

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: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/30/2022 8:09 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2022	Time: 8:09 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date:	11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN HEALTH HAMMOND ( 15-0004 ) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	1,246,570	-282,389	0	0	1.00
2.00 Subprovider - IPF	0	2,563	149		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
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	1,249,133	-282,240	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 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: 15-0004		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 8:09 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 46320		County: LAKE		
1.00 Street: 5454 HOHMAN AVENUE		2.00 City: HAMMOND								
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		
V		XVIII		XIX						
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	FRANCSAN HEALTH HAMMOND	150004	23844	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	FRANCSAN ST. MARGARET HLTH HAMMOND	155004	23844	4	01/01/2002	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	ST. MARGARET HOME CARE	157145	23844		04/11/1985	N	P	N	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)					1			21.00	
						1.00	2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N		N		22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N		N		22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N				23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0004			Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 8:09 pm		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	94	14	2,243	341	2,094	95	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	
<b>Prospective Payment System (PPS)-Capital</b>									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	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
<b>Teaching Hospitals</b>									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1		60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	1		60.03	
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1		60.04	
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.05	1		60.05	
60.06	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.06	1		60.06	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	

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			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		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	4.49	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	

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>							
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)			N	N	0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>							
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		
<b>Long Term Care Hospital PPS</b>							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N	81.00
<b>TEFRA Providers</b>							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N	87.00
					V	XIX	
					1.00	2.00	
<b>Title V and XIX Services</b>							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	91.00
92.00	Are title V or XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y		Y	98.02

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0004		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 8:09 pm	
		V		XIX			
		1.00		2.00			
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N			98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y			98.06
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a CAH?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						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
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		Speech		Respiratory	
		1.00		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.					N	110.00
						1.00	
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	
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
						1.00	
<b>Miscellaneous Cost Reporting Information</b>							
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		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	624,104		1,595		175,084	
						118.01	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 8:09 pm	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02	
DO NOT USE THIS LINE					
119.00	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	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 2, "Y" for yes or "N" for no.			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	
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00	
133.00	Removed and reserved			133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00	
<b>All Providers</b>					
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	15H014	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: FRANCISCAN ALLIANCE, INC	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101	
142.00	Street: 1515 DRAGOON TRAIL	PO Box:			
143.00	City: MISHAWAKA	State: IN	Zip Code: 46546		
			1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00	
		1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00	
			1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N	149.00	
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC				
161.10	CORF		N	N	N



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0004		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 8:09 pm		
							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	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00
							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: 15-0004		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 5/30/2022 8:09 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		05/06/2022		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y				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.	Y					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.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				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)	Y	04/18/2022	Y	04/18/2022		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/30/2022 8:09 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	GLENN		JOHNSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCISCAN HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	219-407-6386		GLENN.JOHNSON@FRANCISCANALLIANCE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/30/2022 8:09 pm
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER - 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: 15-0004

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2022 8:09 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	10	39,531	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)		10	39,531	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	0	5,000	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEWBORN INTENSIVE CARE UNIT	35.00	0	2,504	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		10	47,035	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	46	16,790		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						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						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	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)		56				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: 15-0004

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2022 8:09 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,746	2,692	11,606			1.00
2.00 HMO and other (see instructions)	4,285	1,491				2.00
3.00 HMO IPF Subprovider	460	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	3,746	2,692	11,606			7.00
8.00 INTENSIVE CARE UNIT	550	151	1,987			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEWBORN INTENSIVE CARE UNIT	0	0	257			12.00
13.00 NURSERY		452	638			13.00
14.00 Total (see instructions)	4,296	3,295	14,488	4.49	639.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	663	3,309	7,498	0.00	14.60	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	26,837	0	52,409	0.00	70.10	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC	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)				4.49	723.70	27.00
28.00 Observation Bed Days		416	3,817			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	95	889			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: 15-0004

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2022 8:09 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	893	603	3,124	1.00
2.00 HMO and other (see instructions)			0	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEWBORN INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	893	603	3,124	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	83	702	1,614	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						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						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	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)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0004

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2022 8:09 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	71,635,030	137,344	71,772,374	1,877,442.00	38.23
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		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		14,931,965	0	14,931,965	372,295.00	40.11
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		8,800,570	215,792	9,016,362	200,466.00	44.98
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		1,469,036	0	1,469,036	13,618.00	107.87
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		42,384	0	42,384	309.00	137.17
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		11,199,394	0	11,199,394	279,232.00	40.11
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
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		19,426,945	0	19,426,945		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,720,930	0	2,720,930		
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		0	0	0		
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)		3,411,836	0	3,411,836		
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: 15-0004

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2022 8:09 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	998,298	0	998,298	60,501.00	16.50	26.00
27.00	Administrative & General	18,464,776	0	18,464,776	860,492.00	21.46	27.00
28.00	Administrative & General under contract (see inst.)	808,617	0	808,617	6,740.00	119.97	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,370,987	0	1,370,987	37,216.00	36.84	30.00
31.00	Laundry & Linen Service	275,785	0	275,785	14,718.00	18.74	31.00
32.00	Housekeeping	1,317,754	0	1,317,754	75,927.00	17.36	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	969,266	-670,434	298,832	12,016.00	24.87	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	670,434	670,434	34,914.00	19.20	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,700,507	0	1,700,507	37,012.00	45.94	38.00
39.00	Central Services and Supply	131,271	0	131,271	4,982.00	26.35	39.00
40.00	Pharmacy	2,795,045	-78,448	2,716,597	61,479.00	44.19	40.00
41.00	Medical Records & Medical Records Library	54,662	0	54,662	1,529.00	35.75	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: 15-0004

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2022 8:09 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	57,511,682	137,344	57,649,026	1,511,887.00	38.13	1.00
2.00	Excluded area salaries (see instructions)	8,800,570	215,792	9,016,362	200,466.00	44.98	2.00
3.00	Subtotal salaries (line 1 minus line 2)	48,711,112	-78,448	48,632,664	1,311,421.00	37.08	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,710,814	0	12,710,814	293,159.00	43.36	4.00
5.00	Subtotal wage-related costs (see inst.)	22,838,781	0	22,838,781	0.00	46.96	5.00
6.00	Total (sum of lines 3 thru 5)	84,260,707	-78,448	84,182,259	1,604,580.00	52.46	6.00
7.00	Total overhead cost (see instructions)	28,886,968	-78,448	28,808,520	1,207,526.00	23.86	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2022 8:09 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	1,817,028	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)	6,189,857	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	8,403,201	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	333,042	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)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	5,404,748	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	22,147,876	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0004

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/30/2022 8:09 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
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			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			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0004 Component CCN: 15-7145	Period: From 01/01/2021 To 12/31/2021	Worksheet S-4 Date/Time Prepared: 5/30/2022 8:09 pm
			Home Health Agency I	PPS

					1.00	
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0.00	County					0.00
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		Title V	Title XVIII	Title XIX	Other	Total	
HOME HEALTH AGENCY STATISTICAL DATA		1.00	2.00	3.00	4.00	5.00	
1.00	Home Health Aide Hours	0	3,772	0	145	3,917	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	356.00	0.00	21.00	375.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week			Staff	Contract	Total
		0	1.00	2.00	3.00		

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES		CBSA Data						
		1.00						
3.00	Administrator and Assistant Administrator(s)	40.00					0.00	3.00
4.00	Director(s) and Assistant Director(s)	0.00					0.00	4.00
5.00	Other Administrative Personnel	20.21					0.00	5.00
6.00	Direct Nursing Service	24.77					0.00	6.00
7.00	Nursing Supervisor	4.83					0.00	7.00
8.00	Physical Therapy Service	15.90					0.00	8.00
9.00	Physical Therapy Supervisor	0.52					0.00	9.00
10.00	Occupational Therapy Service	0.99					0.00	10.00
11.00	Occupational Therapy Supervisor	0.00					0.00	11.00
12.00	Speech Pathology Service	0.00					0.00	12.00
13.00	Speech Pathology Supervisor	0.00					0.00	13.00
14.00	Medical Social Service	0.02					0.00	14.00
15.00	Medical Social Service Supervisor	0.00					0.00	15.00
16.00	Home Health Aide	3.42					0.00	16.00
17.00	Home Health Aide Supervisor	0.00					0.00	17.00
18.00	Other (specify)	0.00					0.00	18.00

HOME HEALTH AGENCY CBSA CODES		CBSA Data			
		1.00			
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			5	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	16974			20.00
20.01		23844			20.01
20.02		33140			20.02
20.03		99915			20.03
20.04		43780			20.04

		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)	
		Without Outliers	With Outliers			1-4)	
		1.00	2.00	3.00	4.00	5.00	

PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	2,629	7,451	297	77	10,454	21.00
22.00	Skilled Nursing Visit Charges	1,048,971	2,972,949	118,503	28,329	4,168,752	22.00
23.00	Physical Therapy Visits	2,276	8,978	249	70	11,573	23.00
24.00	Physical Therapy Visit Charges	942,264	3,716,892	102,672	26,082	4,787,910	24.00
25.00	Occupational Therapy Visits	877	739	12	18	1,646	25.00
26.00	Occupational Therapy Visit Charges	363,078	305,946	4,968	6,624	680,616	26.00
27.00	Speech Pathology Visits	290	168	0	0	458	27.00
28.00	Speech Pathology Visit Charges	120,060	69,552	0	0	189,612	28.00
29.00	Medical Social Service Visits	5	2	0	0	7	29.00
30.00	Medical Social Service Visit Charges	2,400	960	0	0	3,360	30.00
31.00	Home Health Aide Visits	846	1,829	9	15	2,699	31.00
32.00	Home Health Aide Visit Charges	163,278	352,997	1,737	2,316	520,328	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	6,923	19,167	567	180	26,837	33.00
34.00	Other Charges	28,509	66,292	6,634	466	101,901	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,668,560	7,485,588	234,514	63,817	10,452,479	35.00
36.00	Total Number of Episodes (standard/non outlier)	0		0	0	0	36.00
37.00	Total Number of Outlier Episodes		0		0	0	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/30/2022 8:09 pm
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			1.00	
<b>Uncompensated and indigent care cost computation</b>				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.313417	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		23,551,887	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		14,698,319	5.00
6.00	Medicaid charges		136,157,789	6.00
7.00	Medicaid cost (line 1 times line 6)		42,674,166	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)		4,423,960	8.00
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>				
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
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>				
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)		4,423,960	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
<b>Uncompensated Care (see instructions for each line)</b>				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	14,401,540	1,145,640	15,547,180
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,513,687	1,145,640	5,659,327
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	4,513,687	1,145,640	5,659,327
			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)		9,196,302	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		548,870	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		844,415	27.01
28.00	Non-Medicare bad debt expense (see instructions)		8,351,887	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,913,168	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		8,572,495	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		12,996,455	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0004		Period: From 01/01/2021 To 12/31/2021		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		23,027,838	23,027,838	3,745,224	26,773,062	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	5,972,035	5,972,035	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	998,298	2,414,442	3,412,740	-101,038	3,311,702	4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	18,464,776	29,992,825	48,457,601	-3,831,738	44,625,863	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,370,987	8,831,151	10,202,138	-2,032,818	8,169,320	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	275,785	984,899	1,260,684	-35,096	1,225,588	8.00
9.00	00900	HOUSEKEEPING	1,317,754	1,344,351	2,662,105	-23,198	2,638,907	9.00
10.00	01000	DIETARY	969,266	1,182,446	2,151,712	-1,533,380	618,332	10.00
11.00	01100	CAFETERIA	0	0	0	1,488,324	1,488,324	11.00
13.00	01300	NURSING ADMINISTRATION	1,700,507	1,340,841	3,041,348	-118,126	2,923,222	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	131,271	436,273	567,544	-62,085	505,459	14.00
15.00	01500	PHARMACY	2,795,045	25,329,862	28,124,907	-23,670,017	4,454,890	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	54,662	36,689	91,351	0	91,351	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	87,136	479,013	566,149	0	566,149	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1	86,666	40,603	127,269	68,312	195,581	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	60,112	19,177	79,289	8,400	87,689	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	63,193	20,544	83,737	-354	83,383	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	369,512	159,318	528,830	-70,760	458,070	23.04
23.05	02305	PARAMED ED PRGM-EMT	2,956	19,046	22,002	-6,470	15,532	23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1	0	0	0	68,672	68,672	23.06
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	14,772,389	7,246,181	22,018,570	-3,393,683	18,624,887	30.00
31.00	03100	INTENSIVE CARE UNIT	2,046,703	1,805,114	3,851,817	-714,678	3,137,139	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	844,455	703,389	1,547,844	-43,708	1,504,136	35.00
40.00	04000	SUBPROVIDER - IPF	1,927,881	4,430,896	6,358,777	-12,454	6,346,323	40.00
43.00	04300	NURSERY	0	0	0	1,534,644	1,534,644	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,236,275	3,168,152	4,404,427	-3,128,761	1,275,666	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	123,232	230,826	354,058	-166,309	187,749	50.02
51.00	05100	RECOVERY ROOM	219,387	81,387	300,774	-33,050	267,724	51.00
53.00	05300	ANESTHESIOLOGY	4,104	3,736,147	3,740,251	0	3,740,251	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	970,676	878,048	1,848,724	-403,433	1,445,291	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	485,950	480,320	966,270	-483,960	482,310	54.01
54.02	05402	ULTRASOUND	408,377	215,836	624,213	-93,470	530,743	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	488,912	844,971	1,333,883	-349,049	984,834	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	400,352	2,485,422	2,885,774	-2,683,085	202,689	59.00
60.00	06000	LABORATORY	0	8,887,646	8,887,646	-137,907	8,749,739	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	271,563	271,563	-271,223	340	63.00
63.01	06301	NUCLEAR MEDICINE	127,669	153,919	281,588	-129,856	151,732	63.01
65.00	06500	RESPIRATORY THERAPY	1,194,549	1,210,324	2,404,873	-207,176	2,197,697	65.00
66.00	06600	PHYSICAL THERAPY	1,671,780	404,395	2,076,175	-182,071	1,894,104	66.00
67.00	06700	OCCUPATIONAL THERAPY	364,242	142,775	507,017	30,778	537,795	67.00
68.00	06800	SPEECH PATHOLOGY	193,815	81,545	275,360	1,419	276,779	68.00
69.00	06900	ELECTROCARDIOLOGY	248,583	187,261	435,844	0	435,844	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,761	1,593	6,354	-473	5,881	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,825,541	6,825,541	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,310,720	1,310,720	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	24,050,115	24,050,115	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	296	296	-20	276	76.01
76.02	03140	CARDIOVASCULAR SERVICES	210,796	952,091	1,162,887	-90,021	1,072,866	76.02
76.03	03957	CARDIAC REHABILITATION	832,101	103,071	935,172	-19,436	915,736	76.03
76.04	03190	RADIATION ONCOLOGY	25,000	-271	24,729	0	24,729	76.04
76.05	03951	MRI	114,604	92,211	206,815	-16,968	189,847	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953	WOUND CARE	447,952	134,296	582,248	-78,110	504,138	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	577,974	577,974	76.09
76.10	03955	INFUSION	2,146,387	1,881,392	4,027,779	-1,436,450	2,591,329	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0	76.11

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES      Provider CCN: 15-0004      Period: From 01/01/2021 To 12/31/2021      Worksheet A  
 Date/Time Prepared: 5/30/2022 8:09 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
76.12	03958 ANTI COAGULATION CLINIC	328,128	99,653	427,781	-14,147	413,634	76.12
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 OCC HEALTH CLINIC	110,476	280,550	391,026	-63,245	327,781	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	25,845	3,941	29,786	4,052	33,838	90.03
91.00	09100 EMERGENCY	4,621,473	4,780,438	9,401,911	-928,971	8,472,940	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	6,000,181	2,711,739	8,711,920	-354,084	8,357,836	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE		144,500	144,500	1,394,529	1,539,029	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	71,344,961	144,490,935	215,835,896	159,861	215,995,757	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,326	34,103	62,429	-183	62,246	190.00
190.01	19001 CONVENT	0	5,884	5,884	0	5,884	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	221,961	221,961	-3,624	218,337	190.03
190.04	19004 WOMEN'S HEALTH CENTER	38,612	19,782	58,394	0	58,394	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	2,124	5,645	7,769	-705	7,064	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	1,329	1,329	5,865	7,194	192.00
192.01	19201 WORKING WELL	221,007	334,970	555,977	-161,214	394,763	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
200.00	TOTAL (SUM OF LINES 118 through 199)	71,635,030	145,114,609	216,749,639	0	216,749,639	200.00



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0004

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

Worksheet A  
Date/Time Prepared:  
5/30/2022 8:09 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,392,072	28,165,134	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	5,972,035	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,768,049	5,079,751	4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	-336,572	44,289,291	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	8,169,320	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-144,709	1,080,879	8.00
9.00	00900	HOUSEKEEPING	0	2,638,907	9.00
10.00	01000	DIETARY	-176,108	442,224	10.00
11.00	01100	CAFETERIA	-154,736	1,333,588	11.00
13.00	01300	NURSING ADMINISTRATION	-44,384	2,878,838	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-579,615	-74,156	14.00
15.00	01500	PHARMACY	185,392	4,640,282	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	884,468	975,819	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	231,743	797,892	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PARAMED PRGM - LAB 4+1	-79	195,502	23.01
23.02	02302	PARAMED PRGM - RADIOLOGY	0	87,689	23.02
23.03	02303	PARAMED PRGM - RESP THER	0	83,383	23.03
23.04	02304	PARAMED PRGM-PHARMACY	0	458,070	23.04
23.05	02305	PARAMED PRGM-EMT	0	15,532	23.05
23.06	02306	PARAMED PRGM - LAB 3+1	0	68,672	23.06
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-30,833	18,594,054	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,137,139	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	-28,124	1,476,012	35.00
40.00	04000	SUBPROVIDER - I/PF	2,899,290	9,245,613	40.00
43.00	04300	NURSERY	0	1,534,644	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-78,904	1,196,762	50.00
50.01	05001	OPEN HEART SURGERY	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	187,749	50.02
51.00	05100	RECOVERY ROOM	0	267,724	51.00
53.00	05300	ANESTHESIOLOGY	0	3,740,251	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-76,057	1,369,234	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	482,310	54.01
54.02	05402	ULTRASOUND	-18,059	512,684	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	-230,960	753,874	55.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-33,280	169,409	59.00
60.00	06000	LABORATORY	-2,932,414	5,817,325	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-299	41	63.00
63.01	06301	NUCLEAR MEDICINE	0	151,732	63.01
65.00	06500	RESPIRATORY THERAPY	-9,229	2,188,468	65.00
66.00	06600	PHYSICAL THERAPY	-22,222	1,871,882	66.00
67.00	06700	OCCUPATIONAL THERAPY	-8,195	529,600	67.00
68.00	06800	SPEECH PATHOLOGY	-1,484	275,295	68.00
69.00	06900	ELECTROCARDIOLOGY	-472,037	-36,193	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,881	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,825,541	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,310,720	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-409,887	23,640,228	73.00
76.00	03020	PAIN CLINIC	0	0	76.00
76.01	03950	ORTHOPEDICS	0	276	76.01
76.02	03140	CARDIOVASCULAR SERVICES	-136,846	936,020	76.02
76.03	03957	CARDIAC REHABILITATION	-5,751	909,985	76.03
76.04	03190	RADIATION ONCOLOGY	0	24,729	76.04
76.05	03951	MRI	-35,126	154,721	76.05
76.06	03952	BARIATRIC CENTER	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	-843,861	-843,861	76.07
76.08	03953	WOUND CARE	-90	504,048	76.08
76.09	03954	RENAL DIALYSIS	0	577,974	76.09
76.10	03955	INFUSION	-846	2,590,483	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	-11,713	401,921	76.12

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0004

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

Worksheet A  
Date/Time Prepared:  
5/30/2022 8:09 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	-2,715	325,066	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0	33,838	90.03
91.00	09100 EMERGENCY	-2,544,123	5,928,817	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	8,357,836	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE	-1,539,029	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-3,547,273	212,448,484	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	62,246	190.00
190.01	19001 CONVENT	0	5,884	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	218,337	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	58,394	190.04
190.05	19005 DEVELOPMENT	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	190.08
190.09	19009 MDWISE	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	190.10
190.11	19011 CENTER OF HOPE	0	7,064	190.11
190.12	19012 SELECT	0	0	190.12
190.13	19013 PERCINI AS	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	7,194	192.00
192.01	19201 WORKING WELL	0	394,763	192.01
193.00	19300 NONPAID WORKERS	0	0	193.00
194.01	07951 REHAB	0	0	194.01
200.00	TOTAL (SUM OF LINES 118 through 199)	-3,547,273	213,202,366	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>A - CAPITAL</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,881,845	1.00	
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,350,736	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
41.00		0.00	0	0	41.00	
TOTALS			0	8,232,581		
<b>B - DIETARY</b>						
1.00	CAFETERIA	11.00	670,434	817,890	1.00	
TOTALS			670,434	817,890		
<b>C - INSURANCE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	116,145	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	183,797	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
TOTALS			0	299,942		
<b>D - CHARGEABLE SUPPLIES</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,825,541	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,310,720	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	276,803	3.00	
4.00	SPECIALTY CLINIC	90.03	0	2,765	4.00	
5.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	5,865	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	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	

