	11.00
11.01	Uncompensated care payments	36.00	17,152,465	0	10,031,907	942,645	10,974,552	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	48,851,728	0	40,426,820	8,424,908	48,851,728	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	53,944,129	0	44,072,864	9,871,265	53,944,129	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,572,190	0	1,972,386	599,804	2,572,190	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0024

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2022 10:34 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	33,733	0	22,339	11,394	33,733	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	46,067,589	10,482,463	56,550,052	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,655,957	0	1,285,391	370,566	1,655,957	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	293,593	0	203,688	89,905	293,593	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.2035	0.2035	0.2035	0.2035		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	336,987	0	261,577	75,410	336,987	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1725	0.1725	0.1725	0.1725		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	285,653	0	221,730	63,923	285,653	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,572,190	0	1,972,386	599,804	2,572,190	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2022 10:34 am
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		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	16,722,227	16,722,227		16,722,227	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,961,210		4,961,210	4,961,210	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,132,099	1,132,099		1,132,099	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	633,352		633,352	633,352	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	20,754,222	14,859,554	5,894,668	20,754,222	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.510353	0.510353	0.510353		5.00
6.00	IME payment adjustment (see instructions)	22.00	5,320,400	4,103,083	1,217,317	5,320,400	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	5,092,401	3,646,044	1,446,357	5,092,401	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	5,320,400	4,103,083	1,217,317	5,320,400	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	5,092,401	3,646,044	1,446,357	5,092,401	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.5405	0.5405	0.5405		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,929,975	2,259,591	670,384	2,929,975	11.00
11.01	Uncompensated care payments	36.00	17,152,465	13,412,627	3,739,838	17,152,465	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	48,851,728	37,629,627	11,222,101	48,851,728	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	53,944,129	41,275,671	12,668,458	53,944,129	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,572,190	1,972,386	599,804	2,572,190	16.00
17.00	Special add-on payments for new technologies	54.00	33,733	22,339	11,394	33,733	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			43,270,396	13,279,656	56,550,052	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0024

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/30/2022 10:34 am

		Title XVIII			Hospital	PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,655,957	1,285,391	370,566	1,655,957	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	293,593	203,688	89,905	293,593	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.2035	0.2035	0.2035		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	336,987	261,577	75,410	336,987	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1725	0.1725	0.1725		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	285,653	221,730	63,923	285,653	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,572,190	1,972,386	599,804	2,572,190	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	16,917	16,917	0	16,917	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	0	0	0	0	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		432,873	132,797	565,670	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/30/2022 10:34 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		57,801	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,990,065	2.00
3.00	OPPS payments		12,979,094	3.00
4.00	Outlier payment (see instructions)		187,053	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		37,265	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		57,801	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		184,125	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)		184,125	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)		184,125	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		126,324	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)		57,801	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)		13,203,412	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)		2,599,085	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)		10,662,128	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,097,338	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)		11,759,466	30.00
31.00	Primary payer payments		660	31.00
32.00	Subtotal (line 30 minus line 31)		11,758,806	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)		424,191	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		275,724	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		7,177	36.00
37.00	Subtotal (see instructions)		12,034,530	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)		12,034,530	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		12,478,922	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)		-444,392	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0024

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2022 10:34 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		50,389,507		12,478,922	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	11/30/2021	114,400		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)		114,400		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)		50,503,907		12,478,922	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		6,847,362		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		444,392	6.02	
7.00	Total Medicare program liability (see instructions)		57,351,269		12,034,530	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0024
Component CCN: 15-S024

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2022 10:34 am
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,612,089		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)		1,612,089		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		49,222		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,661,311		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part II Date/Time Prepared: 5/30/2022 10:34 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,808,599 1.00
2.00	Net IPF PPS Outlier Payments			36,764 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			200.22 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			27.265753 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,845,363 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,845,363 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,845,363 18.00
19.00	Deductibles			165,752 19.00
20.00	Subtotal (line 18 minus line 19)			1,679,611 20.00
21.00	Coinurance			67,522 21.00
22.00	Subtotal (line 20 minus line 21)			1,612,089 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			70,672 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			45,937 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,658,026 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			3,285 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.98	Recovery of accelerated depreciation.			0 30.98
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,661,311 31.00
31.01	Sequestration adjustment (see instructions)			0 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,612,089 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			49,222 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			36,764 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/30/2022 10:34 am
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Title XVIII		Hospital	PPS
			1.00

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.		149.29	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)		0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA		0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)		0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))		0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)		0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)		0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)		149.29	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		211.97	6.00
7.00	Enter the lesser of line 5 or line 6		149.29	7.00

		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	78.73	130.17	208.90	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	55.45	91.68	147.13	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		1.58		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		1.58		10.01
11.00	Total weighted FTE count	55.45	93.26		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	62.68	82.31		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	60.16	86.23		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	59.43	87.27		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	59.43	87.27		17.00
18.00	Per resident amount	102,136.30	96,714.09		18.00
19.00	Approved amount for resident costs	6,069,960	8,440,239	14,510,199	19.00