RECLASSIFICATIONS

Provider CCN: 15-0004

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

Worksheet A-6

Date/Time Prepared:  
5/30/2022 8:09 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
28.00		0.00	0	0		28.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
	<b>TOTALS</b>		0	8,421,694		
<b>E - PHARMACY</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	24,050,115		1.00
2.00		0.00	0	0		2.00
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
14.00		0.00	0	0		14.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
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
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
	<b>TOTALS</b>		0	24,050,115		
<b>F - RADIOLOGY ADMINISTRATION</b>						
1.00	NUCLEAR MEDICINE	63.01	1,642	0		1.00
2.00	ULTRASOUND	54.02	16,473	0		2.00
3.00	NUCLEAR MEDICINE	63.01	27,842	0		3.00
4.00	RADIOLOGY SPECIAL PROCEDURES	54.01	2,359	0		4.00
5.00	MRI	76.05	3,775	0		5.00
	<b>TOTALS</b>		52,091	0		
<b>G - MEDICAL EDUCATION</b>						
1.00		0.00	0	0		1.00
	<b>TOTALS</b>		0	0		
<b>H - PARAMEDICAL EDUCATION</b>						
1.00	PARAMED ED PRGM - LAB 4+1	23.01	68,672	0		1.00
2.00	PARAMED ED PRGM - RADIOLOGY	23.02	0	8,400		2.00
3.00	RESPIRATORY THERAPY	65.00	0	354		3.00
4.00	PHARMACY	15.00	0	149,208		4.00
5.00	PARAMED ED PRGM-PHARMACY	23.04	78,448	0		5.00
6.00	PARAMED ED PRGM - LAB 3+1	23.06	68,672	0		6.00
	<b>TOTALS</b>		215,792	157,962		

RECLASSIFICATIONS

Provider CCN: 15-0004

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

Worksheet A-6

Date/Time Prepared:  
5/30/2022 8:09 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>I - PROFESSIONAL SUPPORT SERVICES</b>					
1.00	RESPIRATORY THERAPY	65.00	53,052	17,602	1.00
2.00	OCCUPATIONAL THERAPY	67.00	24,093	7,994	2.00
3.00	SPEECH PATHOLOGY	68.00	9,920	3,291	3.00
4.00	CARDIAC REHABILITATION	76.03	14,649	4,860	4.00
TOTALS			101,714	33,747	
<b>J - RENT</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,044,440	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	90,190	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
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
TOTALS			0	1,134,630	
<b>K - NURSERY</b>					
1.00	NURSERY	43.00	1,134,531	400,113	1.00
TOTALS			1,134,531	400,113	
<b>L - RENAL DIALYSIS</b>					
1.00	RENAL DIALYSIS	76.09	277,923	300,051	1.00
TOTALS			277,923	300,051	
<b>M - IMPLANTABLE DEVICES</b>					
1.00		0.00	0	0	1.00
TOTALS			0	0	
<b>N - SPECIALTY CLINIC</b>					
1.00	SPECIALTY CLINIC	90.03		1,306	1.00
TOTALS			0	1,306	
<b>O - INTEREST EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	214,057	1.00
2.00	INTEREST EXPENSE	113.00	0	1,627,976	2.00
3.00	INTEREST EXPENSE	113.00	0	456	3.00
4.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,923	4.00
TOTALS			0	1,852,412	
<b>P - MISC A&amp;G</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,923	1.00
TOTALS			0	9,923	
<b>Q - CATH LAB RECOVERY</b>					
1.00		0.00	0	0	1.00
TOTALS			0	0	
500.00	Grand Total: Increases		2,452,485	45,712,366	500.00

RECLASSIFICATIONS

Provider CCN: 15-0004

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

Worksheet A-6

Date/Time Prepared:  
5/30/2022 8:09 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - CAPITAL</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,496	9		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	2,513,178	9		2.00
3.00	OPERATION OF PLANT	7.00	0	2,021,191	9		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	32,472	9		4.00
5.00	HOUSEKEEPING	9.00	0	17,654	9		5.00
6.00	DIETARY	10.00	0	18,050	9		6.00
7.00	NURSING ADMINISTRATION	13.00	0	21,325	9		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	38,755	9		8.00
9.00	PHARMACY	15.00	0	39,869	9		9.00
10.00	PARAMED PRGM - LAB 4+1	23.01	0	360	9		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	277,950	9		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	375,947	9		12.00
13.00	NEWBORN INTENSIVE CARE UNIT	35.00	0	19,819	9		13.00
14.00	OPERATING ROOM	50.00	0	172,960	9		14.00
15.00	OUTPATIENT SURGERY	50.02	0	94,738	9		15.00
16.00	RECOVERY ROOM	51.00	0	25,517	9		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	331,993	9		17.00
18.00	RADIOLOGY SPECIAL PROCEDURES	54.01	0	48,777	9		18.00
19.00	ULTRASOUND	54.02	0	72,348	9		19.00
20.00	COMPUTED TOMOGRAPHY	55.01	0	239,286	9		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	1,420,768	9		21.00
22.00	LABORATORY	60.00	0	548	9		22.00
23.00	NUCLEAR MEDICINE	63.01	0	57,429	9		23.00
24.00	RESPIRATORY THERAPY	65.00	0	70,996	9		24.00
25.00	PHYSICAL THERAPY	66.00	0	3,784	9		25.00
26.00	OCCUPATIONAL THERAPY	67.00	0	667	9		26.00
27.00	SPEECH PATHOLOGY	68.00	0	6,864	9		27.00
28.00	ORTHOPEDICS	76.01	0	20	9		28.00
29.00	CARDIOVASCULAR SERVICES	76.02	0	77,806	9		29.00
30.00	CARDIAC REHABILITATION	76.03	0	24,241	9		30.00
31.00	MRI	76.05	0	6,992	9		31.00
32.00	WOUND CARE	76.08	0	1,786	9		32.00
33.00	INFUSION	76.10	0	54,479	9		33.00
34.00	OCC HEALTH CLINIC	90.01	0	1,097	9		34.00
35.00	SPECIALTY CLINIC	90.03	0	4	9		35.00
36.00	EMERGENCY	91.00	0	101,020	9		36.00
37.00	HOME HEALTH AGENCY	101.00	0	15,654	9		37.00
38.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	183	9		38.00
39.00	MEDICAL ARTS BUILDING	190.03	0	3,624	9		39.00
40.00	CENTER OF HOPE	190.11	0	705	9		40.00
41.00	WORKING WELL	192.01	0	14,229	9		41.00
TOTALS			0	8,232,581			
<b>B - DIETARY</b>							
1.00	DIETARY	10.00	670,434	817,890	0		1.00
TOTALS			670,434	817,890			
<b>C - INSURANCE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	116,144	12		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	132,304	0		2.00
3.00	EMERGENCY	91.00	0	25,284	0		3.00
4.00	PHYSICAL THERAPY	66.00	0	24,673	0		4.00
5.00	WORKING WELL	192.01	0	1,537	0		5.00
TOTALS			0	299,942			
<b>D - CHARGEABLE SUPPLIES</b>							
1.00	NURSING ADMINISTRATION	13.00	0	56,738	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	19,297	0		2.00
3.00	PHARMACY	15.00	0	161,614	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00	PARAMED PRGM-EMT	23.05	0	2,512	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	824,338	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	313,953	0		8.00
9.00	NEWBORN INTENSIVE CARE UNIT	35.00	0	23,744	0		9.00
10.00	SUBPROVIDER - IPF	40.00	0	12,435	0		10.00
11.00	OPERATING ROOM	50.00	0	2,879,768	0		11.00
13.00	OUTPATIENT SURGERY	50.02	0	71,571	0		13.00
14.00	RECOVERY ROOM	51.00	0	7,204	0		14.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,948	0		16.00
17.00	RADIOLOGY SPECIAL PROCEDURES	54.01	0	436,853	0		17.00
18.00	ULTRASOUND	54.02	0	37,595	0		18.00
19.00	COMPUTED TOMOGRAPHY	55.01	0	106,386	0		19.00

RECLASSIFICATIONS

Provider CCN: 15-0004

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

Worksheet A-6  
Date/Time Prepared:  
5/30/2022 8:09 pm

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
20.00	LABORATORY	60.00	0	15	0		20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	271,223	0		21.00	
22.00	NUCLEAR MEDICINE	63.01	0	3,997	0		22.00	
23.00	RESPIRATORY THERAPY	65.00	0	183,648	0		23.00	
24.00	PHYSICAL THERAPY	66.00	0	4,931	0		24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0	642	0		25.00	
26.00	SPEECH PATHOLOGY	68.00	0	4,928	0		26.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	473	0		28.00	
31.00	CARDIOVASCULAR SERVICES	76.02	0	12,010	0		31.00	
32.00	CARDIAC REHABILITATION	76.03	0	14,697	0		32.00	
34.00	MRI	76.05	0	13,751	0		34.00	
35.00	WOUND CARE	76.08	0	45,593	0		35.00	
36.00	INFUSION	76.10	0	594,405	0		36.00	
37.00	ANTI COAGULATION CLINIC	76.12	0	14,147	0		37.00	
38.00	OCC HEALTH CLINIC	90.01	0	9,584	0		38.00	
40.00	EMERGENCY	91.00	0	753,570	0		40.00	
41.00	HOME HEALTH AGENCY	101.00	0	204,019	0		41.00	
43.00	WORKING WELL	192.01	0	8,622	0		43.00	
44.00	CARDIAC CATHETERIZATION	59.00	0	1,261,689	0		44.00	
46.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,582	0		46.00	
47.00	OPERATION OF PLANT	7.00	0	10,321	0		47.00	
48.00	LAUNDRY & LINEN SERVICE	8.00	0	2,372	0		48.00	
49.00	HOUSEKEEPING	9.00	0	5,513	0		49.00	
50.00	DIETARY	10.00	0	27,006	0		50.00	
	TOTALS		0	8,421,694				
E - PHARMACY								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	51,202	0		1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	6,880	0		2.00	
7.00	PHARMACY	15.00	0	23,532,301	0		7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	35,849	0		8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	23,068	0		9.00	
10.00	NEWBORN INTENSIVE CARE UNIT	35.00	0	145	0		10.00	
11.00	SUBPROVIDER - IPF	40.00	0	19	0		11.00	
12.00	OPERATING ROOM	50.00	0	66,262	0		12.00	
14.00	RECOVERY ROOM	51.00	0	329	0		14.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1	0		16.00	
17.00	RADIOLOGY SPECIAL PROCEDURES	54.01	0	689	0		17.00	
19.00	COMPUTED TOMOGRAPHY	55.01	0	3,377	0		19.00	
20.00	NUCLEAR MEDICINE	63.01	0	97,914	0		20.00	
21.00	RESPIRATORY THERAPY	65.00	0	5,140	0		21.00	
22.00	PHYSICAL THERAPY	66.00	0	13,222	0		22.00	
24.00	CARDIOVASCULAR SERVICES	76.02	0	205	0		24.00	
25.00	CARDIAC REHABILITATION	76.03	0	7	0		25.00	
26.00	WOUND CARE	76.08	0	30,731	0		26.00	
27.00	INFUSION	76.10	0	24,819	0		27.00	
28.00	OCC HEALTH CLINIC	90.01	0	30,289	0		28.00	
29.00	SPECIALTY CLINIC	90.03	0	15	0		29.00	
30.00	EMERGENCY	91.00	0	48,917	0		30.00	
31.00	HOME HEALTH AGENCY	101.00	0	5,236	0		31.00	
33.00	WORKING WELL	192.01	0	71,244	0		33.00	
34.00	PARAMEDICAL PRGM-EMT	23.05	0	1,595	0		34.00	
35.00	CARDIAC CATHETERIZATION	59.00	0	628	0		35.00	
36.00	HOUSEKEEPING	9.00	0	31	0		36.00	
	TOTALS		0	24,050,115				
F - RADIOLOGY ADMINISTRATION								
1.00	RADIOLOGY-DIAGNOSTIC	54.00	52,091	0	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
	TOTALS		52,091	0				
G - MEDICAL EDUCATION								
1.00		0.00	0	0	0		1.00	
	TOTALS		0	0				
H - PARAMEDICAL EDUCATION								
1.00	LABORATORY	60.00	0	68,672	0		1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,400	0		2.00	
3.00	PARAMEDICAL PRGM - RESP THER	23.03	0	354	0		3.00	
4.00	PARAMEDICAL PRGM-PHARMACY	23.04	0	149,208	0		4.00	
5.00	PHARMACY	15.00	78,448	0	0		5.00	
6.00	LABORATORY	60.00	0	68,672	0		6.00	
	TOTALS		78,448	295,306				

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
<b>I - PROFESSIONAL SUPPORT SERVICES</b>						
1.00	PHYSICAL THERAPY	66.00	101,714	33,747	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
	<b>TOTALS</b>		101,714	33,747		
<b>J - RENT</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	32,758	10	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	28,160	10	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	252	10	3.00
4.00	NURSING ADMINISTRATION	13.00	0	40,063	10	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,033	10	5.00
6.00	PHARMACY	15.00	0	6,537	10	6.00
7.00	PARAMED PRGM-EMT	23.05	0	2,363	10	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	10,624	10	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	1,710	10	9.00
11.00	OPERATING ROOM	50.00	0	9,771	10	11.00
12.00	RESPIRATORY THERAPY	65.00	0	18,400	10	12.00
13.00	INFUSION	76.10	0	762,747	10	13.00
14.00	OCC HEALTH CLINIC	90.01	0	22,275	10	14.00
15.00	EMERGENCY	91.00	0	180	10	15.00
16.00	HOME HEALTH AGENCY	101.00	0	129,175	10	16.00
17.00	WORKING WELL	192.01	0	65,582	10	17.00
	<b>TOTALS</b>		0	1,134,630		
<b>K - NURSERY</b>						
1.00	ADULTS & PEDIATRICS	30.00	1,134,531	400,113	0	1.00
	<b>TOTALS</b>		1,134,531	400,113		
<b>L - RENAL DIALYSIS</b>						
1.00	ADULTS & PEDIATRICS	30.00	277,923	300,051	0	1.00
	<b>TOTALS</b>		277,923	300,051		
<b>M - IMPLANTABLE DEVICES</b>						
1.00		0.00	0	0	0	1.00
	<b>TOTALS</b>		0	0		
<b>N - SPECIALTY CLINIC</b>						
1.00	OPERATION OF PLANT	7.00	0	1,306	0	1.00
	<b>TOTALS</b>		0	1,306		
<b>O - INTEREST EXPENSE</b>						
1.00	INTEREST EXPENSE	113.00	0	214,057	11	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	1,627,976	0	2.00
3.00	PHARMACY	15.00	0	456	0	3.00
4.00	INTEREST EXPENSE	113.00	0	9,923	12	4.00
	<b>TOTALS</b>		0	1,852,412		
<b>P - MISC A&amp;G</b>						
1.00	INTEREST EXPENSE	113.00	0	9,923	11	1.00
	<b>TOTALS</b>		0	9,923		
<b>Q - CATH LAB RECOVERY</b>						
1.00		0.00	0	0	0	1.00
	<b>TOTALS</b>		0	0		
500.00	<b>Grand Total: Decreases</b>		2,315,141	45,849,710		500.00



RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0004

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/30/2022 8:09 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	5,547,620	0	0	7,026	1.00
2.00	Land Improvements	3,655,975	0	0	0	2.00
3.00	Buildings and Fixtures	44,408,071	67,789	0	263,606	3.00
4.00	Building Improvements	117,879	29,800	0	0	4.00
5.00	Fixed Equipment	168,093,971	4,019,991	0	33,456,875	5.00
6.00	Movable Equipment	664,541	0	0	42,149	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	222,488,057	4,117,580	0	33,769,656	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	222,488,057	4,117,580	0	33,769,656	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	5,540,594	0			1.00
2.00	Land Improvements	3,655,975	0			2.00
3.00	Buildings and Fixtures	44,212,254	0			3.00
4.00	Building Improvements	147,679	0			4.00
5.00	Fixed Equipment	138,657,087	0			5.00
6.00	Movable Equipment	622,392	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	192,835,981	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	192,835,981	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0004

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/30/2022 8:09 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	23,027,838	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)	23,027,838	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	23,027,838				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	23,027,838				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0004

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/30/2022 8:09 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	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)	0	0	0	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	25,378,574	1,044,440	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,881,845	90,190	2.00
3.00	Total (sum of lines 1-2)	0	0	0	31,260,419	1,134,630	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	223,980	126,068	0	1,392,072	28,165,134	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,972,035	2.00
3.00	Total (sum of lines 1-2)	223,980	126,068	0	1,392,072	34,137,169	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0004

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

Worksheet A-8

Date/Time Prepared:  
5/30/2022 8:09 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00 Investment income - other (chapter 2)	B		0	INTEREST EXPENSE	113.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-579,615		CENTRAL SERVICES & SUPPLY	14.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)	B		0		0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	B		0	OTHER ADMINISTRATIVE AND GENERAL	5.05	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	-673,136				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B		0	RADIOLOGY-DIAGNOSTIC	54.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-309,696				0 12.00
13.00 Laundry and linen service	B		0		0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-137,279		CAFETERIA	11.00	0 14.00
15.00 Rental of quarters to employee and others			0		0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0 16.00
17.00 Sale of drugs to other than patients			0		0.00	0 17.00
18.00 Sale of medical records and abstracts	B		0	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0 19.00
20.00 Vending machines	B	-17,457		CAFETERIA	11.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant			0		0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00	30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0 32.00
33.00 SELECT MEALS	B	-176,108		DIETARY	10.00	0 33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0004

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

Worksheet A-8

Date/Time Prepared:  
5/30/2022 8:09 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01 OTHER OPERATING REVENUE	B	-137,583	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.01
33.02 OTHER OPERATING REVENUE	B	-61,638	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.02
33.03 OTHER OPERATING REVENUE	B	-144,709	LAUNDRY & LINEN SERVICE		8.00	0 33.03
33.04 LOBBYING EXPENSE	A	-5,316	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.04
33.05 OTHER OPERATING REVENUE	B	-2,787	NURSING ADMINISTRATION		13.00	0 33.05
33.06 OTHER OPERATING REVENUE	B	-5,489	PHARMACY		15.00	0 33.06
33.07 UNNECESSARY BORROWING	A	-392,364	INTEREST EXPENSE		113.00	0 33.07
33.08 OTHER OPERATING REVENUE	B	-18,876	LABORATORY		60.00	0 33.08
33.09 OTHER OPERATING REVENUE	B	-2,185	SUBPROVIDER - IPF		40.00	0 33.09
33.10 GOODWILL	A	-77,133	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.10
33.11 ADVERTISING EXPENSE	A	-274	EMERGENCY		91.00	0 33.11
33.12 ADVERTISING EXPENSE	A	-1,048	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.12
33.13 ADVERTISING EXPENSE	A	-5,551	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.13
33.14 ADVERTISING EXPENSE	B	-808	NURSING ADMINISTRATION		13.00	0 33.14
33.15 ADVERTISING EXPENSE	B	-79	PARAMEDICAL PRGM - LAB 4+1		23.01	0 33.15
33.16 HAF ASSESSMENT	A	-3,181,842	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.16
33.17 PENSION COST	A	1,906,680	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.17
33.18 OTHER OPERATING REVENUE	B	-759	RADIOLOGY-DIAGNOSTIC		54.00	0 33.18
33.19 OUTSOURCED STAFF	A	-656,885	EMERGENCY		91.00	0 33.19
33.20 ADVERTISING EXPENSE	A	-186	ADULTS & PEDIATRICS		30.00	0 33.20
33.21 SALE OF MEDICAL RECORDS	B	-3,575	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.21
33.22 PODIATRY RESIDENTS ADD ON	A	231,743	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00	0 33.22
33.23 ADVERTISING EXPENSE	A	-24	SUBPROVIDER - IPF		40.00	0 33.23
33.24 ADVERTISING EXPENSE	A	-258	OPERATING ROOM		50.00	0 33.24
33.25 ADVERTISING EXPENSE	A	-1,300	PHYSICAL THERAPY		66.00	0 33.25
33.26 RESEARCH PRIVATE INDUSTRY	A	-9,449	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.26
33.27 MISCELLANEOUS INCOME	B	-27,919	ADULTS & PEDIATRICS		30.00	0 33.27
33.28 ADVERTISING EXPENSE	A	-236	CARDIOVASCULAR SERVICES		76.02	0 33.28
33.29 PROGRAM FEES	B	-80,118	LABORATORY		60.00	0 33.29
33.30 ADVERTISING EXPENSE	A	-40	INFUSION		76.10	0 33.30
33.31 ADVERTISING EXPENSE	A	-1,972	OCC HEALTH CLINIC		90.01	0 33.31
33.32 CONTRA SALARIES	A	1,027,998	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.32
33.33 RESEARCH PRIVATE INDUSTRY	B		OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.33
33.34 MISCELLANEOUS INCOME	B		ADULTS & PEDIATRICS		30.00	0 33.34
33.35 ADVERTISING EXPENSE	A		PHYSICAL THERAPY		66.00	0 33.35
33.36 MISC OTHER OPERATING	B		OCC REL COSTS-BLDG & FIXT		1.00	11 33.36
33.37 MISC OTHER OPERATING	B		OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.37
33.38 PATIENT INT	B		OTHER ADMINISTRATIVE AND GENERAL		5.05	0 33.38
33.39 PROGRAM FEES	B		LABORATORY		60.00	0 33.39
33.40 EMERGENCY MEDICAL	B		EMERGENCY		91.00	0 33.40
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-3,547,273				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 15-0004

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

Worksheet A-8-1

Date/Time Prepared: 5/30/2022 8:09 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	1,392,072	0
2.00	0.00			0	0
3.00	0.00			0	0
4.00	0.00			0	0
4.01	5.05	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATIVE & GENERAL	21,325,013	29,497,708
4.02	0.00			0	0
4.03	15.00	PHARMACY	COVP / PHARMACY	190,881	0
4.04	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	884,468	0
4.05	113.00	INTEREST EXPENSE	INTEREST	492,827	1,639,492
4.06	5.05	OTHER ADMINISTRATIVE AND GEN	PURCHASED SERVICES OTHER	0	-10,291,803
4.07	73.00	DRUGS CHARGED TO PATIENTS	PHARMACY	154,077	563,964
4.08	0.00			0	0
4.09	0.00			0	0
4.10	0.00			0	0
4.11	50.00	OPERATING ROOM	SURGERY	4,353	44,043
4.12	68.00	SPEECH PATHOLOGY	SPEECH THERAPY	430	1,914
4.13	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY	7,331	82,629
4.14	54.02	ULTRASOUND	ULTRASOUND	1,411	19,470
4.15	55.01	COMPUTED TOMOGRAPHY	COMPUTED TOMOGRAPHY	22,487	253,447
4.16	60.00	LABORATORY	CHEMISTRY	431,384	3,248,010
4.17	63.00	BLOOD STORING, PROCESSING &	BLOOD BANK	41	340
4.18	0.00		NUCLEAR MEDICINE	0	0
4.19	65.00	RESPIRATORY THERAPY	RESPIRATORY CARE	5,022	14,251
4.20	66.00	PHYSICAL THERAPY	PHYSICAL THERAPY	13,993	33,288
4.21	67.00	OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPY	2,608	10,803
4.22	69.00	ELECTROCARDIOLOGY	NON-INVASIVE VASCULAR	41,057	513,094
4.23	76.03	CARDIAC REHABILITATION	CARDIAC REHAB	297	3,708
4.24	76.05	MRI	MRI	3,420	38,546
4.25	76.07	PSYCH ACTIVITY THERAPY	PSYCH THERAPY SERVICES	2,657,274	3,501,135
4.26	91.00	EMERGENCY	EMERGENCY ROOM	249,292	1,963,161
4.27	40.00	SUBPROVIDER - IPF	PYSCH UNIT OVERHEAD	2,947,766	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			30,827,504	31,137,200

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

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

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

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

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

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

Provider CCN: 15-0004

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

Worksheet A-8-1

Date/Time Prepared:  
5/30/2022 8:09 pm

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

(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: 15-0004

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

Worksheet A-8-1

Date/Time Prepared:  
5/30/2022 8:09 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>			
1.00	1,392,072	14	1.00
2.00	0	0	2.00
3.00	0	0	3.00
4.00	0	0	4.00
4.01	-8,172,695	0	4.01
4.02	0	0	4.02
4.03	190,881	0	4.03
4.04	884,468	0	4.04
4.05	-1,146,665	0	4.05
4.06	10,291,803	0	4.06
4.07	-409,887	0	4.07
4.08	0	0	4.08
4.09	0	0	4.09
4.10	0	0	4.10
4.11	-39,690	0	4.11
4.12	-1,484	0	4.12
4.13	-75,298	0	4.13
4.14	-18,059	0	4.14
4.15	-230,960	0	4.15
4.16	-2,816,626	0	4.16
4.17	-299	0	4.17
4.18	0	0	4.18
4.19	-9,229	0	4.19
4.20	-19,295	0	4.20
4.21	-8,195	0	4.21
4.22	-472,037	0	4.22
4.23	-3,411	0	4.23
4.24	-35,126	0	4.24
4.25	-843,861	0	4.25
4.26	-1,713,869	0	4.26
4.27	2,947,766	0	4.27
5.00	-309,696	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.

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: 15-0004

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

Worksheet A-8-2

Date/Time Prepared:  
5/30/2022 8:09 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	139,174	139,174	0	197,500	0	1.00
2.00	13.00	NURSING ADMINISTRATION	43,163	33,503	9,660	197,500	25	2.00
3.00	30.00	ADULTS & PEDIATRICS	8,615	245	8,370	197,500	62	3.00
4.00	35.00	NEWBORN INTENSIVE CARE UNIT	28,124	28,124	0	197,500	0	4.00
5.00	40.00	SUBPROVIDER - IPF	46,267	46,267	0	197,500	0	5.00
6.00	50.00	OPERATING ROOM	38,956	38,956	0	246,400	0	6.00
7.00	59.00	CARDIAC CATHETERIZATION	33,280	33,280	0	197,500	0	7.00
8.00	60.00	LABORATORY	25,560	15,536	10,024	246,400	74	8.00
9.00	66.00	PHYSICAL THERAPY	5,520	0	5,520	197,500	41	9.00
10.00	76.02	CARDIOVASCULAR SERVICES	136,610	136,610	0	197,500	0	10.00
11.00	76.03	CARDIAC REHABILITATION	2,340	2,340	0	197,500	0	11.00
12.00	76.08	WOUND CARE	660	0	660	197,500	6	12.00
13.00	76.10	INFUSION	2,800	237	2,563	197,500	21	13.00
14.00	76.12	ANTI COAGULATION CLINIC	17,300	11,713	5,587	197,500	80	14.00
15.00	90.01	OCC HEALTH CLINIC	743	743	0	197,500	0	15.00
16.00	91.00	EMERGENCY	173,095	173,095	0	197,500	0	16.00
200.00			702,207	659,823	42,384		309	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	2,374	119	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	5,887	294	0	0	0	3.00
4.00	35.00	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	8,766	438	0	0	0	8.00
9.00	66.00	PHYSICAL THERAPY	3,893	195	0	0	0	9.00
10.00	76.02	CARDIOVASCULAR SERVICES	0	0	0	0	0	10.00
11.00	76.03	CARDIAC REHABILITATION	0	0	0	0	0	11.00
12.00	76.08	WOUND CARE	570	29	0	0	0	12.00
13.00	76.10	INFUSION	1,994	100	0	0	0	13.00
14.00	76.12	ANTI COAGULATION CLINIC	7,596	380	0	0	0	14.00
15.00	90.01	OCC HEALTH CLINIC	0	0	0	0	0	15.00
16.00	91.00	EMERGENCY	0	0	0	0	0	16.00
200.00			31,080	1,555	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	139,174		1.00
2.00	13.00	NURSING ADMINISTRATION	0	2,374	7,286	40,789		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	5,887	2,483	2,728		3.00
4.00	35.00	NEWBORN INTENSIVE CARE UNIT	0	0	0	28,124		4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	46,267		5.00
6.00	50.00	OPERATING ROOM	0	0	0	38,956		6.00
7.00	59.00	CARDIAC CATHETERIZATION	0	0	0	33,280		7.00
8.00	60.00	LABORATORY	0	8,766	1,258	16,794		8.00
9.00	66.00	PHYSICAL THERAPY	0	3,893	1,627	1,627		9.00
10.00	76.02	CARDIOVASCULAR SERVICES	0	0	0	136,610		10.00
11.00	76.03	CARDIAC REHABILITATION	0	0	0	2,340		11.00
12.00	76.08	WOUND CARE	0	570	90	90		12.00
13.00	76.10	INFUSION	0	1,994	569	806		13.00
14.00	76.12	ANTI COAGULATION CLINIC	0	7,596	0	11,713		14.00
15.00	90.01	OCC HEALTH CLINIC	0	0	0	743		15.00
16.00	91.00	EMERGENCY	0	0	0	173,095		16.00
200.00			0	31,080	13,313	673,136		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2022 8:09 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	28,165,134	28,165,134			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	5,972,035		5,972,035		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,079,751	151,558	13,306	5,244,615	4.00
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	44,289,291	3,017,577	226,699	1,368,283	5.05
6.00 00600	MAINTENANCE & REPAIRS	0	2,261,407	0	0	6.00
7.00 00700	OPERATION OF PLANT	8,169,320	1,488,570	121,146	101,596	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,080,879	39,392	66,431	20,437	8.00
9.00 00900	HOUSEKEEPING	2,638,907	574,729	45,122	97,651	9.00
10.00 01000	DIETARY	442,224	600,276	45,192	22,145	10.00
11.00 01100	CAFETERIA	1,333,588	348,463	0	49,682	11.00
13.00 01300	NURSING ADMINISTRATION	2,878,838	386,496	54,257	126,014	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	-74,156	557,594	96,977	9,728	14.00
15.00 01500	PHARMACY	4,640,282	334,253	39,216	201,311	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	975,819	990,169	0	4,051	16.00
17.00 01700	SOCIAL SERVICE	0	58,722	0	0	17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	797,892	0	0	6,457	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01 02301	PARAMED ED PRGM - LAB 4+1	195,502	0	1,012	11,511	23.01
23.02 02302	PARAMED ED PRGM - RADIOLOGY	87,689	0	0	4,455	23.02
23.03 02303	PARAMED ED PRGM - RESPTHER	83,383	0	0	4,683	23.03
23.04 02304	PARAMED ED PRGM-PHARMACY	458,070	0	0	33,196	23.04
23.05 02305	PARAMED ED PRGM-EMT	15,532	246,380	0	219	23.05
23.06 02306	PARAMED ED PRGM - LAB 3+1	68,672	0	0	5,089	23.06
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	18,594,054	3,736,549	549,562	990,025	30.00
31.00 03100	INTENSIVE CARE UNIT	3,137,139	688,777	905,784	151,669	31.00
35.00 02040	NEWBORN INTENSIVE CARE UNIT	1,476,012	0	34,388	62,577	35.00
40.00 04000	SUBPROVIDER - I/PF	9,245,613	0	0	142,864	40.00
43.00 04300	NURSERY	1,534,644	0	0	84,073	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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	1,196,762	1,911,481	405,975	91,613	50.00
50.01 05001	OPEN HEART SURGERY	0	0	0	0	50.01
50.02 05002	OUTPATIENT SURGERY	187,749	1,460,098	241,204	9,132	50.02
51.00 05100	RECOVERY ROOM	267,724	0	62,150	16,257	51.00
53.00 05300	ANESTHESIOLOGY	3,740,251	0	0	304	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,369,234	883,383	736,874	68,071	54.00
54.01 05401	RADIOLOGY SPECIAL PROCEDURES	482,310	213,257	119,398	36,186	54.01
54.02 05402	ULTRASOUND	512,684	106,159	144,395	31,483	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01 05501	COMPUTED TOMOGRAPHY	753,874	108,614	611,600	36,230	55.01
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	169,409	0	511,021	29,668	59.00
60.00 06000	LABORATORY	5,817,325	725,138	424	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	41	0	0	0	63.00
63.01 06301	NUCLEAR MEDICINE	151,732	143,565	122,319	11,646	63.01
65.00 06500	RESPIRATORY THERAPY	2,188,468	288,070	150,192	92,452	65.00
66.00 06600	PHYSICAL THERAPY	1,871,882	745,304	9,672	116,348	66.00
67.00 06700	OCCUPATIONAL THERAPY	529,600	68,857	1,705	28,777	67.00
68.00 06800	SPEECH PATHOLOGY	275,295	213,362	17,544	15,098	68.00
69.00 06900	ELECTROCARDIOLOGY	-36,193	119,899	0	18,421	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	5,881	97,382	0	353	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,825,541	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	1,310,720	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	23,640,228	0	0	0	73.00
76.00 03020	PAIN CLINIC	0	0	0	0	76.00
76.01 03950	ORTHOPEDI CS	276	48,325	51	0	76.01
76.02 03140	CARDIOVASCULAR SERVICES	936,020	425,470	195,368	15,621	76.02
76.03 03957	CARDIAC REHABILITATION	909,985	91,635	61,064	62,748	76.03
76.04 03190	RADIATION ONCOLOGY	24,729	954,852	0	1,853	76.04
76.05 03951	MRI	154,721	209,078	17,871	8,772	76.05
76.06 03952	BARITRIC CENTER	0	0	0	0	76.06
76.07 03550	PSYCH ACTIVITY THERAPY	-843,861	0	0	0	76.07
76.08 03953	WOUND CARE	504,048	341,410	4,565	33,195	76.08
76.09 03954	RENAL DIALYSIS	577,974	659,364	0	20,595	76.09

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2022 8:09 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
76.10 03955 INFUSION	2,590,483	34,690	97,046	159,056	2,881,275	76.10
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	401,921	0	0	24,316	426,237	76.12
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 OCC HEALTH CLINIC	325,066	0	2,804	8,187	336,057	90.01
90.02 09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03 09003 SPECIALTY CLINIC	33,838	0	10	1,915	35,763	90.03
91.00 09100 EMERGENCY	5,928,817	814,631	223,269	342,470	7,309,187	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	8,357,836	614,330	36,422	444,637	9,453,225	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	212,448,484	26,759,266	5,972,035	5,223,120	211,021,121	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	62,246	70,738	0	2,099	135,083	190.00
190.01 19001 CONVENT	5,884	0	0	0	5,884	190.01
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 19003 MEDICAL ARTS BUILDING	218,337	0	0	0	218,337	190.03
190.04 19004 WOMEN'S HEALTH CENTER	58,394	59,975	0	2,861	121,230	190.04
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 19009 MDWISE	0	0	0	0	0	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11 19011 CENTER OF HOPE	7,064	26,278	0	157	33,499	190.11
190.12 19012 SELECT	0	0	0	0	0	190.12
190.13 19013 PERCINIAS	0	0	0	0	0	190.13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	7,194	323,804	0	0	330,998	192.00
192.01 19201 WORKING WELL	394,763	0	0	16,378	411,141	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 07951 REHAB	0	925,073	0	0	925,073	194.01
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)	213,202,366	28,165,134	5,972,035	5,244,615	213,202,366	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 5/30/2022 8:09 pm
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.05	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
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
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	48,901,850				5.05
6.00	00600	MAINTENANCE & REPAIRS	670,982	2,932,389			6.00
7.00	00700	OPERATION OF PLANT	2,931,682	192,001	13,004,315		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	358,170	5,081	24,111	1,594,501	8.00
9.00	00900	HOUSEKEEPING	995,880	74,131	351,782	0	9.00
10.00	01000	DIETARY	329,300	77,426	367,419	0	10.00
11.00	01100	CAFETERIA	513,822	44,946	213,288	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,022,345	49,852	236,568	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	175,101	71,920	341,293	0	14.00
15.00	01500	PHARMACY	1,547,361	43,113	204,590	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	584,530	127,715	606,065	0	16.00
17.00	01700	SOCIAL SERVICE	17,423	7,574	35,942	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	238,658	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1	61,723	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	27,340	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	26,130	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	145,764	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-EMT	77,777	31,779	150,805	0	23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1	21,886	0	0	0	23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,082,601	481,956	2,287,076	1,165,237	30.00
31.00	03100	INTENSIVE CARE UNIT	1,448,944	88,841	421,588	185,304	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	466,718	0	0	23,968	35.00
40.00	04000	SUBPROVIDER - IPF	2,785,655	0	0	0	40.00
43.00	04300	NURSERY	480,290	0	0	59,498	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
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,069,886	246,550	1,169,984	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	563,210	188,329	893,700	0	50.02
51.00	05100	RECOVERY ROOM	102,701	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	1,109,860	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	907,209	113,942	540,703	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	252,545	27,507	130,531	0	54.01
54.02	05402	ULTRASOUND	235,802	13,693	64,978	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	448,126	14,009	66,481	0	55.01
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	210,693	0	0	0	59.00
60.00	06000	LABORATORY	1,941,340	93,531	443,844	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	127,366	18,517	87,873	0	63.01
65.00	06500	RESPIRATORY THERAPY	806,808	37,156	176,323	0	65.00
66.00	06600	PHYSICAL THERAPY	813,937	96,132	456,187	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	186,612	8,881	42,146	0	67.00
68.00	06800	SPEECH PATHOLOGY	154,675	27,520	130,595	0	68.00
69.00	06900	ELECTROCARDIOLOGY	30,302	15,465	73,388	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,744	12,561	59,606	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,025,206	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	388,904	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,014,292	0	0	0	73.00
76.00	03020	PAI N CLINIC	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	14,436	6,233	29,579	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	466,570	54,879	260,423	0	76.02
76.03	03957	CARDIAC REHABILITATION	333,927	11,819	56,088	0	76.03
76.04	03190	RADIATION ONCOLOGY	291,201	123,160	584,448	0	76.04
76.05	03951	MRI	115,848	26,968	127,973	0	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	76.07
76.08	03953	WOUND CARE	262,060	44,036	208,971	0	76.08
76.09	03954	RENAL DIALYSIS	373,241	85,047	403,585	0	76.09
76.10	03955	INFUSION	854,903	4,474	21,233	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	126,469	0	0	0	76.12

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.05	6.00	7.00	8.00	9.00	
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 OCC HEALTH CLINIC	99,711	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	10,611	0	0	0	0	90.03
91.00	09100 EMERGENCY	2,168,709	105,074	498,621	0	188,663	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	2,804,866	79,238	376,020	0	142,274	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	48,352,864	2,751,056	12,143,807	1,434,007	4,452,613	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	40,080	9,124	43,297	0	16,382	190.00
190.01	19001 CONVENT	1,746	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	64,783	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	35,970	7,736	36,710	0	13,890	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	9,939	3,389	16,085	0	6,086	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	41,765	198,195	0	74,991	192.00
192.01	19201 WORKING WELL	121,990	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	274,478	119,319	566,221	160,494	214,240	194.01
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)	48,901,850	2,932,389	13,004,315	1,594,501	4,778,202	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.05	00590						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	2,023,002					10.00
11.00	01100	0	2,584,491				11.00
13.00	01300	0	102,530	4,946,410			13.00
14.00	01400	0	12,638	0	1,320,230		14.00
15.00	01500	0	150,462	0	0	7,237,999	15.00
16.00	01600	0	3,737	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	0	7,869	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	5,091	0	0	0	23.01
23.02	02302	0	4,506	0	0	0	23.02
23.03	02303	0	3,932	0	0	0	23.03
23.04	02304	0	22,372	0	0	0	23.04
23.05	02305	0	1,445	3,904	0	0	23.05
23.06	02306	0	0	0	0	0	23.06
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,535,675	725,510	1,959,980	0	0	30.00
31.00	03100	244,236	138,715	374,741	0	0	31.00
35.00	02040	31,578	39,758	107,407	0	0	35.00
40.00	04000	0	74,102	0	0	0	40.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	56,404	152,377	0	0	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	5,155	13,926	0	0	50.02
51.00	05100	0	10,361	27,991	0	0	51.00
53.00	05300	0	2,392	0	0	0	53.00
54.00	05400	0	89,533	0	0	0	54.00
54.01	05401	0	26,712	72,163	0	0	54.01
54.02	05402	0	20,649	0	0	0	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	0	34,012	0	0	0	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	21,620	58,408	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	0	0	63.00
63.01	06301	0	5,238	0	0	0	63.01
65.00	06500	0	69,008	0	0	0	65.00
66.00	06600	0	53,927	40	0	0	66.00
67.00	06700	0	20,398	0	0	0	67.00
68.00	06800	0	8,089	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	178	481	0	0	70.00
71.00	07100	0	808	0	1,108,993	0	71.00
72.00	07200	0	0	0	211,237	0	72.00
73.00	07300	0	0	0	0	7,237,999	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.02	03140	0	31,220	84,342	0	0	76.02
76.03	03957	0	14,130	38,172	0	0	76.03
76.04	03190	0	0	0	0	0	76.04
76.05	03951	0	7,571	0	0	0	76.05
76.06	03952	0	0	0	0	0	76.06
76.07	03550	0	0	0	0	0	76.07
76.08	03953	0	24,974	67,468	0	0	76.08
76.09	03954	0	0	0	0	0	76.09
76.10	03955	0	133,367	360,294	0	0	76.10
76.11	03956	0	0	0	0	0	76.11
76.12	03958	0	15,387	0	0	0	76.12

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	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	OCC HEALTH CLINIC	0	0	0	0	0 90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	0 90.02
90.03	09003	SPECIALTY CLINIC	0	942	0	0	0 90.03
91.00	09100	EMERGENCY	0	228,394	617,012	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0	0	0 99.00
99.10	09910	CORF	0	0	0	0	0 99.10
101.00	10100	HOME HEALTH AGENCY	0	371,629	1,003,965	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,811,489	2,544,765	4,942,671	1,320,230	7,237,999 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,515	0	0	0 190.00
190.01	19001	CONVENT	0	0	0	0	0 190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0 190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	0 190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	4,406	0	0	0 190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0 190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0 190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0 190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0 190.08
190.09	19009	MDWISE	0	0	0	0	0 190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	0	0 190.10
190.11	19011	CENTER OF HOPE	0	788	2,130	0	0 190.11
190.12	19012	SELECT	0	0	0	0	0 190.12
190.13	19013	PERCINI AS	0	0	0	0	0 190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,919	0	0	0 192.00
192.01	19201	WORKING WELL	0	0	0	0	0 192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.01	07951	REHAB	211,513	28,098	1,609	0	0 194.01
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)	2,023,002	2,584,491	4,946,410	1,320,230	7,237,999 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM - LAB 4+1	
				SERVICES-OTHER PRGM COSTS APPRV			
		16.00	17.00	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
5.05	00590	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
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	3,521,402				16.00
17.00	01700	SOCIAL SERVICE	0	133,260			17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,050,876		22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0		23.00
23.01	02301	PARAMED PRGM - LAB 4+1	0	0	0	274,839	23.01
23.02	02302	PARAMED PRGM - RADIOLOGY	0	0	0		23.02
23.03	02303	PARAMED PRGM - RESPIRATORY	0	0	0		23.03
23.04	02304	PARAMED PRGM-PHARMACY	0	0	0		23.04
23.05	02305	PARAMED PRGM-EMT	0	0	0		23.05
23.06	02306	PARAMED PRGM - LAB 3+1	0	0	0		23.06
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	178,574	6,746	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	41,161	1,555	0	0	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	6,471	244	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	95,754	3,617	0	0	40.00
43.00	04300	NURSERY	8,996	340	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
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	101,117	3,820	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	8,286	313	0	0	50.02
51.00	05100	RECOVERY ROOM	13,429	507	0	0	51.00
53.00	05300	ANESTHESIOLOGY	36,345	1,373	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,752	1,880	0	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	34,246	1,294	0	0	54.01
54.02	05402	ULTRASOUND	42,873	1,620	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	186,940	7,062	0	0	55.01
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	51,639	1,951	0	0	59.00
60.00	06000	LABORATORY	268,488	10,143	0	225,368	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	5,151	195	0	43,974	63.00
63.01	06301	NUCLEAR MEDICINE	11,688	442	0	5,497	63.01
65.00	06500	RESPIRATORY THERAPY	40,321	1,523	0	0	65.00
66.00	06600	PHYSICAL THERAPY	24,344	920	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,311	692	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,540	285	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	54,530	2,060	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	82,791	3,128	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,973	603	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,455,385	55,208	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	81	3	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	11,134	421	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	26	1	0	0	76.04
76.05	03951	MRI	31,799	1,201	0	0	76.05
76.06	03952	BARITRIC CENTER	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	76.07
76.08	03953	WOUND CARE	7,234	273	0	0	76.08
76.09	03954	RENAL DIALYSIS	8,484	321	0	0	76.09
76.10	03955	INFUSION	112,143	4,237	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	76.11