				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			62.68	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			14,510,199	25.00

		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	13,292	12,555		26.00
27.00	Total Inpatient Days (see instructions)	93,695	93,695		27.00
28.00	Ratio of inpatient days to total inpatient days	0.141865	0.133999		28.00
29.00	Program direct GME amount	2,058,489	1,944,352	4,002,841	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		274,737	274,737	30.00
31.00	Net Program direct GME amount			3,728,104	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/30/2022 10:34 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		6,656,241	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		43,367,262	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		11,301	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		43,355,961	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		18,085,131	42.00
43.00	Primary payer payments (see instructions)		660	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		18,084,471	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		61,440,432	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.705658	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.294342	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		3,728,104	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,630,766	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,097,338	50.00

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

Provider CCN: 15-0024

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

Worksheet G

Date/Time Prepared:
5/30/2022 10:34 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	315,812,080	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	86,985,087	0	0	0	4.00
5.00	Other receivable	33,508,597	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	17,753,910	0	0	0	7.00
8.00	Prepaid expenses	21,012,978	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	475,072,652	0	0	0	11.00
FIXED ASSETS						
12.00	Land	9,224,207	0	0	0	12.00
13.00	Land improvements	84,377,902	0	0	0	13.00
14.00	Accumulated depreciation	-43,215,567	0	0	0	14.00
15.00	Buildings	443,085,495	0	0	0	15.00
16.00	Accumulated depreciation	-119,037,941	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	242,579,704	0	0	0	19.00
20.00	Accumulated depreciation	-144,056,252	0	0	0	20.00
21.00	Automobiles and trucks	7,524,334	0	0	0	21.00
22.00	Accumulated depreciation	-4,901,583	0	0	0	22.00
23.00	Major movable equipment	146,656,931	0	0	0	23.00
24.00	Accumulated depreciation	-97,626,767	0	0	0	24.00
25.00	Minor equipment depreciable	137,775,172	0	0	0	25.00
26.00	Accumulated depreciation	-68,895,308	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)	593,490,327	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	89,394,846	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	89,394,846	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,157,957,825	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	-55,431,761	0	0	0	37.00
38.00	Salaries, wages, and fees payable	-74,353,272	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	-57,773,677	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-187,558,710	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	-57,116,953	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-57,116,953	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-244,675,663	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-913,282,162				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)	-913,282,162	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	-1,157,957,825	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0024

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

Worksheet G-1

Date/Time Prepared:
5/30/2022 10:34 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		798,654,388		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		87,073,966			2.00
3.00	Total (sum of line 1 and line 2)		885,728,354		0	3.00
4.00	MCR ADVANCED PAYMENT	27,733,648		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)		27,733,648		0	10.00
11.00	Subtotal (line 3 plus line 10)		913,462,002		0	11.00
12.00	RECONILE FUND BALAND	179,839		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)		179,839		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		913,282,163		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	MCR ADVANCED PAYMENT		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	RECONILE FUND BALAND		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: 15-0024

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2022 10:34 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	180,147,048		180,147,048	1.00
2.00	SUBPROVIDER - IPF	21,900,502		21,900,502	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	202,047,550		202,047,550	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	123,917,412		123,917,412	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	61,313,737		61,313,737	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	NEONATAL INTENSIVE CARE UNIT	24,940,372		24,940,372	14.01
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	210,171,521		210,171,521	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	412,219,071		412,219,071	17.00
18.00	Ancillary services	652,657,700	762,205,751	1,414,863,451	18.00
19.00	Outpatient services	105,310,692	375,521,190	480,831,882	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	221,123,482	221,123,482	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,170,187,463	1,358,850,423	2,529,037,886	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		784,410,241		29.00
30.00	UNMAPPED EXPENSES	17,323,052			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)		17,323,052		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)		801,733,293		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0024

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

Worksheet G-3

Date/Time Prepared:
5/30/2022 10:34 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,529,037,886	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,994,278,559	2.00
3.00	Net patient revenues (line 1 minus line 2)	534,759,327	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	801,733,293	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-266,973,966	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	164,964,863	24.00
24.01	REVENUE - TAX	72,284,000	24.01
24.02	NRCC / UNMAPPED	116,799,069	24.02
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	354,047,932	25.00
26.00	Total (line 5 plus line 25)	87,073,966	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	87,073,966	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0024	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/30/2022 10:34 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,655,957	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		293,593	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)		229.43	3.00
4.00	Number of interns & residents (see instructions)		150.59	4.00
5.00	Indirect medical education percentage (see instructions)		20.35	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)		336,987	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		16.04	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		62.55	8.00
9.00	Sum of lines 7 and 8		78.59	9.00
10.00	Allowable disproportionate share percentage (see instructions)		17.25	10.00
11.00	Disproportionate share adjustment (see instructions)		285,653	11.00
12.00	Total prospective capital payments (see instructions)		2,572,190	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