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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB 4+1	
76.12	03958 ANTI COAGULATION CLINIC	16.00	17.00	22.00	23.00	23.01	76.12
OUTPATIENT SERVICE COST CENTERS		3,096	117	0	0	0	
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 OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	1	0	0	0	0	90.03
91.00	09100 EMERGENCY	398,610	15,059	1,050,876	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	108,689	4,106	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,521,402	133,260	1,050,876	0	274,839	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINIAS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
200.00	Cross Foot Adjustments			0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	3,521,402	133,260	1,050,876	0	274,839	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2022 8:09 pm

Cost Center Description			PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESP THER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT	PARAMED ED PRGM - LAB 3+1	
			23.02	23.03	23.04	23.05	23.06	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00590	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
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1						23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	123,990					23.02
23.03	02303	PARAMED ED PRGM - RESP THER		118,128				23.03
23.04	02304	PARAMED ED PRGM-PHARMACY			659,402			23.04
23.05	02305	PARAMED ED PRGM-EMT				584,901		23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1					95,647	23.06
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	117,790	0	0	0	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	2,480	0	0	0	0	54.01
54.02	05402	ULTRASOUND	1,240	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	2,480	0	0	0	0	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	0	0	0	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	0	118,128	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	659,402	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	0	0	0	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05	03951	MRI	0	0	0	0	0	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953	WOUND CARE	0	0	0	0	0	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	0	0	76.09
76.10	03955	INFUSION	0	0	0	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	0	0	0	0	76.12

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2022 8:09 pm

Cost Center Description		PARAMED ED PRGM - RADIOLOGY 23.02	PARAMED ED PRGM - RESPTHER 23.03	PARAMED ED PRGM-PHARMACY 23.04	PARAMED ED PRGM-EMT 23.05	PARAMED ED PRGM - LAB 3+1 23.06	
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 OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	584,901	95,647	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	123,990	118,128	659,402	584,901	95,647	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
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)	123,990	118,128	659,402	584,901	95,647	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2022 8:09 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.05	00590	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
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1				23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY				23.02
23.03	02303	PARAMED ED PRGM - RESPTHER				23.03
23.04	02304	PARAMED ED PRGM-PHARMACY				23.04
23.05	02305	PARAMED ED PRGM-EMT				23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1				23.06
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	40,158,902	0	40,158,902	30.00
31.00	03100	INTENSIVE CARE UNIT	7,987,970	0	7,987,970	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	2,249,121	0	2,249,121	35.00
40.00	04000	SUBPROVIDER - IPF	12,347,605	0	12,347,605	40.00
43.00	04300	NURSERY	2,167,841	0	2,167,841	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	6,848,654	0	6,848,654	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	3,909,250	0	3,909,250	50.02
51.00	05100	RECOVERY ROOM	501,120	0	501,120	51.00
53.00	05300	ANESTHESIOLOGY	4,890,525	0	4,890,525	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,082,956	0	5,082,956	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	1,448,018	0	1,448,018	54.01
54.02	05402	ULTRASOUND	1,200,162	0	1,200,162	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	2,294,582	0	2,294,582	55.01
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,054,409	0	1,054,409	59.00
60.00	06000	LABORATORY	9,693,538	0	9,693,538	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	49,373	0	49,373	63.00
63.01	06301	NUCLEAR MEDICINE	719,132	0	719,132	63.01
65.00	06500	RESPIRATORY THERAPY	4,035,164	0	4,035,164	65.00
66.00	06600	PHYSICAL THERAPY	4,361,300	0	4,361,300	66.00
67.00	06700	OCCUPATIONAL THERAPY	921,926	0	921,926	67.00
68.00	06800	SPEECH PATHOLOGY	899,416	0	899,416	68.00
69.00	06900	ELECTROCARDIOLOGY	305,640	0	305,640	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	229,739	0	229,739	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,046,467	0	10,046,467	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,927,437	0	1,927,437	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,062,514	0	40,062,514	73.00
76.00	03020	PAIN CLINIC	0	0	0	76.00
76.01	03950	ORTHOPEDICS	110,092	0	110,092	76.01
76.02	03140	CARDIOVASCULAR SERVICES	2,568,533	0	2,568,533	76.02
76.03	03957	CARDIAC REHABILITATION	1,612,345	0	1,612,345	76.03
76.04	03190	RADIATION ONCOLOGY	2,201,407	0	2,201,407	76.04
76.05	03951	MRI	750,223	0	750,223	76.05
76.06	03952	BARITRIC CENTER	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	-843,861	0	-843,861	76.07
76.08	03953	WOUND CARE	1,577,302	0	1,577,302	76.08
76.09	03954	RENAL DIALYSIS	2,281,315	0	2,281,315	76.09
76.10	03955	INFUSION	4,379,960	0	4,379,960	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	76.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0004

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2022 8:09 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
76.12	03958	ANTI COAGULATION CLINIC	571,306	0	571,306	76.12
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	OCC HEALTH CLINIC	435,768	0	435,768	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	47,317	0	47,317	90.03
91.00	09100	EMERGENCY	13,260,753	-1,050,876	12,209,877	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	14,344,012	0	14,344,012	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	208,689,233	-1,050,876	207,638,357	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	247,481	0	247,481	190.00
190.01	19001	CONVENT	7,630	0	7,630	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	283,120	0	283,120	190.03
190.04	19004	WOMEN'S HEALTH CENTER	219,942	0	219,942	190.04
190.05	19005	DEVELOPMENT	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	190.10
190.11	19011	CENTER OF HOPE	71,916	0	71,916	190.11
190.12	19012	SELECT	0	0	0	190.12
190.13	19013	PERCINI AS	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	648,868	0	648,868	192.00
192.01	19201	WORKING WELL	533,131	0	533,131	192.01
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.01	07951	REHAB	2,501,045	0	2,501,045	194.01
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	213,202,366	-1,050,876	212,151,490	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/30/2022 8:09 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	151,558	13,306	164,864	4.00
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	0	3,017,577	226,699	3,244,276	5.05
6.00 00600	MAINTENANCE & REPAIRS	0	2,261,407	0	2,261,407	6.00
7.00 00700	OPERATION OF PLANT	0	1,488,570	121,146	1,609,716	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	39,392	66,431	105,823	8.00
9.00 00900	HOUSEKEEPING	0	574,729	45,122	619,851	9.00
10.00 01000	DIETARY	0	600,276	45,192	645,468	10.00
11.00 01100	CAFETERIA	0	348,463	0	348,463	11.00
13.00 01300	NURSING ADMINISTRATION	0	386,496	54,257	440,753	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	557,594	96,977	654,571	14.00
15.00 01500	PHARMACY	0	334,253	39,216	373,469	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	990,169	0	990,169	16.00
17.00 01700	SOCIAL SERVICE	0	58,722	0	58,722	17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01 02301	PARAMED ED PRGM - LAB 4+1	0	0	1,012	1,012	23.01
23.02 02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.02
23.03 02303	PARAMED ED PRGM - RESP THER	0	0	0	0	23.03
23.04 02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.04
23.05 02305	PARAMED ED PRGM-EMT	0	246,380	0	246,380	23.05
23.06 02306	PARAMED ED PRGM - LAB 3+1	0	0	0	0	23.06
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	3,736,549	549,562	4,286,111	30.00
31.00 03100	INTENSIVE CARE UNIT	0	688,777	905,784	1,594,561	31.00
35.00 02040	NEWBORN INTENSIVE CARE UNIT	0	0	34,388	34,388	35.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	1,911,481	405,975	2,317,456	50.00
50.01 05001	OPEN HEART SURGERY	0	0	0	0	50.01
50.02 05002	OUTPATIENT SURGERY	0	1,460,098	241,204	1,701,302	50.02
51.00 05100	RECOVERY ROOM	0	0	62,150	62,150	51.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	883,383	736,874	1,620,257	54.00
54.01 05401	RADIOLOGY SPECIAL PROCEDURES	0	213,257	119,398	332,655	54.01
54.02 05402	ULTRASOUND	0	106,159	144,395	250,554	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01 05501	COMPUTED TOMOGRAPHY	0	108,614	611,600	720,214	55.01
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	511,021	511,021	59.00
60.00 06000	LABORATORY	0	725,138	424	725,562	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
63.01 06301	NUCLEAR MEDICINE	0	143,565	122,319	265,884	63.01
65.00 06500	RESPIRATORY THERAPY	0	288,070	150,192	438,262	65.00
66.00 06600	PHYSICAL THERAPY	0	745,304	9,672	754,976	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	68,857	1,705	70,562	67.00
68.00 06800	SPEECH PATHOLOGY	0	213,362	17,544	230,906	68.00
69.00 06900	ELECTROCARDIOLOGY	0	119,899	0	119,899	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	97,382	0	97,382	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
76.00 03020	PAIN CLINIC	0	0	0	0	76.00
76.01 03950	ORTHOPEDICS	0	48,325	51	48,376	76.01
76.02 03140	CARDIOVASCULAR SERVICES	0	425,470	195,368	620,838	76.02
76.03 03957	CARDIAC REHABILITATION	0	91,635	61,064	152,699	76.03
76.04 03190	RADIATION ONCOLOGY	0	954,852	0	954,852	76.04
76.05 03951	MRI	0	209,078	17,871	226,949	76.05
76.06 03952	BARIATRIC CENTER	0	0	0	0	76.06
76.07 03550	PSYCH ACTIVITY THERAPY	0	0	0	0	76.07
76.08 03953	WOUND CARE	0	341,410	4,565	345,975	76.08
76.09 03954	RENAL DIALYSIS	0	659,364	0	659,364	76.09
76.10 03955	INFUSION	0	34,690	97,046	131,736	76.10

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/30/2022 8:09 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	0	764	76.12
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 OCC HEALTH CLINIC	0	0	2,804	2,804	257	90.01
90.02 09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03 09003 SPECIALTY CLINIC	0	0	10	10	60	90.03
91.00 09100 EMERGENCY	0	814,631	223,269	1,037,900	10,763	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0			0		92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	614,330	36,422	650,752	13,974	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE	0					113.00
118.00						118.00
SUBTOTALS (SUM OF LINES 1 through 117)						
	0	26,759,266	5,972,035	32,731,301	164,188	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	70,738	0	70,738	66	190.00
190.01 19001 CONVENT	0	0	0	0	0	190.01
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04 19004 WOMEN'S HEALTH CENTER	0	59,975	0	59,975	90	190.04
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 19009 MDWISE	0	0	0	0	0	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11 19011 CENTER OF HOPE	0	26,278	0	26,278	5	190.11
190.12 19012 SELECT	0	0	0	0	0	190.12
190.13 19013 PERCINI AS	0	0	0	0	0	190.13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	323,804	0	323,804	0	192.00
192.01 19201 WORKING WELL	0	0	0	0	515	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 07951 REHAB	0	925,073	0	925,073	0	194.01
200.00				0		200.00
201.00				0		201.00
202.00				0		202.00
Cross Foot Adjustments						
Negative Cost Centers						
TOTAL (sum lines 118 through 201)						
	0	28,165,134	5,972,035	34,137,169	164,864	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/30/2022 8:09 pm		
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.05	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	3,287,316				5.05
6.00	00600	MAINTENANCE & REPAIRS	45,106	2,306,513			6.00
7.00	00700	OPERATION OF PLANT	197,079	151,021	1,961,009		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	24,078	3,996	3,636	138,175	8.00
9.00	00900	HOUSEKEEPING	66,947	58,309	53,048	0	801,224
10.00	01000	DIETARY	22,137	60,900	55,406	0	23,311
11.00	01100	CAFETERIA	34,541	35,353	32,163	0	13,532
13.00	01300	NURSING ADMINISTRATION	68,726	39,212	35,674	0	15,009
14.00	01400	CENTRAL SERVICES & SUPPLY	11,771	56,570	51,466	0	21,654
15.00	01500	PHARMACY	104,020	33,911	30,852	0	12,980
16.00	01600	MEDICAL RECORDS & LIBRARY	39,294	100,456	91,393	0	38,452
17.00	01700	SOCIAL SERVICE	1,171	5,958	5,420	0	2,280
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	16,044	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED ED PRGM - LAB 4+1	4,149	0	0	0	0
23.02	02302	PARAMED ED PRGM - RADIOLOGY	1,838	0	0	0	0
23.03	02303	PARAMED ED PRGM - RESP THER	1,757	0	0	0	0
23.04	02304	PARAMED ED PRGM-PHARMACY	9,799	0	0	0	0
23.05	02305	PARAMED ED PRGM-EMT	5,228	24,996	22,741	0	9,568
23.06	02306	PARAMED ED PRGM - LAB 3+1	1,471	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	476,059	379,089	344,884	100,976	145,105
31.00	03100	INTENSIVE CARE UNIT	97,404	69,879	63,574	16,058	26,748
35.00	02040	NEWBORN INTENSIVE CARE UNIT	31,375	0	0	2,077	0
40.00	04000	SUBPROVIDER - IPF	187,263	0	0	0	0
43.00	04300	NURSERY	32,287	0	0	5,156	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	71,922	193,927	176,430	0	74,231
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0
50.02	05002	OUTPATIENT SURGERY	37,861	148,133	134,767	0	56,702
51.00	05100	RECOVERY ROOM	6,904	0	0	0	0
53.00	05300	ANESTHESIOLOGY	74,609	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,986	89,623	81,536	0	34,306
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	16,977	21,636	19,684	0	8,282
54.02	05402	ULTRASOUND	15,852	10,770	9,798	0	4,123
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	COMPUTED TOMOGRAPHY	30,125	11,019	10,025	0	4,218
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	14,164	0	0	0	0
60.00	06000	LABORATORY	130,504	73,568	66,930	0	28,160
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1	0	0	0	0
63.01	06301	NUCLEAR MEDICINE	8,562	14,565	13,251	0	5,575
65.00	06500	RESPIRATORY THERAPY	54,237	29,226	26,589	0	11,187
66.00	06600	PHYSICAL THERAPY	54,716	75,614	68,792	0	28,943
67.00	06700	OCCUPATIONAL THERAPY	12,545	6,986	6,355	0	2,674
68.00	06800	SPEECH PATHOLOGY	10,398	21,646	19,693	0	8,286
69.00	06900	ELECTROCARDIOLOGY	2,037	12,164	11,067	0	4,656
70.00	07000	ELECTROENCEPHALOGRAPHY	2,067	9,880	8,988	0	3,782
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	136,142	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,144	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	471,528	0	0	0	0
76.00	03020	PAIN CLINIC	0	0	0	0	0
76.01	03950	ORTHOPEDICS	970	4,903	4,460	0	1,877
76.02	03140	CARDIOVASCULAR SERVICES	31,365	43,166	39,271	0	16,523
76.03	03957	CARDIAC REHABILITATION	22,448	9,297	8,458	0	3,559
76.04	03190	RADIATION ONCOLOGY	19,576	96,873	88,133	0	37,081
76.05	03951	MRI	7,788	21,212	19,298	0	8,119
76.06	03952	BARIATRIC CENTER	0	0	0	0	0
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0
76.08	03953	WOUND CARE	17,617	34,637	31,512	0	13,258
76.09	03954	RENAL DIALYSIS	25,091	66,895	60,859	0	25,606
76.10	03955	INFUSION	57,470	3,519	3,202	0	1,347
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0
76.12	03958	ANTI COAGULATION CLINIC	8,502	0	0	0	0



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B  
Part II  
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5/30/2022 8:09 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.05	6.00	7.00	8.00	9.00	
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 OCC HEALTH CLINIC	6,703	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	713	0	0	0	0	90.03
91.00	09100 EMERGENCY	145,789	82,647	75,190	0	31,636	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	188,554	62,326	56,703	0	23,857	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,250,411	2,163,882	1,831,248	124,267	746,627	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,694	7,177	6,529	0	2,747	190.00
190.01	19001 CONVENT	117	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	4,355	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	2,418	6,085	5,536	0	2,329	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	668	2,666	2,425	0	1,021	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	32,851	29,887	0	12,575	192.00
192.01	19201 WORKING WELL	8,201	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	18,452	93,852	85,384	13,908	35,925	194.01
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)	3,287,316	2,306,513	1,961,009	138,175	801,224	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/30/2022 8:09 pm
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.05	00590						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	807,918					10.00
11.00	01100		465,613				11.00
13.00	01300		18,471	621,805			13.00
14.00	01400		2,277	0	756,143		14.00
15.00	01500		27,107	0	0	588,666	15.00
16.00	01600		673	0	0	0	16.00
17.00	01700		0	0	0	0	17.00
22.00	02200		1,418	0	0	0	22.00
23.00	02300		0	0	0	0	23.00
23.01	02301		917	0	0	0	23.01
23.02	02302		812	0	0	0	23.02
23.03	02303		708	0	0	0	23.03
23.04	02304		4,031	0	0	0	23.04
23.05	02305		260	491	0	0	23.05
23.06	02306		0	0	0	0	23.06
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	613,297	130,704	246,385	0	0	30.00
31.00	03100	97,539	24,990	47,108	0	0	31.00
35.00	02040	12,611	7,163	13,502	0	0	35.00
40.00	04000	0	13,350	0	0	0	40.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	10,162	19,155	0	0	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	929	1,751	0	0	50.02
51.00	05100	0	1,867	3,519	0	0	51.00
53.00	05300	0	431	0	0	0	53.00
54.00	05400	0	16,130	0	0	0	54.00
54.01	05401	0	4,812	9,071	0	0	54.01
54.02	05402	0	3,720	0	0	0	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	0	6,128	0	0	0	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	3,895	7,342	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	0	0	63.00
63.01	06301	0	944	0	0	0	63.01
65.00	06500	0	12,432	0	0	0	65.00
66.00	06600	0	9,715	5	0	0	66.00
67.00	06700	0	3,675	0	0	0	67.00
68.00	06800	0	1,457	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	32	61	0	0	70.00
71.00	07100	0	146	0	635,160	0	71.00
72.00	07200	0	0	0	120,983	0	72.00
73.00	07300	0	0	0	0	588,666	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.02	03140	0	5,624	10,602	0	0	76.02
76.03	03957	0	2,546	4,799	0	0	76.03
76.04	03190	0	0	0	0	0	76.04
76.05	03951	0	1,364	0	0	0	76.05
76.06	03952	0	0	0	0	0	76.06
76.07	03550	0	0	0	0	0	76.07
76.08	03953	0	4,499	8,481	0	0	76.08
76.09	03954	0	0	0	0	0	76.09
76.10	03955	0	24,027	45,292	0	0	76.10
76.11	03956	0	0	0	0	0	76.11
76.12	03958	0	2,772	0	0	0	76.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2022 8:09 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	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	OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	0	170	0	0	0	90.03
91.00	09100	EMERGENCY	0	41,147	77,564	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	66,951	126,207	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	723,447	458,456	621,335	756,143	588,666	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	633	0	0	0	190.00
190.01	19001	CONVENT	0	0	0	0	0	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	794	0	0	0	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011	CENTER OF HOPE	0	142	268	0	0	190.11
190.12	19012	SELECT	0	0	0	0	0	190.12
190.13	19013	PERCINI AS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	526	0	0	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	84,471	5,062	202	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	42,472	0	201.00
202.00		TOTAL (sum lines 118 through 201)	807,918	465,613	621,805	798,615	588,666	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/30/2022 8:09 pm
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB 4+1	
		16.00	17.00	22.00	23.00	23.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00590	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
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	1,260,564				16.00
17.00	01700	SOCIAL SERVICE	0	73,551			17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	17,665		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0		23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1	0	0		6,440	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0			23.02
23.03	02303	PARAMED ED PRGM - RESPIRATORY	0	0			23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0			23.04
23.05	02305	PARAMED ED PRGM-EMT	0	0			23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1	0	0			23.06
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	63,921	3,744			30.00
31.00	03100	INTENSIVE CARE UNIT	14,734	863			31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	2,316	136			35.00
40.00	04000	SUBPROVIDER - IPF	34,275	2,008			40.00
43.00	04300	NURSERY	3,220	189			43.00
44.00	04400	SKILLED NURSING FACILITY	0	0			44.00
45.00	04500	NURSING FACILITY	0	0			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	36,195	2,120			50.00
50.01	05001	OPEN HEART SURGERY	0	0			50.01
50.02	05002	OUTPATIENT SURGERY	2,966	174			50.02
51.00	05100	RECOVERY ROOM	4,807	282			51.00
53.00	05300	ANESTHESIOLOGY	13,010	762			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,809	1,043			54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	12,259	718			54.01
54.02	05402	ULTRASOUND	15,347	899			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
55.01	05501	COMPUTED TOMOGRAPHY	66,916	3,920			55.01
57.00	05700	CT SCAN	0	0			57.00
58.00	05800	MRI	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	18,484	1,083			59.00
60.00	06000	LABORATORY	96,106	5,629			60.00
60.01	06001	BLOOD LABORATORY	0	0			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,844	108			63.00
63.01	06301	NUCLEAR MEDICINE	4,184	245			63.01
65.00	06500	RESPIRATORY THERAPY	14,433	845			65.00
66.00	06600	PHYSICAL THERAPY	8,714	510			66.00
67.00	06700	OCCUPATIONAL THERAPY	6,554	384			67.00
68.00	06800	SPEECH PATHOLOGY	2,699	158			68.00
69.00	06900	ELECTROCARDIOLOGY	19,519	1,143			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	29,635	1,736			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,718	335			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	521,028	30,231			73.00
76.00	03020	PAIN CLINIC	0	0			76.00
76.01	03950	ORTHOPEDICS	0	0			76.01
76.02	03140	CARDIOVASCULAR SERVICES	29	2			76.02
76.03	03957	CARDIAC REHABILITATION	3,985	233			76.03
76.04	03190	RADIATION ONCOLOGY	9	1			76.04
76.05	03951	MRI	11,382	667			76.05
76.06	03952	BARIATRIC CENTER	0	0			76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0			76.07
76.08	03953	WOUND CARE	2,590	152			76.08
76.09	03954	RENAL DIALYSIS	3,037	178			76.09
76.10	03955	INFUSION	40,142	2,351			76.10
76.11	03956	CARE TRANSITION CENTER	0	0			76.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B  
Part II  
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5/30/2022 8:09 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB 4+1	
76.12	03958 ANTI COAGULATION CLINIC	16.00	17.00	22.00	23.00	23.01	76.12
	OUTPATIENT SERVICE COST CENTERS	1,108	65				
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 OCC HEALTH CLINIC	0	0				90.01
90.02	09002 CARDIOLOGY CLINIC	0	0				90.02
90.03	09003 SPECIALTY CLINIC	0	0				90.03
91.00	09100 EMERGENCY	142,683	8,358				91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
	OTHER REIMBURSABLE COST CENTERS						
99.00	09900 CMHC	0	0				99.00
99.10	09910 CORF	0	0				99.10
101.00	10100 HOME HEALTH AGENCY	38,906	2,279				101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,260,564	73,551	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
190.01	19001 CONVENT	0	0				190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0				190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0				190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0				190.04
190.05	19005 DEVELOPMENT	0	0				190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0				190.06
190.07	19007 IMAGE RECOVERY	0	0				190.07
190.08	19008 FAMILY SERVICES	0	0				190.08
190.09	19009 MDWISE	0	0				190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0				190.10
190.11	19011 CENTER OF HOPE	0	0				190.11
190.12	19012 SELECT	0	0				190.12
190.13	19013 PERCINI AS	0	0				190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01	19201 WORKING WELL	0	0				192.01
193.00	19300 NONPAID WORKERS	0	0				193.00
194.01	07951 REHAB	0	0				194.01
200.00	Cross Foot Adjustments			17,665	0	6,440	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,260,564	73,551	17,665	0	6,440	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/30/2022 8:09 pm
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Cost Center Description		PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESP THER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT	PARAMED ED PRGM - LAB 3+1	
		23.02	23.03	23.04	23.05	23.06	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00590	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
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1					23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	2,790				23.02
23.03	02303	PARAMED ED PRGM - RESP THER		2,612			23.03
23.04	02304	PARAMED ED PRGM-PHARMACY			14,873		23.04
23.05	02305	PARAMED ED PRGM-EMT				309,671	23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1					1,631
23.06	02306	PARAMED ED PRGM - LAB 3+1					23.06
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT					31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT					35.00
40.00	04000	SUBPROVIDER - IPF					40.00
43.00	04300	NURSERY					43.00
44.00	04400	SKILLED NURSING FACILITY					44.00
45.00	04500	NURSING FACILITY					45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM					50.00
50.01	05001	OPEN HEART SURGERY					50.01
50.02	05002	OUTPATIENT SURGERY					50.02
51.00	05100	RECOVERY ROOM					51.00
53.00	05300	ANESTHESIOLOGY					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES					54.01
54.02	05402	ULTRASOUND					54.02
55.00	05500	RADIOLOGY-THERAPEUTIC					55.00
55.01	05501	COMPUTED TOMOGRAPHY					55.01
57.00	05700	CT SCAN					57.00
58.00	05800	MRI					58.00
59.00	05900	CARDIAC CATHETERIZATION					59.00
60.00	06000	LABORATORY					60.00
60.01	06001	BLOOD LABORATORY					60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					63.00
63.01	06301	NUCLEAR MEDICINE					63.01
65.00	06500	RESPIRATORY THERAPY					65.00
66.00	06600	PHYSICAL THERAPY					66.00
67.00	06700	OCCUPATIONAL THERAPY					67.00
68.00	06800	SPEECH PATHOLOGY					68.00
69.00	06900	ELECTROCARDIOLOGY					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					73.00
76.00	03020	PAIN CLINIC					76.00
76.01	03950	ORTHOPEDICS					76.01
76.02	03140	CARDIOVASCULAR SERVICES					76.02
76.03	03957	CARDIAC REHABILITATION					76.03
76.04	03190	RADIATION ONCOLOGY					76.04
76.05	03951	MRI					76.05
76.06	03952	BARIATRIC CENTER					76.06
76.07	03550	PSYCH ACTIVITY THERAPY					76.07
76.08	03953	WOUND CARE					76.08
76.09	03954	RENAL DIALYSIS					76.09
76.10	03955	INFUSION					76.10
76.11	03956	CARE TRANSITION CENTER					76.11
76.12	03958	ANTI COAGULATION CLINIC					76.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B  
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Cost Center Description		PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESP THER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT	PARAMED ED PRGM - LAB 3+1	
		23.02	23.03	23.04	23.05	23.06	
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					90.00
90.01	09001	OCC HEALTH CLINIC					90.01
90.02	09002	CARDIOLOGY CLINIC					90.02
90.03	09003	SPECIALTY CLINIC					90.03
91.00	09100	EMERGENCY					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC					99.00
99.10	09910	CORF					99.10
101.00	10100	HOME HEALTH AGENCY					101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190.00
190.01	19001	CONVENT					190.01
190.02	19002	HOME MEDICAL EQUIPMENT					190.02
190.03	19003	MEDICAL ARTS BUILDING					190.03
190.04	19004	WOMEN'S HEALTH CENTER					190.04
190.05	19005	DEVELOPMENT					190.05
190.06	19006	NEUROSURGERY PROF SERVICES					190.06
190.07	19007	IMAGE RECOVERY					190.07
190.08	19008	FAMILY SERVICES					190.08
190.09	19009	MDWISE					190.09
190.10	19010	CATHERINE MCAULEY CLINIC					190.10
190.11	19011	CENTER OF HOPE					190.11
190.12	19012	SELECT					190.12
190.13	19013	PERCINI AS					190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES					192.00
192.01	19201	WORKING WELL					192.01
193.00	19300	NONPAID WORKERS					193.00
194.01	07951	REHAB					194.01
200.00		Cross Foot Adjustments	2,790	2,612	14,873	309,671	1,631
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	2,790	2,612	14,873	309,671	1,631

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/30/2022 8:09 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.05	00590				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
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
23.03	02303				23.03
23.04	02304				23.04
23.05	02305				23.05
23.06	02306				23.06
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	6,821,390	0	6,821,390	30.00
31.00	03100	2,058,225	0	2,058,225	31.00
35.00	02040	105,535	0	105,535	35.00
40.00	04000	241,386	0	241,386	40.00
43.00	04300	43,494	0	43,494	43.00
44.00	04400	0	0	0	44.00
45.00	04500	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	2,904,477	0	2,904,477	50.00
50.01	05001	0	0	0	50.01
50.02	05002	2,084,872	0	2,084,872	50.02
51.00	05100	80,040	0	80,040	51.00
53.00	05300	88,822	0	88,822	53.00
54.00	05400	1,923,829	0	1,923,829	54.00
54.01	05401	427,231	0	427,231	54.01
54.02	05402	312,052	0	312,052	54.02
55.00	05500	0	0	0	55.00
55.01	05501	853,704	0	853,704	55.01
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
59.00	05900	556,921	0	556,921	59.00
60.00	06000	1,126,459	0	1,126,459	60.00
60.01	06001	0	0	0	60.01
63.00	06300	1,953	0	1,953	63.00
63.01	06301	313,576	0	313,576	63.01
65.00	06500	590,117	0	590,117	65.00
66.00	06600	1,005,642	0	1,005,642	66.00
67.00	06700	110,639	0	110,639	67.00
68.00	06800	295,717	0	295,717	68.00
69.00	06900	171,064	0	171,064	69.00
70.00	07000	122,203	0	122,203	70.00
71.00	07100	802,819	0	802,819	71.00
72.00	07200	153,180	0	153,180	72.00
73.00	07300	1,611,453	0	1,611,453	73.00
76.00	03020	0	0	0	76.00
76.01	03950	60,586	0	60,586	76.01
76.02	03140	767,911	0	767,911	76.02
76.03	03957	209,996	0	209,996	76.03
76.04	03190	1,196,583	0	1,196,583	76.04
76.05	03951	297,055	0	297,055	76.05
76.06	03952	0	0	0	76.06
76.07	03550	0	0	0	76.07
76.08	03953	459,764	0	459,764	76.08
76.09	03954	841,677	0	841,677	76.09
76.10	03955	314,085	0	314,085	76.10
76.11	03956	0	0	0	76.11



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0004

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2022 8:09 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
76.12	03958	ANTI COAGULATION CLINIC	13,211	0	13,211	76.12
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	OCC HEALTH CLINIC	9,764	0	9,764	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	953	0	953	90.03
91.00	09100	EMERGENCY	1,653,677	0	1,653,677	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	1,230,509	0	1,230,509	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,862,571	0	31,862,571	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	90,584	0	90,584	190.00
190.01	19001	CONVENT	117	0	117	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	4,355	0	4,355	190.03
190.04	19004	WOMEN'S HEALTH CENTER	77,227	0	77,227	190.04
190.05	19005	DEVELOPMENT	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	190.10
190.11	19011	CENTER OF HOPE	33,473	0	33,473	190.11
190.12	19012	SELECT	0	0	0	190.12
190.13	19013	PERCINI AS	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	399,643	0	399,643	192.00
192.01	19201	WORKING WELL	8,716	0	8,716	192.01
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.01	07951	REHAB	1,262,329	0	1,262,329	194.01
200.00		Cross Foot Adjustments	355,682	0	355,682	200.00
201.00		Negative Cost Centers	42,472	0	42,472	201.00
202.00		TOTAL (sum lines 118 through 201)	34,137,169	0	34,137,169	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:  
5/30/2022 8:09 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	539,114				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		2,336,535			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,901	5,206	70,774,076		4.00
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	57,760	88,695	18,464,776	-48,901,850	164,813,379
6.00 00600	MAINTENANCE & REPAIRS	43,286	0	0	0	2,261,407
7.00 00700	OPERATION OF PLANT	28,493	47,398	1,370,987	0	9,880,632
8.00 00800	LAUNDRY & LINEN SERVICE	754	25,991	275,785	0	1,207,139
9.00 00900	HOUSEKEEPING	11,001	17,654	1,317,754	0	3,356,409
10.00 01000	DIETARY	11,490	17,681	298,832	0	1,109,837
11.00 01100	CAFETERIA	6,670	0	670,434	0	1,731,733
13.00 01300	NURSING ADMINISTRATION	7,398	21,228	1,700,507	0	3,445,605
14.00 01400	CENTRAL SERVICES & SUPPLY	10,673	37,942	131,271	0	590,143
15.00 01500	PHARMACY	6,398	15,343	2,716,597	0	5,215,062
16.00 01600	MEDICAL RECORDS & LIBRARY	18,953	0	54,662	0	1,970,039
17.00 01700	SOCIAL SERVICE	1,124	0	0	0	58,722
22.00 02200	I & R SERVICES-OTHER PRGM COSTS APPRV	0	0	87,136	0	804,349
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01 02301	PARAMED ED PRGM - LAB 4+1	0	396	155,338	0	208,025
23.02 02302	PARAMED ED PRGM - RADIOLOGY	0	0	60,112	0	92,144
23.03 02303	PARAMED ED PRGM - RESPTHER	0	0	63,193	0	88,066
23.04 02304	PARAMED ED PRGM-PHARMACY	0	0	447,960	0	491,266
23.05 02305	PARAMED ED PRGM-EMT	4,716	0	2,956	0	262,131
23.06 02306	PARAMED ED PRGM - LAB 3+1	0	0	68,672	0	73,761
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	71,522	215,014	13,359,935	0	23,870,190
31.00 03100	INTENSIVE CARE UNIT	13,184	354,384	2,046,703	0	4,883,369
35.00 02040	NEWBORN INTENSIVE CARE UNIT	0	13,454	844,455	0	1,572,977
40.00 04000	SUBPROVIDER - IPF	0	0	1,927,881	0	9,388,477
43.00 04300	NURSERY	0	0	1,134,531	0	1,618,717
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	36,588	158,836	1,236,275	0	3,605,831
50.01 05001	OPEN HEART SURGERY	0	0	0	0	0
50.02 05002	OUTPATIENT SURGERY	27,948	94,370	123,232	0	1,898,183
51.00 05100	RECOVERY ROOM	0	24,316	219,387	0	346,131
53.00 05300	ANESTHESIOLOGY	0	0	4,104	0	3,740,555
54.00 05400	RADIOLOGY-DIAGNOSTIC	16,909	288,299	918,585	0	3,057,562
54.01 05401	RADIOLOGY SPECIAL PROCEDURES	4,082	46,714	488,309	0	851,151
54.02 05402	ULTRASOUND	2,032	56,494	424,850	0	794,721
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01 05501	COMPUTED TOMOGRAPHY	2,079	239,286	488,912	0	1,510,318
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MRI	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	199,935	400,352	0	710,098
60.00 06000	LABORATORY	13,880	166	0	0	6,542,887
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	41
63.01 06301	NUCLEAR MEDICINE	2,748	47,857	157,153	0	429,262
65.00 06500	RESPIRATORY THERAPY	5,514	58,762	1,247,601	0	2,719,182
66.00 06600	PHYSICAL THERAPY	14,266	3,784	1,570,066	0	2,743,206
67.00 06700	OCCUPATIONAL THERAPY	1,318	667	388,335	0	628,939
68.00 06800	SPEECH PATHOLOGY	4,084	6,864	203,735	0	521,299
69.00 06900	ELECTROCARDIOLOGY	2,295	0	248,583	0	102,127
70.00 07000	ELECTROENCEPHALOGRAPHY	1,864	0	4,761	0	103,616
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	6,825,541
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,310,720
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	23,640,228
76.00 03020	PAIN CLINIC	0	0	0	0	0
76.01 03950	ORTHOPEDI CS	925	20	0	0	48,652
76.02 03140	CARDIOVASCULAR SERVICES	8,144	76,437	210,796	0	1,572,479
76.03 03957	CARDIAC REHABILITATION	1,754	23,891	846,750	0	1,125,432
76.04 03190	RADIATION ONCOLOGY	18,277	0	25,000	0	981,434
76.05 03951	MRI	4,002	6,992	118,379	0	390,442
76.06 03952	BARITRIC CENTER	0	0	0	0	0
76.07 03550	PSYCH ACTIVITY THERAPY	0	0	0	843,861	0
76.08 03953	WOUND CARE	6,535	1,786	447,952	0	883,218
76.09 03954	RENAL DIALYSIS	12,621	0	277,923	0	1,257,933

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:  
5/30/2022 8:09 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
76.10 03955 INFUSION	664	37,969	2,146,387	0	2,881,275	76.10
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0	328,128	0	426,237	76.12
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 OCC HEALTH CLINIC	0	1,097	110,476	0	336,057	90.01
90.02 09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03 09003 SPECIALTY CLINIC	0	4	25,845	0	35,763	90.03
91.00 09100 EMERGENCY	15,593	87,353	4,621,473	0	7,309,187	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	11,759	14,250	6,000,181	0	9,453,225	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	512,204	2,336,535	70,484,007	-48,057,989	162,963,132	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,354	0	28,326	0	135,083	190.00
190.01 19001 CONVENT	0	0	0	0	5,884	190.01
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 19003 MEDICAL ARTS BUILDING	0	0	0	0	218,337	190.03
190.04 19004 WOMEN'S HEALTH CENTER	1,148	0	38,612	0	121,230	190.04
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 19009 MDWISE	0	0	0	0	0	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11 19011 CENTER OF HOPE	503	0	2,124	0	33,499	190.11
190.12 19012 SELECT	0	0	0	0	0	190.12
190.13 19013 PERCINI AS	0	0	0	0	0	190.13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	6,198	0	0	-330,998	0	192.00
192.01 19201 WORKING WELL	0	0	221,007	0	411,141	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 07951 REHAB	17,707	0	0	0	925,073	194.01
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)	28,165,134	5,972,035	5,244,615		48,901,850	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	52.243373	2.555936	0.074104		0.296710	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			164,864		3,287,316	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.002329		0.019946	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: 15-0004

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

Worksheet B-1

Date/Time Prepared:  
5/30/2022 8:09 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.05	00590						5.05
6.00	00600	435,167					6.00
7.00	00700	28,493	406,674				7.00
8.00	00800	754	754	431,814			8.00
9.00	00900	11,001	11,001	0	394,919		9.00
10.00	01000	11,490	11,490	0	11,490	102,502	10.00
11.00	01100	6,670	6,670	0	6,670	0	11.00
13.00	01300	7,398	7,398	0	7,398	0	13.00
14.00	01400	10,673	10,673	0	10,673	0	14.00
15.00	01500	6,398	6,398	0	6,398	0	15.00
16.00	01600	18,953	18,953	0	18,953	0	16.00
17.00	01700	1,124	1,124	0	1,124	0	17.00
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
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
23.04	02304	0	0	0	0	0	23.04
23.05	02305	4,716	4,716	0	4,716	0	23.05
23.06	02306	0	0	0	0	0	23.06
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	71,522	71,522	315,563	71,522	77,810	30.00
31.00	03100	13,184	13,184	50,183	13,184	12,375	31.00
35.00	02040	0	0	6,491	0	1,600	35.00
40.00	04000	0	0	0	0	0	40.00
43.00	04300	0	0	16,113	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	36,588	36,588	0	36,588	0	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	27,948	27,948	0	27,948	0	50.02
51.00	05100	0	0	0	0	0	51.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	16,909	16,909	0	16,909	0	54.00
54.01	05401	4,082	4,082	0	4,082	0	54.01
54.02	05402	2,032	2,032	0	2,032	0	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	2,079	2,079	0	2,079	0	55.01
57.00	05700	0	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	13,880	13,880	0	13,880	0	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	0	0	63.00
63.01	06301	2,748	2,748	0	2,748	0	63.01
65.00	06500	5,514	5,514	0	5,514	0	65.00
66.00	06600	14,266	14,266	0	14,266	0	66.00
67.00	06700	1,318	1,318	0	1,318	0	67.00
68.00	06800	4,084	4,084	0	4,084	0	68.00
69.00	06900	2,295	2,295	0	2,295	0	69.00
70.00	07000	1,864	1,864	0	1,864	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	925	925	0	925	0	76.01
76.02	03140	8,144	8,144	0	8,144	0	76.02
76.03	03957	1,754	1,754	0	1,754	0	76.03
76.04	03190	18,277	18,277	0	18,277	0	76.04
76.05	03951	4,002	4,002	0	4,002	0	76.05
76.06	03952	0	0	0	0	0	76.06
76.07	03550	0	0	0	0	0	76.07
76.08	03953	6,535	6,535	0	6,535	0	76.08
76.09	03954	12,621	12,621	0	12,621	0	76.09
76.10	03955	664	664	0	664	0	76.10
76.11	03956	0	0	0	0	0	76.11
76.12	03958	0	0	0	0	0	76.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:  
5/30/2022 8:09 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	15,593	15,593	0	15,593	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	11,759	11,759	0	11,759	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	408,257	379,764	388,350	368,009	91,785	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,354	1,354	0	1,354	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	1,148	1,148	0	1,148	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	503	503	0	503	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINIAS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	6,198	6,198	0	6,198	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	17,707	17,707	43,464	17,707	10,717	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,932,389	13,004,315	1,594,501	4,778,202	2,023,002	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6.738537	31.977247	3.692564	12.099195	19.736220	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,306,513	1,961,009	138,175	801,224	807,918	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.300294	4.822066	0.319987	2.028831	7.881973	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: 15-0004

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

Worksheet B-1

Date/Time Prepared:  
5/30/2022 8:09 pm

Cost Center Description			CAFETERIA (PROD HOURS)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
			11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00590	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	1,058,877					11.00
13.00	01300	NURSING ADMINISTRATION	42,007	750,156				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,178	0	100			14.00
15.00	01500	PHARMACY	61,645	0	0	100		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,531	0	0	0	665,190,875	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,224	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB 4+1	2,086	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	1,846	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESPIRATORY	1,611	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	9,166	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-EMT	592	592	0	0	0	23.05
23.06	02306	PARAMED ED PRGM - LAB 3+1	0	0	0	0	0	23.06
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	297,244	297,244	0	0	33,731,420	30.00
31.00	03100	INTENSIVE CARE UNIT	56,832	56,832	0	0	7,775,027	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	16,289	16,289	0	0	1,222,368	35.00
40.00	04000	SUBPROVIDER - IPF	30,360	0	0	0	18,087,327	40.00
43.00	04300	NURSERY	0	0	0	0	1,699,361	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	23,109	23,109	0	0	19,100,363	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	2,112	2,112	0	0	1,565,165	50.02
51.00	05100	RECOVERY ROOM	4,245	4,245	0	0	2,536,585	51.00
53.00	05300	ANESTHESIOLOGY	980	0	0	0	6,865,313	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,682	0	0	0	9,397,883	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	10,944	10,944	0	0	6,468,927	54.01
54.02	05402	ULTRASOUND	8,460	0	0	0	8,098,463	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	13,935	0	0	0	35,311,683	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,858	8,858	0	0	9,754,165	59.00
60.00	06000	LABORATORY	0	0	0	0	50,715,608	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	973,030	63.00
63.01	06301	NUCLEAR MEDICINE	2,146	0	0	0	2,207,747	63.01
65.00	06500	RESPIRATORY THERAPY	28,273	0	0	0	7,616,330	65.00
66.00	06600	PHYSICAL THERAPY	22,094	6	0	0	4,598,380	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,357	0	0	0	3,458,836	67.00
68.00	06800	SPEECH PATHOLOGY	3,314	0	0	0	1,424,170	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	10,300,425	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	73	73	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	331	0	84	0	15,638,701	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	16	0	3,017,207	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	100	274,934,124	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	12,791	12,791	0	0	15,337	76.02
76.03	03957	CARDIAC REHABILITATION	5,789	5,789	0	0	2,103,080	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	0	4,946	76.04
76.05	03951	MRI	3,102	0	0	0	6,006,573	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953	WOUND CARE	10,232	10,232	0	0	1,366,520	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	0	1,602,535	76.09
76.10	03955	INFUSION	54,641	54,641	0	0	21,183,085	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0	76.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:  
5/30/2022 8:09 pm

Cost Center Description		CAFETERIA (PROD HOURS)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
76.12	03958 ANTI COAGULATION CLINIC	6,304	0	0	0	584,758	76.12
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 OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	386	0	0	0	158	90.03
91.00	09100 EMERGENCY	93,574	93,574	0	0	75,294,620	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	152,258	152,258	0	0	20,530,655	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,042,601	749,589	100	100	665,190,875	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,440	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	1,805	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	323	323	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,196	0	0	0	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	11,512	244	0	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,584,491	4,946,410	1,320,230	7,237,999	3,521,402	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.440785	6.593842	13,202.300000	72,379.990000	0.005294	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	465,613	621,805	798,615	588,666	1,260,564	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.439723	0.828901	7,561.430000	5,886.660000	0.001895	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: 15-0004

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

Worksheet B-1

Date/Time Prepared:  
5/30/2022 8:09 pm

Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - LAB 4+1 (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
	17.00	22.00	23.00	23.01	23.02	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05 00590 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
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	665,190,875					17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	100				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0		0			23.00
23.01 02301 PARAMED PRGM - LAB 4+1	0			100		23.01
23.02 02302 PARAMED PRGM - RADIOLOGY	0				100	23.02
23.03 02303 PARAMED PRGM - RESPTHER	0					23.03
23.04 02304 PARAMED PRGM-PHARMACY	0					23.04
23.05 02305 PARAMED PRGM-EMT	0					23.05
23.06 02306 PARAMED PRGM - LAB 3+1	0					23.06
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	33,731,420	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	7,775,027	0	0	0	0	31.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	1,222,368	0	0	0	0	35.00
40.00 04000 SUBPROVIDER - I/PF	18,087,327	0	0	0	0	40.00
43.00 04300 NURSERY	1,699,361	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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	19,100,363	0	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	1,565,165	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	2,536,585	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	6,865,313	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	9,397,883	0	0	0	95	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	6,468,927	0	0	0	2	54.01
54.02 05402 ULTRASOUND	8,098,463	0	0	0	1	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	35,311,683	0	0	0	2	55.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	9,754,165	0	0	0	0	59.00
60.00 06000 LABORATORY	50,715,608	0	0	82	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	973,030	0	0	16	0	63.00
63.01 06301 NUCLEAR MEDICINE	2,207,747	0	0	2	0	63.01
65.00 06500 RESPIRATORY THERAPY	7,616,330	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	4,598,380	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	3,458,836	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	1,424,170	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	10,300,425	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	15,638,701	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	3,017,207	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	274,934,124	0	0	0	0	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01 03950 ORTHOPEDICS	0	0	0	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	15,337	0	0	0	0	76.02
76.03 03957 CARDIAC REHABILITATION	2,103,080	0	0	0	0	76.03
76.04 03190 RADIATION ONCOLOGY	4,946	0	0	0	0	76.04
76.05 03951 MRI	6,006,573	0	0	0	0	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08 03953 WOUND CARE	1,366,520	0	0	0	0	76.08
76.09 03954 RENAL DIALYSIS	1,602,535	0	0	0	0	76.09



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2022 8:09 pm

Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - LAB 4+1 (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
	17.00	22.00	23.00	23.01	23.02	
76.10 03955 INFUSION	21,183,085	0	0	0	0	76.10
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	584,758	0	0	0	0	76.12
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 OCC HEALTH CLINIC	0	0	0	0	0	90.01
90.02 09002 CARDIOLOGY CLINIC	0	0	0	0	0	90.02
90.03 09003 SPECIALTY CLINIC	158	0	0	0	0	90.03
91.00 09100 EMERGENCY	75,294,620	100	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	20,530,655	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	665,190,875	100	0	100	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 CONVENT	0	0	0	0	0	190.01
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04 19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 19009 MDWISE	0	0	0	0	0	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11 19011 CENTER OF HOPE	0	0	0	0	0	190.11
190.12 19012 SELECT	0	0	0	0	0	190.12
190.13 19013 PERCINI AS	0	0	0	0	0	190.13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 WORKING WELL	0	0	0	0	0	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 07951 REHAB	0	0	0	0	0	194.01
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)	133,260	1,050,876	0	274,839	123,990	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000200	10,508.760000	0.000000	2,748.390000	1,239.900000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	73,551	17,665	0	6,440	2,790	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000111	176.650000	0.000000	64.400000	27.900000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0	0	206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:  
5/30/2022 8:09 pm

Cost Center Description		PARAMED PRGM - RESPTHER (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-EMT (ASSIGNED TIME)	PARAMED PRGM - LAB 3+1 (ASSIGNED TIME)	
		23.03	23.04	23.05	23.06	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.05	00590					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
13.00	01300					13.00
14.00	01400					14.00
15.00	01500					15.00
16.00	01600					16.00
17.00	01700					17.00
22.00	02200					22.00
23.00	02300					23.00
23.01	02301					23.01
23.02	02302					23.02
23.03	02303	100				23.03
23.04	02304		100			23.04
23.05	02305			100		23.05
23.06	02306				100	23.06
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	0	0	0	0	30.00
31.00	03100	0	0	0	0	31.00
35.00	02040	0	0	0	0	35.00
40.00	04000	0	0	0	0	40.00
43.00	04300	0	0	0	0	43.00
44.00	04400	0	0	0	0	44.00
45.00	04500	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	0	0	0	0	50.00
50.01	05001	0	0	0	0	50.01
50.02	05002	0	0	0	0	50.02
51.00	05100	0	0	0	0	51.00
53.00	05300	0	0	0	0	53.00
54.00	05400	0	0	0	0	54.00
54.01	05401	0	0	0	0	54.01
54.02	05402	0	0	0	0	54.02
55.00	05500	0	0	0	0	55.00
55.01	05501	0	0	0	0	55.01
57.00	05700	0	0	0	0	57.00
58.00	05800	0	0	0	0	58.00
59.00	05900	0	0	0	0	59.00
60.00	06000	0	0	0	0	60.00
60.01	06001	0	0	0	0	60.01
63.00	06300	0	0	0	0	63.00
63.01	06301	0	0	0	0	63.01
65.00	06500	100	0	0	0	65.00
66.00	06600	0	0	0	0	66.00
67.00	06700	0	0	0	0	67.00
68.00	06800	0	0	0	0	68.00
69.00	06900	0	0	0	0	69.00
70.00	07000	0	0	0	0	70.00
71.00	07100	0	0	0	0	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	0	100	0	0	73.00
76.00	03020	0	0	0	0	76.00
76.01	03950	0	0	0	0	76.01
76.02	03140	0	0	0	0	76.02
76.03	03957	0	0	0	0	76.03
76.04	03190	0	0	0	0	76.04
76.05	03951	0	0	0	0	76.05
76.06	03952	0	0	0	0	76.06
76.07	03550	0	0	0	0	76.07
76.08	03953	0	0	0	0	76.08
76.09	03954	0	0	0	0	76.09
76.10	03955	0	0	0	0	76.10
76.11	03956	0	0	0	0	76.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0004

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

Worksheet B-1

Date/Time Prepared:  
5/30/2022 8:09 pm

Cost Center Description		PARAMED ED PRGM - RESPTHER (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM-EMT (ASSIGNED TIME)	PARAMED ED PRGM - LAB 3+1 (ASSIGNED TIME)	
		23.03	23.04	23.05	23.06	
76.12	03958 ANTI COAGULATION CLINIC	0	0	0	0	76.12
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 OCC HEALTH CLINIC	0	0	0	0	90.01
90.02	09002 CARDIOLOGY CLINIC	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	100	100	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900 CMHC	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	100	100	100	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	190.12
190.13	19013 PERCINIAS	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	194.01
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)	118,128	659,402	584,901	95,647	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1,181.280000	6,594.020000	5,849.010000	956.470000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,612	14,873	309,671	1,631	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	26.120000	148.730000	3,096.710000	16.310000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0004

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2022 8:09 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		40,158,902	2,483	40,161,385	30.00
31.00	03100 INTENSIVE CARE UNIT		7,987,970	0	7,987,970	31.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT		2,249,121	0	2,249,121	35.00
40.00	04000 SUBPROVIDER - IPF		12,347,605	0	12,347,605	40.00
43.00	04300 NURSERY		2,167,841	0	2,167,841	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
45.00	04500 NURSING FACILITY		0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		6,848,654	0	6,848,654	50.00
50.01	05001 OPEN HEART SURGERY		0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY		3,909,250	0	3,909,250	50.02
51.00	05100 RECOVERY ROOM		501,120	0	501,120	51.00
53.00	05300 ANESTHESIOLOGY		4,890,525	0	4,890,525	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,082,956	0	5,082,956	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES		1,448,018	0	1,448,018	54.01
54.02	05402 ULTRASOUND		1,200,162	0	1,200,162	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY		2,294,582	0	2,294,582	55.01
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MRI		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		1,054,409	0	1,054,409	59.00
60.00	06000 LABORATORY		9,693,538	1,258	9,694,796	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		49,373	0	49,373	63.00
63.01	06301 NUCLEAR MEDICINE		719,132	0	719,132	63.01
65.00	06500 RESPIRATORY THERAPY	0	4,035,164	0	4,035,164	65.00
66.00	06600 PHYSICAL THERAPY	0	4,361,300	1,627	4,362,927	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	921,926	0	921,926	67.00
68.00	06800 SPEECH PATHOLOGY	0	899,416	0	899,416	68.00
69.00	06900 ELECTROCARDIOLOGY		305,640	0	305,640	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		229,739	0	229,739	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		10,046,467	0	10,046,467	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		1,927,437	0	1,927,437	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		40,062,514	0	40,062,514	73.00
76.00	03020 PAIN CLINIC		0	0	0	76.00
76.01	03950 ORTHOPEDICS		110,092	0	110,092	76.01
76.02	03140 CARDIOVASCULAR SERVICES		2,568,533	0	2,568,533	76.02
76.03	03957 CARDIAC REHABILITATION		1,612,345	0	1,612,345	76.03
76.04	03190 RADIATION ONCOLOGY		2,201,407	0	2,201,407	76.04
76.05	03951 MRI		750,223	0	750,223	76.05
76.06	03952 BARIATRIC CENTER		0	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY		0	0	0	76.07
76.08	03953 WOUND CARE		1,577,302	90	1,577,392	76.08
76.09	03954 RENAL DIALYSIS		2,281,315	0	2,281,315	76.09
76.10	03955 INFUSION		4,379,960	569	4,380,529	76.10
76.11	03956 CARE TRANSITION CENTER		0	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC		571,306	0	571,306	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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 OCC HEALTH CLINIC		435,768	0	435,768	90.01
90.02	09002 RADIOLOGY CLINIC		0	0	0	90.02
90.03	09003 SPECIALTY CLINIC		47,317	0	47,317	90.03
91.00	09100 EMERGENCY		12,209,877	0	12,209,877	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		9,939,430	0	9,939,430	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.00	09900 CMHC		0	0	0	99.00
99.10	09910 CORF		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY		14,344,012	0	14,344,012	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		218,421,648	6,027	218,427,675	200.00
201.00	Less Observation Beds		9,939,430	0	9,939,430	201.00
202.00	Total (see instructions)		208,482,218	6,027	208,488,245	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0004		Period: From 01/01/2021 To 12/31/2021		Worksheet C Part I Date/Time Prepared: 5/30/2022 8:09 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	24,252,665		24,252,665				30.00
31.00	03100	INTENSIVE CARE UNIT	7,775,027		7,775,027				31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	1,222,368		1,222,368				35.00
40.00	04000	SUBPROVIDER - I/PF	18,087,327		18,087,327				40.00
43.00	04300	NURSERY	1,699,361		1,699,361				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	6,088,381	13,011,982	19,100,363	0.358561	0.000000		50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0.000000	0.000000		50.01
50.02	05002	OUTPATIENT SURGERY	1,159,560	405,605	1,565,165	2.497660	0.000000		50.02
51.00	05100	RECOVERY ROOM	626,269	1,910,316	2,536,585	0.197557	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	2,583,580	4,281,733	6,865,313	0.712353	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,296,594	7,101,289	9,397,883	0.540862	0.000000		54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	2,979,990	3,488,937	6,468,927	0.223842	0.000000		54.01
54.02	05402	ULTRASOUND	2,315,966	5,782,497	8,098,463	0.148196	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
55.01	05501	COMPUTED TOMOGRAPHY	9,165,248	26,146,435	35,311,683	0.64981	0.000000		55.01
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000		57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	7,108,809	2,645,356	9,754,165	0.108098	0.000000		59.00
60.00	06000	LABORATORY	21,378,684	29,336,924	50,715,608	0.191135	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	594,251	378,779	973,030	0.050741	0.000000		63.00
63.01	06301	NUCLEAR MEDICINE	764,252	1,443,495	2,207,747	0.325731	0.000000		63.01
65.00	06500	RESPIRATORY THERAPY	6,779,349	836,981	7,616,330	0.529804	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	2,921,011	1,677,369	4,598,380	0.948443	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,715,625	743,211	3,458,836	0.266542	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,118,817	305,353	1,424,170	0.631537	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	4,486,549	5,813,876	10,300,425	0.029673	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,192,905	7,445,796	15,638,701	0.642411	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,910,075	1,107,132	3,017,207	0.638815	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,391,583	258,542,541	274,934,124	0.145717	0.000000		73.00
76.00	03020	PAIN CLINIC	0	0	0	0.000000	0.000000		76.00
76.01	03950	ORTHOPEDI CS	0	0	0	0.000000	0.000000		76.01
76.02	03140	CARDIOVASCULAR SERVICES	1,468	13,869	15,337	167.472974	0.000000		76.02
76.03	03957	CARDIAC REHABILITATION	346,534	1,756,546	2,103,080	0.766659	0.000000		76.03
76.04	03190	RADIATION ONCOLOGY	3,822	1,124	4,946	445.088354	0.000000		76.04
76.05	03951	MRI	1,616,347	4,390,226	6,006,573	0.124900	0.000000		76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0.000000	0.000000		76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0.000000	0.000000		76.07
76.08	03953	WOUND CARE	642	1,365,878	1,366,520	1.154247	0.000000		76.08
76.09	03954	RENAL DIALYSIS	1,406,930	195,605	1,602,535	1.423566	0.000000		76.09
76.10	03955	INFUSION	5,140	21,177,945	21,183,085	0.206767	0.000000		76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0.000000	0.000000		76.11
76.12	03958	ANTI COAGULATION CLINIC	157	584,601	584,758	0.976996	0.000000		76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0.000000	0.000000		90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0.000000	0.000000		90.02
90.03	09003	SPECIALTY CLINIC	0	158	158	299.474684	0.000000		90.03
91.00	09100	EMERGENCY	14,254,475	61,040,145	75,294,620	0.162161	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,478,755	9,478,755	1.048601	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
99.00	09900	CMHC	0	0	0				99.00
99.10	09910	CORF	0	0	0				99.10
101.00	10100	HOME HEALTH AGENCY	0	20,530,655	20,530,655				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	172,249,761	492,941,114	665,190,875				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	172,249,761	492,941,114	665,190,875				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/30/2022 8:09 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - I/PF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.358561		50.00
50.01	05001	OPEN HEART SURGERY	0.000000		50.01
50.02	05002	OUTPATIENT SURGERY	2.497660		50.02
51.00	05100	RECOVERY ROOM	0.197557		51.00
53.00	05300	ANESTHESIOLOGY	0.712353		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.540862		54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.223842		54.01
54.02	05402	ULTRASOUND	0.148196		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.064981		55.01
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.108098		59.00
60.00	06000	LABORATORY	0.191160		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.050741		63.00
63.01	06301	NUCLEAR MEDICINE	0.325731		63.01
65.00	06500	RESPIRATORY THERAPY	0.529804		65.00
66.00	06600	PHYSICAL THERAPY	0.948797		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.266542		67.00
68.00	06800	SPEECH PATHOLOGY	0.631537		68.00
69.00	06900	ELECTROCARDIOLOGY	0.029673		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.642411		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.638815		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.145717		73.00
76.00	03020	PAIN CLINIC	0.000000		76.00
76.01	03950	ORTHOPEDECS	0.000000		76.01
76.02	03140	CARDIOVASCULAR SERVICES	167.472974		76.02
76.03	03957	CARDIAC REHABILITATION	0.766659		76.03
76.04	03190	RADIATION ONCOLOGY	445.088354		76.04
76.05	03951	MRI	0.124900		76.05
76.06	03952	BARIATRIC CENTER	0.000000		76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000		76.07
76.08	03953	WOUND CARE	1.154313		76.08
76.09	03954	RENAL DIALYSIS	1.423566		76.09
76.10	03955	INFUSION	0.206794		76.10
76.11	03956	CARE TRANSITION CENTER	0.000000		76.11
76.12	03958	ANTI COAGULATION CLINIC	0.976996		76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OCC HEALTH CLINIC	0.000000		90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000		90.02
90.03	09003	SPECIALTY CLINIC	299.474684		90.03
91.00	09100	EMERGENCY	0.162161		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.048601		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0004

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2022 8:09 pm

		Title XIX		Hospital		Cost		
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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	40,158,902		40,158,902	2,483	40,161,385	30.00
31.00	03100	INTENSIVE CARE UNIT	7,987,970		7,987,970	0	7,987,970	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	2,249,121		2,249,121	0	2,249,121	35.00
40.00	04000	SUBPROVIDER - I/PF	12,347,605		12,347,605	0	12,347,605	40.00
43.00	04300	NURSERY	2,167,841		2,167,841	0	2,167,841	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	6,848,654		6,848,654	0	6,848,654	50.00
50.01	05001	OPEN HEART SURGERY	0		0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	3,909,250		3,909,250	0	3,909,250	50.02
51.00	05100	RECOVERY ROOM	501,120		501,120	0	501,120	51.00
53.00	05300	ANESTHESIOLOGY	4,890,525		4,890,525	0	4,890,525	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,082,956		5,082,956	0	5,082,956	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	1,448,018		1,448,018	0	1,448,018	54.01
54.02	05402	ULTRASOUND	1,200,162		1,200,162	0	1,200,162	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	2,294,582		2,294,582	0	2,294,582	55.01
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	1,054,409		1,054,409	0	1,054,409	59.00
60.00	06000	LABORATORY	9,693,538		9,693,538	1,258	9,694,796	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	49,373		49,373	0	49,373	63.00
63.01	06301	NUCLEAR MEDICINE	719,132		719,132	0	719,132	63.01
65.00	06500	RESPIRATORY THERAPY	4,035,164	0	4,035,164	0	4,035,164	65.00
66.00	06600	PHYSICAL THERAPY	4,361,300	0	4,361,300	1,627	4,362,927	66.00
67.00	06700	OCCUPATIONAL THERAPY	921,926	0	921,926	0	921,926	67.00
68.00	06800	SPEECH PATHOLOGY	899,416	0	899,416	0	899,416	68.00
69.00	06900	ELECTROCARDIOLOGY	305,640		305,640	0	305,640	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	229,739		229,739	0	229,739	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,046,467		10,046,467	0	10,046,467	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,927,437		1,927,437	0	1,927,437	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,062,514		40,062,514	0	40,062,514	73.00
76.00	03020	PAIN CLINIC	0		0	0	0	76.00
76.01	03950	ORTHOPEDICS	110,092		110,092	0	110,092	76.01
76.02	03140	CARDIOVASCULAR SERVICES	2,568,533		2,568,533	0	2,568,533	76.02
76.03	03957	CARDIAC REHABILITATION	1,612,345		1,612,345	0	1,612,345	76.03
76.04	03190	RADIATION ONCOLOGY	2,201,407		2,201,407	0	2,201,407	76.04
76.05	03951	MRI	750,223		750,223	0	750,223	76.05
76.06	03952	BARITRIC CENTER	0		0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0		0	0	0	76.07
76.08	03953	WOUND CARE	1,577,302		1,577,302	90	1,577,392	76.08
76.09	03954	RENAL DIALYSIS	2,281,315		2,281,315	0	2,281,315	76.09
76.10	03955	INFUSION	4,379,960		4,379,960	569	4,380,529	76.10
76.11	03956	CARE TRANSITION CENTER	0		0	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	571,306		571,306	0	571,306	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	435,768		435,768	0	435,768	90.01
90.02	09002	CARDIOLOGY CLINIC	0		0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	47,317		47,317	0	47,317	90.03
91.00	09100	EMERGENCY	12,209,877		12,209,877	0	12,209,877	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,939,430		9,939,430	0	9,939,430	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	14,344,012		14,344,012	0	14,344,012	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
200.00		Subtotal (see instructions)	218,421,648	0	218,421,648	6,027	218,427,675	200.00
201.00		Less Observation Beds	9,939,430		9,939,430	0	9,939,430	201.00
202.00		Total (see instructions)	208,482,218	0	208,482,218	6,027	208,488,245	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0004		Period: From 01/01/2021 To 12/31/2021		Worksheet C Part I Date/Time Prepared: 5/30/2022 8:09 pm		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	24,252,665		24,252,665				30.00
31.00	03100	INTENSIVE CARE UNIT	7,775,027		7,775,027				31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	1,222,368		1,222,368				35.00
40.00	04000	SUBPROVIDER - I/PF	18,087,327		18,087,327				40.00
43.00	04300	NURSERY	1,699,361		1,699,361				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	6,088,381	13,011,982	19,100,363	0.358561	0.000000		50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0.000000	0.000000		50.01
50.02	05002	OUTPATIENT SURGERY	1,159,560	405,605	1,565,165	2.497660	0.000000		50.02
51.00	05100	RECOVERY ROOM	626,269	1,910,316	2,536,585	0.197557	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	2,583,580	4,281,733	6,865,313	0.712353	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,296,594	7,101,289	9,397,883	0.540862	0.000000		54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	2,979,990	3,488,937	6,468,927	0.223842	0.000000		54.01
54.02	05402	ULTRASOUND	2,315,966	5,782,497	8,098,463	0.148196	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
55.01	05501	COMPUTED TOMOGRAPHY	9,165,248	26,146,435	35,311,683	0.64981	0.000000		55.01
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000		57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	7,108,809	2,645,356	9,754,165	0.108098	0.000000		59.00
60.00	06000	LABORATORY	21,378,684	29,336,924	50,715,608	0.191135	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	594,251	378,779	973,030	0.050741	0.000000		63.00
63.01	06301	NUCLEAR MEDICINE	764,252	1,443,495	2,207,747	0.325731	0.000000		63.01
65.00	06500	RESPIRATORY THERAPY	6,779,349	836,981	7,616,330	0.529804	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	2,921,011	1,677,369	4,598,380	0.948443	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,715,625	743,211	3,458,836	0.266542	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,118,817	305,353	1,424,170	0.631537	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	4,486,549	5,813,876	10,300,425	0.029673	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,192,905	7,445,796	15,638,701	0.642411	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,910,075	1,107,132	3,017,207	0.638815	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,391,583	258,542,541	274,934,124	0.145717	0.000000		73.00
76.00	03020	PAIN CLINIC	0	0	0	0.000000	0.000000		76.00
76.01	03950	ORTHOPEDI CS	0	0	0	0.000000	0.000000		76.01
76.02	03140	CARDIOVASCULAR SERVICES	1,468	13,869	15,337	167.472974	0.000000		76.02
76.03	03957	CARDIAC REHABILITATION	346,534	1,756,546	2,103,080	0.766659	0.000000		76.03
76.04	03190	RADIATION ONCOLOGY	3,822	1,124	4,946	445.088354	0.000000		76.04
76.05	03951	MRI	1,616,347	4,390,226	6,006,573	0.124900	0.000000		76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0.000000	0.000000		76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0.000000	0.000000		76.07
76.08	03953	WOUND CARE	642	1,365,878	1,366,520	1.154247	0.000000		76.08
76.09	03954	RENAL DIALYSIS	1,406,930	195,605	1,602,535	1.423566	0.000000		76.09
76.10	03955	INFUSION	5,140	21,177,945	21,183,085	0.206767	0.000000		76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0.000000	0.000000		76.11
76.12	03958	ANTI COAGULATION CLINIC	157	584,601	584,758	0.976996	0.000000		76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0.000000	0.000000		90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0.000000	0.000000		90.02
90.03	09003	SPECIALTY CLINIC	0	158	158	299.474684	0.000000		90.03
91.00	09100	EMERGENCY	14,254,475	61,040,145	75,294,620	0.162161	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,478,755	9,478,755	1.048601	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
99.00	09900	CMHC	0	0	0				99.00
99.10	09910	CORF	0	0	0				99.10
101.00	10100	HOME HEALTH AGENCY	0	20,530,655	20,530,655				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	172,249,761	492,941,114	665,190,875				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	172,249,761	492,941,114	665,190,875				202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/30/2022 8:09 pm	
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT				35.00
40.00	04000	SUBPROVIDER - I/PF				40.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0.358561			50.00
50.01	05001	OPEN HEART SURGERY	0.000000			50.01
50.02	05002	OUTPATIENT SURGERY	2.497660			50.02
51.00	05100	RECOVERY ROOM	0.197557			51.00
53.00	05300	ANESTHESIOLOGY	0.712353			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.540862			54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.223842			54.01
54.02	05402	ULTRASOUND	0.148196			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.064981			55.01
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.108098			59.00
60.00	06000	LABORATORY	0.191160			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.050741			63.00
63.01	06301	NUCLEAR MEDICINE	0.325731			63.01
65.00	06500	RESPIRATORY THERAPY	0.529804			65.00
66.00	06600	PHYSICAL THERAPY	0.948797			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.266542			67.00
68.00	06800	SPEECH PATHOLOGY	0.631537			68.00
69.00	06900	ELECTROCARDIOLOGY	0.029673			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.642411			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.638815			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.145717			73.00
76.00	03020	PAIN CLINIC	0.000000			76.00
76.01	03950	ORTHOPEDI CS	0.000000			76.01
76.02	03140	CARDIOVASCULAR SERVICES	167.472974			76.02
76.03	03957	CARDIAC REHABILITATION	0.766659			76.03
76.04	03190	RADIATION ONCOLOGY	445.088354			76.04
76.05	03951	MRI	0.124900			76.05
76.06	03952	BARIATRIC CENTER	0.000000			76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000			76.07
76.08	03953	WOUND CARE	1.154313			76.08
76.09	03954	RENAL DIALYSIS	1.423566			76.09
76.10	03955	INFUSION	0.206794			76.10
76.11	03956	CARE TRANSITION CENTER	0.000000			76.11
76.12	03958	ANTI COAGULATION CLINIC	0.976996			76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	OCC HEALTH CLINIC	0.000000			90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000			90.02
90.03	09003	SPECIALTY CLINIC	299.474684			90.03
91.00	09100	EMERGENCY	0.162161			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.048601			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
101.00	10100	HOME HEALTH AGENCY				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 5/30/2022 8:09 pm
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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)		
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00		
30.00	ADULTS & PEDIATRICS	6,821,390	0	6,821,390	15,423	442.29	30.00	
31.00	INTENSIVE CARE UNIT	2,058,225		2,058,225	1,987	1,035.85	31.00	
35.00	NEWBORN INTENSIVE CARE UNIT	105,535		105,535	257	410.64	35.00	
40.00	SUBPROVIDER - IPF	241,386	0	241,386	7,498	32.19	40.00	
43.00	NURSERY	43,494		43,494	638	68.17	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)	9,270,030		9,270,030	25,803		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	3,746	1,656,818					30.00
31.00	INTENSIVE CARE UNIT	550	569,718					31.00
35.00	NEWBORN INTENSIVE CARE UNIT	0	0					35.00
40.00	SUBPROVIDER - IPF	663	21,342					40.00
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)	4,959	2,247,878					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0004		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 5/30/2022 8:09 pm	
Title XVIII			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	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,904,477	19,100,363	0.152064	1,991,128	302,779	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0.000000	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	2,084,872	1,565,165	1.332046	312,821	416,692	50.02
51.00	05100	RECOVERY ROOM	80,040	2,536,585	0.031554	253,529	8,000	51.00
53.00	05300	ANESTHESIOLOGY	88,822	6,865,313	0.012938	582,710	7,539	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,923,829	9,397,883	0.204709	892,688	182,741	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	427,231	6,468,927	0.066044	880,182	58,131	54.01
54.02	05402	ULTRASOUND	312,052	8,098,463	0.038532	656,702	25,304	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	853,704	35,311,683	0.024176	2,853,712	68,991	55.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	556,921	9,754,165	0.057096	0	0	59.00
60.00	06000	LABORATORY	1,126,459	50,715,608	0.022211	6,294,438	139,806	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,953	973,030	0.002007	232,698	467	63.00
63.01	06301	NUCLEAR MEDICINE	313,576	2,207,747	0.142034	343,466	48,784	63.01
65.00	06500	RESPIRATORY THERAPY	590,117	7,616,330	0.077480	1,793,805	138,984	65.00
66.00	06600	PHYSICAL THERAPY	1,005,642	4,598,380	0.218695	648,032	141,721	66.00
67.00	06700	OCCUPATIONAL THERAPY	110,639	3,458,836	0.031987	608,906	19,477	67.00
68.00	06800	SPEECH PATHOLOGY	295,717	1,424,170	0.207642	357,997	74,335	68.00
69.00	06900	ELECTROCARDIOLOGY	171,064	10,300,425	0.016607	1,543,773	25,637	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	122,203	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	802,819	15,638,701	0.051335	1,863,539	95,665	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	153,180	3,017,207	0.050769	822,318	41,748	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,611,453	274,934,124	0.005861	5,688,594	33,341	73.00
76.00	03020	PAI N CLINIC	0	0	0.000000	0	0	76.00
76.01	03950	ORTHOPEDICS	60,586	0	0.000000	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	767,911	15,337	50.069179	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	209,996	2,103,080	0.099852	89,560	8,943	76.03
76.04	03190	RADIATION ONCOLOGY	1,196,583	4,946	241.929438	0	0	76.04
76.05	03951	MRI	297,055	6,006,573	0.049455	572,178	28,297	76.05
76.06	03952	BARIATRIC CENTER	0	0	0.000000	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0.000000	0	0	76.07
76.08	03953	WOUND CARE	459,764	1,366,520	0.336449	397	134	76.08
76.09	03954	RENAL DIALYSIS	841,677	1,602,535	0.525216	633,337	332,639	76.09
76.10	03955	INFUSION	314,085	21,183,085	0.014827	889	13	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0.000000	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	13,211	584,758	0.022592	0	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	9,764	0	0.000000	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0.000000	0	0	90.02
90.03	09003	SPECIALTY CLINIC	953	158	6.031646	0	0	90.03
91.00	09100	EMERGENCY	1,653,677	75,294,620	0.021963	4,120,337	90,495	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,688,202	9,478,755	0.178104	0	0	92.00
200.00		Total (lines 50 through 199)	23,050,234	591,623,472		34,037,736	2,290,663	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/30/2022 8:09 pm
Title XVIII			Hospital	PPS

Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00	
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	15,423	0.00	3,746 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	1,987	0.00	550 31.00	
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	257	0.00	0 35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	7,498	0.00	663 40.00	
43.00	04300	NURSERY	0	0	638	0.00	0 43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0 44.00	
45.00	04500	NURSING FACILITY	0	0	0	0.00	0 45.00	
200.00		Total (lines 30 through 199)	0	0	25,803		4,959 200.00	
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
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0					35.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
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: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 8:09 pm
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	117,790	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	0	0	2,480	54.01
54.02	05402	ULTRASOUND	0	0	0	1,240	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0	0	2,480	55.01
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	225,368	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	43,974	63.00
63.01	06301	NUCLEAR MEDICINE	0	0	0	5,497	63.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	118,128	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	659,402	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	76.00
76.01	03950	ORTHOPEDI CS	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	0	0	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	0	76.04
76.05	03951	MRI	0	0	0	0	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	76.07
76.08	03953	WOUND CARE	0	0	0	0	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	0	76.09
76.10	03955	INFUSION	0	0	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	0	0	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	680,548	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,856,907	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 8:09 pm
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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			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	19,100,363	0.000000	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0.000000	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	0	1,565,165	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	2,536,585	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	6,865,313	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	117,790	117,790	9,397,883	0.012534	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	2,480	2,480	6,468,927	0.000383	54.01
54.02	05402	ULTRASOUND	0	1,240	1,240	8,098,463	0.000153	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	2,480	2,480	35,311,683	0.000070	55.01
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	9,754,165	0.000000	59.00
60.00	06000	LABORATORY	0	225,368	225,368	50,715,608	0.004444	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	43,974	43,974	973,030	0.045193	63.00
63.01	06301	NUCLEAR MEDICINE	0	5,497	5,497	2,207,747	0.002490	63.01
65.00	06500	RESPIRATORY THERAPY	0	118,128	118,128	7,616,330	0.015510	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,598,380	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,458,836	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,424,170	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	10,300,425	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	15,638,701	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,017,207	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	659,402	659,402	274,934,124	0.002398	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0.000000	76.00
76.01	03950	ORTHOPEDICS	0	0	0	0	0.000000	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0	0	15,337	0.000000	76.02
76.03	03957	CARDIAC REHABILITATION	0	0	0	2,103,080	0.000000	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	4,946	0.000000	76.04
76.05	03951	MRI	0	0	0	6,006,573	0.000000	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0.000000	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0.000000	76.07
76.08	03953	WOUND CARE	0	0	0	1,366,520	0.000000	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	1,602,535	0.000000	76.09
76.10	03955	INFUSION	0	0	0	21,183,085	0.000000	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0.000000	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	0	0	584,758	0.000000	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0.000000	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	0.000000	90.02
90.03	09003	SPECIALTY CLINIC	0	0	0	158	0.000000	90.03
91.00	09100	EMERGENCY	0	680,548	680,548	75,294,620	0.009038	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,478,755	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,856,907	1,856,907	591,623,472		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 8:09 pm
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Cost Center Description		Title XVIII					Hospital	PPS
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	0.000000	1,991,128	0	2,531,492	0	50.00	
50.01	05001 OPEN HEART SURGERY	0.000000	0	0	0	0	50.01	
50.02	05002 OUTPATIENT SURGERY	0.000000	312,821	0	19,943	0	50.02	
51.00	05100 RECOVERY ROOM	0.000000	253,529	0	369,578	0	51.00	
53.00	05300 ANESTHESIOLOGY	0.000000	582,710	0	695,944	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.012534	892,688	11,189	1,466,300	18,379	54.00	
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.000383	880,182	337	1,059,006	406	54.01	
54.02	05402 ULTRASOUND	0.000153	656,702	100	644,926	99	54.02	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
55.01	05501 COMPUTED TOMOGRAPHY	0.000070	2,853,712	200	3,681,464	258	55.01	
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	0.004444	6,294,438	27,972	625,426	2,779	60.00	
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.045193	232,698	10,516	166,662	7,532	63.00	
63.01	06301 NUCLEAR MEDICINE	0.002490	343,466	855	368,341	917	63.01	
65.00	06500 RESPIRATORY THERAPY	0.015510	1,793,805	27,822	122,159	1,895	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	648,032	0	24,156	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	608,906	0	5,776	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	357,997	0	18,490	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,543,773	0	1,262,625	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,863,539	0	1,401,864	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	822,318	0	330,203	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002398	5,688,594	13,641	114,666,103	274,969	73.00	
76.00	03020 PAIN CLINIC	0.000000	0	0	0	0	76.00	
76.01	03950 ORTHOPEDICS	0.000000	0	0	0	0	76.01	
76.02	03140 CARDIOVASCULAR SERVICES	0.000000	0	0	0	0	76.02	
76.03	03957 CARDIAC REHABILITATION	0.000000	89,560	0	1,094,270	0	76.03	
76.04	03190 RADIATION ONCOLOGY	0.000000	0	0	0	0	76.04	
76.05	03951 MRI	0.000000	572,178	0	703,610	0	76.05	
76.06	03952 BARIATRIC CENTER	0.000000	0	0	0	0	76.06	
76.07	03550 PSYCH ACTIVITY THERAPY	0.000000	0	0	0	0	76.07	
76.08	03953 WOUND CARE	0.000000	397	0	518,843	0	76.08	
76.09	03954 RENAL DIALYSIS	0.000000	633,337	0	0	0	76.09	
76.10	03955 INFUSION	0.000000	889	0	2,354,831	0	76.10	
76.11	03956 CARE TRANSITION CENTER	0.000000	0	0	0	0	76.11	
76.12	03958 ANTI COAGULATION CLINIC	0.000000	0	0	95,651	0	76.12	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001 OCC HEALTH CLINIC	0.000000	0	0	0	0	90.01	
90.02	09002 RADIOLOGY CLINIC	0.000000	0	0	0	0	90.02	
90.03	09003 SPECIALTY CLINIC	0.000000	0	0	0	0	90.03	
91.00	09100 EMERGENCY	0.009038	4,120,337	37,240	6,828,816	61,719	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	876,587	0	92.00	
200.00	Total (lines 50 through 199)		34,037,736	129,872	141,933,066	368,953	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 8:09 pm
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		Title XVIII		Hospital	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.358561	2,531,492	0	0	907,694	50.00
50.01	05001 OPEN HEART SURGERY	0.000000	0	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	2.497660	19,943	0	0	49,811	50.02
51.00	05100 RECOVERY ROOM	0.197557	369,578	0	0	73,013	51.00
53.00	05300 ANESTHESIOLOGY	0.712353	695,944	0	0	495,758	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.540862	1,466,300	0	0	793,066	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.223842	1,059,006	0	0	237,050	54.01
54.02	05402 ULTRASOUND	0.148196	644,926	0	0	95,575	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.064981	3,681,464	0	0	239,225	55.01
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	0.108098	0	0	0	0	59.00
60.00	06000 LABORATORY	0.191135	625,426	0	0	119,541	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.050741	166,662	0	0	8,457	63.00
63.01	06301 NUCLEAR MEDICINE	0.325731	368,341	0	0	119,980	63.01
65.00	06500 RESPIRATORY THERAPY	0.529804	122,159	0	0	64,720	65.00
66.00	06600 PHYSICAL THERAPY	0.948443	24,156	0	0	22,911	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.266542	5,776	0	0	1,540	67.00
68.00	06800 SPEECH PATHOLOGY	0.631537	18,490	0	0	11,677	68.00
69.00	06900 ELECTROCARDIOLOGY	0.029673	1,262,625	0	0	37,466	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.642411	1,401,864	0	0	900,573	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.638815	330,203	0	0	210,939	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.145717	114,666,103	0	2,159	16,708,801	73.00
76.00	03020 PAIN CLINIC	0.000000	0	0	0	0	76.00
76.01	03950 ORTHOPEDICS	0.000000	0	0	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	167.472974	0	0	0	0	76.02
76.03	03957 CARDIAC REHABILITATION	0.766659	1,094,270	0	0	838,932	76.03
76.04	03190 RADIATION ONCOLOGY	445.088354	0	0	0	0	76.04
76.05	03951 MRI	0.124900	703,610	0	0	87,881	76.05
76.06	03952 BARIATRIC CENTER	0.000000	0	0	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0.000000	0	0	0	0	76.07
76.08	03953 WOUND CARE	1.154247	518,843	0	0	598,873	76.08
76.09	03954 RENAL DIALYSIS	1.423566	0	0	0	0	76.09
76.10	03955 INFUSION	0.206767	2,354,831	0	0	486,901	76.10
76.11	03956 CARE TRANSITION CENTER	0.000000	0	0	0	0	76.11
76.12	03958 ANTICOAGULATION CLINIC	0.976996	95,651	0	0	93,451	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC						88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 RADIOLOGY CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	299.474684	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.162161	6,828,816	0	0	1,107,368	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.048601	876,587	0	0	919,190	92.00
200.00	Subtotal (see instructions)		141,933,066	0	2,159	25,230,393	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		141,933,066	0	2,159	25,230,393	202.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 8:09 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 OPEN HEART SURGERY	0	0		50.01
50.02 05002 OUTPATIENT SURGERY	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0		54.01
54.02 05402 ULTRASOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0		55.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
63.01 06301 NUCLEAR MEDICINE	0	0		63.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	315		73.00
76.00 03020 PAIN CLINIC	0	0		76.00
76.01 03950 ORTHOPEDICS	0	0		76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0		76.02
76.03 03957 CARDIAC REHABILITATION	0	0		76.03
76.04 03190 RADIATION ONCOLOGY	0	0		76.04
76.05 03951 MRI	0	0		76.05
76.06 03952 BARIATRIC CENTER	0	0		76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0		76.07
76.08 03953 WOUND CARE	0	0		76.08
76.09 03954 RENAL DIALYSIS	0	0		76.09
76.10 03955 INFUSION	0	0		76.10
76.11 03956 CARE TRANSITION CENTER	0	0		76.11
76.12 03958 ANTICOAGULATION CLINIC	0	0		76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OCC HEALTH CLINIC	0	0		90.01
90.02 09002 RADIOLOGY CLINIC	0	0		90.02
90.03 09003 SPECIALTY CLINIC	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	315		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	315		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 5/30/2022 8:09 pm	
			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	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,904,477	19,100,363	0.152064	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0.000000	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	2,084,872	1,565,165	1.332046	0	0	50.02
51.00	05100	RECOVERY ROOM	80,040	2,536,585	0.031554	0	0	51.00
53.00	05300	ANESTHESIOLOGY	88,822	6,865,313	0.012938	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,923,829	9,397,883	0.204709	5,017	1,027	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	427,231	6,468,927	0.066044	0	0	54.01
54.02	05402	ULTRASOUND	312,052	8,098,463	0.038532	1,349	52	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	853,704	35,311,683	0.024176	26,975	652	55.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	556,921	9,754,165	0.057096	0	0	59.00
60.00	06000	LABORATORY	1,126,459	50,715,608	0.022211	206,366	4,584	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,953	973,030	0.002007	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	313,576	2,207,747	0.142034	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	590,117	7,616,330	0.077480	815	63	65.00
66.00	06600	PHYSICAL THERAPY	1,005,642	4,598,380	0.218695	4,334	948	66.00
67.00	06700	OCCUPATIONAL THERAPY	110,639	3,458,836	0.031987	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	295,717	1,424,170	0.207642	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	171,064	10,300,425	0.016607	31,078	516	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	122,203	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	802,819	15,638,701	0.051335	6,302	324	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	153,180	3,017,207	0.050769	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,611,453	274,934,124	0.005861	104,749	614	73.00
76.00	03020	PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01	03950	ORTHOPEDI CS	60,586	0	0.000000	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	767,911	15,337	50.069179	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	209,996	2,103,080	0.099852	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	1,196,583	4,946	241.929438	0	0	76.04
76.05	03951	MRI	297,055	6,006,573	0.049455	8,428	417	76.05
76.06	03952	BIARIATRIC CENTER	0	0	0.000000	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0.000000	0	0	76.07
76.08	03953	WOUND CARE	459,764	1,366,520	0.336449	0	0	76.08
76.09	03954	RENAL DIALYSIS	841,677	1,602,535	0.525216	0	0	76.09
76.10	03955	INFUSION	314,085	21,183,085	0.014827	2,813	42	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0.000000	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	13,211	584,758	0.022592	0	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	9,764	0	0.000000	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0.000000	0	0	90.02
90.03	09003	SPECIALTY CLINIC	953	158	6.031646	0	0	90.03
91.00	09100	EMERGENCY	1,653,677	75,294,620	0.021963	145,698	3,200	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,478,755	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	21,362,032	591,623,472		543,924	12,439	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 8:09 pm			
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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	117,790	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	0	0	2,480	54.01
54.02	05402	ULTRASOUND	0	0	0	1,240	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0	0	2,480	55.01
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	225,368	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	43,974	63.00
63.01	06301	NUCLEAR MEDICINE	0	0	0	5,497	63.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	118,128	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	659,402	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	0	0	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	0	76.04
76.05	03951	MRI	0	0	0	0	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	76.07
76.08	03953	WOUND CARE	0	0	0	0	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	0	76.09
76.10	03955	INFUSION	0	0	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	0	0	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	680,548	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,856,907	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 8:09 pm
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	Title XVIII	Subprovider - IPF	PPS
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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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	19,100,363	0.000000	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	0	0.000000	50.01
50.02 05002 OUTPATIENT SURGERY	0	0	0	1,565,165	0.000000	50.02
51.00 05100 RECOVERY ROOM	0	0	0	2,536,585	0.000000	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	6,865,313	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	117,790	117,790	9,397,883	0.012534	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	2,480	2,480	6,468,927	0.000383	54.01
54.02 05402 ULTRASOUND	0	1,240	1,240	8,098,463	0.000153	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	2,480	2,480	35,311,683	0.000070	55.01
57.00 05700 CT SCAN	0	0	0	0	0.000000	57.00
58.00 05800 MRI	0	0	0	0	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	9,754,165	0.000000	59.00
60.00 06000 LABORATORY	0	225,368	225,368	50,715,608	0.004444	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	43,974	43,974	973,030	0.045193	63.00
63.01 06301 NUCLEAR MEDICINE	0	5,497	5,497	2,207,747	0.002490	63.01
65.00 06500 RESPIRATORY THERAPY	0	118,128	118,128	7,616,330	0.015510	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	4,598,380	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	3,458,836	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,424,170	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	10,300,425	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	15,638,701	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,017,207	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	659,402	659,402	274,934,124	0.002398	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0.000000	76.00
76.01 03950 ORTHOPEDICS	0	0	0	0	0.000000	76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0	0	15,337	0.000000	76.02
76.03 03957 CARDIAC REHABILITATION	0	0	0	2,103,080	0.000000	76.03
76.04 03190 RADIATION ONCOLOGY	0	0	0	4,946	0.000000	76.04
76.05 03951 MRI	0	0	0	6,006,573	0.000000	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	0	0.000000	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0.000000	76.07
76.08 03953 WOUND CARE	0	0	0	1,366,520	0.000000	76.08
76.09 03954 RENAL DIALYSIS	0	0	0	1,602,535	0.000000	76.09
76.10 03955 INFUSION	0	0	0	21,183,085	0.000000	76.10
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	0.000000	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	584,758	0.000000	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0.000000	90.01
90.02 09002 RADIOLOGY CLINIC	0	0	0	0	0.000000	90.02
90.03 09003 SPECIALTY CLINIC	0	0	0	158	0.000000	90.03
91.00 09100 EMERGENCY	0	680,548	680,548	75,294,620	0.009038	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,478,755	0.000000	92.00
200.00 Total (lines 50 through 199)	0	1,856,907	1,856,907	591,623,472		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/30/2022 8:09 pm	
		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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0.000000	0	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0.000000	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.012534	5,017	63	0	0	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.000383	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0.000153	1,349	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.000070	26,975	2	2,936	0	55.01
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	0.004444	206,366	917	738	3	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.045193	0	0	0	0	63.00
63.01	06301 NUCLEAR MEDICINE	0.002490	0	0	0	0	63.01
65.00	06500 RESPIRATORY THERAPY	0.015510	815	13	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	4,334	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	31,078	0	1,126	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	6,302	0	184	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	0.002398	104,749	251	2,683	6	73.00
76.00	03020 PAIN CLINIC	0.000000	0	0	0	0	76.00
76.01	03950 ORTHOPEDICS	0.000000	0	0	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0.000000	0	0	0	0	76.02
76.03	03957 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.03
76.04	03190 RADIATION ONCOLOGY	0.000000	0	0	0	0	76.04
76.05	03951 MRI	0.000000	8,428	0	0	0	76.05
76.06	03952 BARIATRIC CENTER	0.000000	0	0	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0.000000	0	0	0	0	76.07
76.08	03953 WOUND CARE	0.000000	0	0	0	0	76.08
76.09	03954 RENAL DIALYSIS	0.000000	0	0	1,349	0	76.09
76.10	03955 INFUSION	0.000000	2,813	0	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	0.000000	0	0	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0.000000	0	0	0	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 RADIOLOGY CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 SPECIALTY CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.009038	145,698	1,317	15,366	139	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		543,924	2,563	24,382	148	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 8:09 pm
Title XVIII			Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.358561	0	0	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0.000000	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	2.497660	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.197557	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.712353	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.540862	0	0	0	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.223842	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0.148196	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.064981	2,936	0	0	191	55.01
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	0.108098	0	0	0	0	59.00
60.00	06000	LABORATORY	0.191135	738	0	0	141	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.050741	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	0.325731	0	0	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	0.529804	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.948443	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.266542	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.631537	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.029673	1,126	0	0	33	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.642411	184	0	0	118	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.638815	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.145717	2,683	0	0	391	73.00
76.00	03020	PAIN CLINIC	0.000000	0	0	0	0	76.00
76.01	03950	ORTHOPEDI CS	0.000000	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	167.472974	0	0	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	0.766659	0	0	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	445.088354	0	0	0	0	76.04
76.05	03951	MRI	0.124900	0	0	0	0	76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000	0	0	0	0	76.07
76.08	03953	WOUND CARE	1.154247	0	0	0	0	76.08
76.09	03954	RENAL DIALYSIS	1.423566	1,349	0	0	1,920	76.09
76.10	03955	INFUSION	0.206767	0	0	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	0.000000	0	0	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	0.976996	0	0	0	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	299.474684	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.162161	15,366	0	0	2,492	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.048601	0	0	0	0	92.00
200.00		Subtotal (see instructions)		24,382	0	0	5,286	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		24,382	0	0	5,286	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 8:09 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 OPEN HEART SURGERY	0	0		50.01
50.02 05002 OUTPATIENT SURGERY	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0		54.01
54.02 05402 ULTRASOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0		55.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
63.01 06301 NUCLEAR MEDICINE	0	0		63.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00 03020 PAIN CLINIC	0	0		76.00
76.01 03950 ORTHOPEDICS	0	0		76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0		76.02
76.03 03957 CARDIAC REHABILITATION	0	0		76.03
76.04 03190 RADIATION ONCOLOGY	0	0		76.04
76.05 03951 MRI	0	0		76.05
76.06 03952 BARIATRIC CENTER	0	0		76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0		76.07
76.08 03953 WOUND CARE	0	0		76.08
76.09 03954 RENAL DIALYSIS	0	0		76.09
76.10 03955 INFUSION	0	0		76.10
76.11 03956 CARE TRANSITION CENTER	0	0		76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0		76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OCC HEALTH CLINIC	0	0		90.01
90.02 09002 RADIOLOGY CLINIC	0	0		90.02
90.03 09003 SPECIALTY CLINIC	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 8:09 pm
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.358561	4,066,380	0	0	1,458,045	50.00
50.01	05001	OPEN HEART SURGERY	0.000000	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	2.497660	903	0	0	2,255	50.02
51.00	05100	RECOVERY ROOM	0.197557	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.712353	131,263	0	0	93,506	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.540862	32,091	0	0	17,357	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.223842	1,421,850	0	0	318,270	54.01
54.02	05402	ULTRASOUND	0.148196	785,347	0	0	116,385	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.064981	3,981,853	0	0	258,745	55.01
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	0.108098	1,213,338	0	0	131,159	59.00
60.00	06000	LABORATORY	0.191135	368,897	0	0	70,509	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.050741	212,117	0	0	10,763	63.00
63.01	06301	NUCLEAR MEDICINE	0.325731	888,156	0	0	289,300	63.01
65.00	06500	RESPIRATORY THERAPY	0.529804	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.948443	599,631	0	0	568,716	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.266542	673,105	0	0	179,411	67.00
68.00	06800	SPEECH PATHOLOGY	0.631537	278,283	0	0	175,746	68.00
69.00	06900	ELECTROCARDIOLOGY	0.029673	0	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	0.642411	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.638815	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.145717	15,265,109	0	0	2,224,386	73.00
76.00	03020	PAIN CLINIC	0.000000	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0.000000	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	167.472974	0	0	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	0.766659	662,276	0	0	507,740	76.03
76.04	03190	RADIATION ONCOLOGY	445.088354	0	0	0	0	76.04
76.05	03951	MRI	0.124900	0	0	0	0	76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000	0	0	0	0	76.07
76.08	03953	WOUND CARE	1.154247	0	0	0	0	76.08
76.09	03954	RENAL DIALYSIS	1.423566	0	0	0	0	76.09
76.10	03955	INFUSION	0.206767	587,314	0	0	121,437	76.10
76.11	03956	CARE TRANSITION CENTER	0.000000	0	0	0	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	0.976996	0	0	0	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	299.474684	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.162161	788,362	0	0	127,842	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.048601	0	0	0	0	92.00
200.00		Subtotal (see instructions)		31,956,275	0	0	6,671,572	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		31,956,275	0	0	6,671,572	202.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 8:09 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 OPEN HEART SURGERY	0	0		50.01
50.02 05002 OUTPATIENT SURGERY	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0		54.01
54.02 05402 ULTRASOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0		55.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
63.01 06301 NUCLEAR MEDICINE	0	0		63.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00 03020 PAIN CLINIC	0	0		76.00
76.01 03950 ORTHOPEDICS	0	0		76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0		76.02
76.03 03957 CARDIAC REHABILITATION	0	0		76.03
76.04 03190 RADIATION ONCOLOGY	0	0		76.04
76.05 03951 MRI	0	0		76.05
76.06 03952 BARIATRIC CENTER	0	0		76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0		76.07
76.08 03953 WOUND CARE	0	0		76.08
76.09 03954 RENAL DIALYSIS	0	0		76.09
76.10 03955 INFUSION	0	0		76.10
76.11 03956 CARE TRANSITION CENTER	0	0		76.11
76.12 03958 ANTICOAGULATION CLINIC	0	0		76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OCC HEALTH CLINIC	0	0		90.01
90.02 09002 RADIOLOGY CLINIC	0	0		90.02
90.03 09003 SPECIALTY CLINIC	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 5/30/2022 8:09 pm	
			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	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,904,477	19,100,363	0.152064	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0.000000	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	2,084,872	1,565,165	1.332046	0	0	50.02
51.00	05100	RECOVERY ROOM	80,040	2,536,585	0.031554	0	0	51.00
53.00	05300	ANESTHESIOLOGY	88,822	6,865,313	0.012938	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,923,829	9,397,883	0.204709	0	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	427,231	6,468,927	0.066044	0	0	54.01
54.02	05402	ULTRASOUND	312,052	8,098,463	0.038532	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	853,704	35,311,683	0.024176	0	0	55.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	556,921	9,754,165	0.057096	0	0	59.00
60.00	06000	LABORATORY	1,126,459	50,715,608	0.022211	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,953	973,030	0.002007	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	313,576	2,207,747	0.142034	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	590,117	7,616,330	0.077480	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,005,642	4,598,380	0.218695	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	110,639	3,458,836	0.031987	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	295,717	1,424,170	0.207642	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	171,064	10,300,425	0.016607	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	122,203	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	802,819	15,638,701	0.051335	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	153,180	3,017,207	0.050769	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,611,453	274,934,124	0.005861	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01	03950	ORTHOPEDI CS	60,586	0	0.000000	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	767,911	15,337	50.069179	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	209,996	2,103,080	0.099852	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	1,196,583	4,946	241.929438	0	0	76.04
76.05	03951	MRI	297,055	6,006,573	0.049455	0	0	76.05
76.06	03952	BARIATRIC CENTER	0	0	0.000000	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0.000000	0	0	76.07
76.08	03953	WOUND CARE	459,764	1,366,520	0.336449	0	0	76.08
76.09	03954	RENAL DIALYSIS	841,677	1,602,535	0.525216	0	0	76.09
76.10	03955	INFUSION	314,085	21,183,085	0.014827	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0.000000	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	13,211	584,758	0.022592	0	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	9,764	0	0.000000	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0.000000	0	0	90.02
90.03	09003	SPECIALTY CLINIC	953	158	6.031646	0	0	90.03
91.00	09100	EMERGENCY	1,653,677	75,294,620	0.021963	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,478,755	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	21,362,032	591,623,472		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0004 Component CCN: 15-S004		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/30/2022 8:09 pm	
				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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	117,790	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	0	0	2,480	54.01
54.02	05402	ULTRASOUND	0	0	0	1,240	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0	0	2,480	55.01
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	225,368	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	43,974	63.00
63.01	06301	NUCLEAR MEDICINE	0	0	0	5,497	63.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	118,128	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	659,402	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	0	0	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	0	76.04
76.05	03951	MRI	0	0	0	0	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	76.07
76.08	03953	WOUND CARE	0	0	0	0	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	0	76.09
76.10	03955	INFUSION	0	0	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	0	0	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0	0	0	0	90.02
90.03	09003	SPECIALTY CLINIC	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	680,548	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,856,907	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 8:09 pm
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	19,100,363	0.000000	50.00
50.01	05001 OPEN HEART SURGERY	0	0	0	0	0.000000	50.01
50.02	05002 OUTPATIENT SURGERY	0	0	0	1,565,165	0.000000	50.02
51.00	05100 RECOVERY ROOM	0	0	0	2,536,585	0.000000	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	6,865,313	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	117,790	117,790	9,397,883	0.012534	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0	2,480	2,480	6,468,927	0.000383	54.01
54.02	05402 ULTRASOUND	0	1,240	1,240	8,098,463	0.000153	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0	2,480	2,480	35,311,683	0.000070	55.01
57.00	05700 CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800 MRI	0	0	0	0	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	9,754,165	0.000000	59.00
60.00	06000 LABORATORY	0	225,368	225,368	50,715,608	0.004444	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	43,974	43,974	973,030	0.045193	63.00
63.01	06301 NUCLEAR MEDICINE	0	5,497	5,497	2,207,747	0.002490	63.01
65.00	06500 RESPIRATORY THERAPY	0	118,128	118,128	7,616,330	0.015510	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	4,598,380	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	3,458,836	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	1,424,170	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	10,300,425	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	15,638,701	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,017,207	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	659,402	659,402	274,934,124	0.002398	73.00
76.00	03020 PAIN CLINIC	0	0	0	0	0.000000	76.00
76.01	03950 ORTHOPEDICS	0	0	0	0	0.000000	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0	0	0	15,337	0.000000	76.02
76.03	03957 CARDIAC REHABILITATION	0	0	0	2,103,080	0.000000	76.03
76.04	03190 RADIATION ONCOLOGY	0	0	0	4,946	0.000000	76.04
76.05	03951 MRI	0	0	0	6,006,573	0.000000	76.05
76.06	03952 BARIATRIC CENTER	0	0	0	0	0.000000	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0.000000	76.07
76.08	03953 WOUND CARE	0	0	0	1,366,520	0.000000	76.08
76.09	03954 RENAL DIALYSIS	0	0	0	1,602,535	0.000000	76.09
76.10	03955 INFUSION	0	0	0	21,183,085	0.000000	76.10
76.11	03956 CARE TRANSITION CENTER	0	0	0	0	0.000000	76.11
76.12	03958 ANTI COAGULATION CLINIC	0	0	0	584,758	0.000000	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000 CLINIC	0	0	0	0	0.000000	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0.000000	90.01
90.02	09002 RADIOLOGY CLINIC	0	0	0	0	0.000000	90.02
90.03	09003 SPECIALTY CLINIC	0	0	0	158	0.000000	90.03
91.00	09100 EMERGENCY	0	680,548	680,548	75,294,620	0.009038	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,478,755	0.000000	92.00
200.00	Total (lines 50 through 199)	0	1,856,907	1,856,907	591,623,472		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 8:09 pm
	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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0.000000	0	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0.000000	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.012534	0	0	0	0	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0.000383	0	0	0	0	54.01
54.02 05402 ULTRASOUND	0.000153	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0.000070	0	0	0	0	55.01
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	0.004444	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.045193	0	0	0	0	63.00
63.01 06301 NUCLEAR MEDICINE	0.002490	0	0	0	0	63.01
65.00 06500 RESPIRATORY THERAPY	0.015510	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	0	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	0	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	0.002398	0	0	0	0	73.00
76.00 03020 PAIN CLINIC	0.000000	0	0	0	0	76.00
76.01 03950 ORTHOPEDICS	0.000000	0	0	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	0.000000	0	0	0	0	76.02
76.03 03957 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.03
76.04 03190 RADIATION ONCOLOGY	0.000000	0	0	0	0	76.04
76.05 03951 MRI	0.000000	0	0	0	0	76.05
76.06 03952 BARIATRIC CENTER	0.000000	0	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0.000000	0	0	0	0	76.07
76.08 03953 WOUND CARE	0.000000	0	0	0	0	76.08
76.09 03954 RENAL DIALYSIS	0.000000	0	0	0	0	76.09
76.10 03955 INFUSION	0.000000	0	0	0	0	76.10
76.11 03956 CARE TRANSITION CENTER	0.000000	0	0	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	0.000000	0	0	0	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0.000000	0	0	0	0	90.01
90.02 09002 RADIOLOGY CLINIC	0.000000	0	0	0	0	90.02
90.03 09003 SPECIALTY CLINIC	0.000000	0	0	0	0	90.03
91.00 09100 EMERGENCY	0.009038	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00 Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2022 8:09 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		15,423	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		15,423	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)		11,606	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		3,746	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		40,161,385	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)		40,161,385	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		40,161,385	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		2,603.99	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,754,547	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)		9,754,547	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/30/2022 8:09 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,987,970	1,987	4,020.12	550	2,211,066	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEWBORN INTENSIVE CARE UNIT	2,249,121	257	8,751.44	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					10,511,300	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					22,476,913	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)					2,226,536	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,420,535	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,647,071	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					17,829,842	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,817	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,603.99	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,939,430	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/30/2022 8:09 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,821,390	40,161,385	0.169849	9,939,430	1,688,202	90.00
91.00	Nursing Program cost	0	40,161,385	0.000000	9,939,430	0	91.00
92.00	Allied health cost	0	40,161,385	0.000000	9,939,430	0	92.00
93.00	All other Medical Education	0	40,161,385	0.000000	9,939,430	0	93.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/30/2022 8:09 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			7,498 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			7,498 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)			7,498 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)			663 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			12,347,605 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)			12,347,605 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			12,347,605 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,646.79 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,091,822 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,091,822 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1	
		Component CCN: 15-S004				Date/Time Prepared: 5/30/2022 8:09 pm	
		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	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					94,156		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,185,978		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					21,342		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					15,002		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					36,344		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,149,634		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 15-0004 Component CCN: 15-S004		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/30/2022 8:09 pm	
		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	241,386	12,347,605	0.019549	0	0	90.00
91.00	Nursing Program cost	0	12,347,605	0.000000	0	0	91.00
92.00	Allied health cost	0	12,347,605	0.000000	0	0	92.00
93.00	All other Medical Education	0	12,347,605	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/30/2022 8:09 pm
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			7,498 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			7,498 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)			7,498 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			3,309 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)			638 15.00
16.00	Nursery days (title V or XIX only)			452 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			12,347,605 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)			12,347,605 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			12,347,605 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,646.79 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			5,449,228 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)			5,449,228 41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
					Component CCN: 15-S004		Date/Time Prepared: 5/30/2022 8:09 pm
					Title XIX	Subprovider - IPF	PPS
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	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	
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT						44.00	
45.00 BURN INTENSIVE CARE UNIT						45.00	
46.00 SURGICAL INTENSIVE CARE UNIT						46.00	
47.00 NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00	
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,449,228	49.00	
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					5,449,228	53.00	
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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	
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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	
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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	
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 15-0004 Component CCN: 15-S004		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/30/2022 8:09 pm	
		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	0	12,347,605	0.000000	0	0	90.00
91.00	Nursing Program cost	0	12,347,605	0.000000	0	0	91.00
92.00	Allied health cost	0	12,347,605	0.000000	0	0	92.00
93.00	All other Medical Education	0	12,347,605	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/30/2022 8:09 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		7,797,719	30.00
31.00	03100	INTENSIVE CARE UNIT		2,167,746	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.358561	1,991,128	50.00
50.01	05001	OPEN HEART SURGERY	0.000000	0	50.01
50.02	05002	OUTPATIENT SURGERY	2.497660	312,821	50.02
51.00	05100	RECOVERY ROOM	0.197557	253,529	51.00
53.00	05300	ANESTHESIOLOGY	0.712353	582,710	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.540862	892,688	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.223842	880,182	54.01
54.02	05402	ULTRASOUND	0.148196	656,702	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.064981	2,853,712	55.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.108098	0	59.00
60.00	06000	LABORATORY	0.191160	6,294,438	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.050741	232,698	63.00
63.01	06301	NUCLEAR MEDICINE	0.325731	343,466	63.01
65.00	06500	RESPIRATORY THERAPY	0.529804	1,793,805	65.00
66.00	06600	PHYSICAL THERAPY	0.948797	648,032	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.266542	608,906	67.00
68.00	06800	SPEECH PATHOLOGY	0.631537	357,997	68.00
69.00	06900	ELECTROCARDIOLOGY	0.029673	1,543,773	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.642411	1,863,539	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.638815	822,318	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.145717	5,688,594	73.00
76.00	03020	PAIN CLINIC	0.000000	0	76.00
76.01	03950	ORTHOPEDICS	0.000000	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	167.472974	0	76.02
76.03	03957	CARDIAC REHABILITATION	0.766659	89,560	76.03
76.04	03190	RADIATION ONCOLOGY	445.088354	0	76.04
76.05	03951	MRI	0.124900	572,178	76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000	0	76.07
76.08	03953	WOUND CARE	1.154313	397	76.08
76.09	03954	RENAL DIALYSIS	1.423566	633,337	76.09
76.10	03955	INFUSION	0.206794	889	76.10
76.11	03956	CARE TRANSITION CENTER	0.000000	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	0.976996	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000	0	90.02
90.03	09003	SPECIALTY CLINIC	299.474684	0	90.03
91.00	09100	EMERGENCY	0.162161	4,120,337	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.048601	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		34,037,736	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)		34,037,736	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/30/2022 8:09 pm	
		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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY		2,031,246	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.358561	0	50.00
50.01	05001	OPEN HEART SURGERY	0.000000	0	50.01
50.02	05002	OUTPATIENT SURGERY	2.497660	0	50.02
51.00	05100	RECOVERY ROOM	0.197557	0	51.00
53.00	05300	ANESTHESIOLOGY	0.712353	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.540862	5,017	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.223842	0	54.01
54.02	05402	ULTRASOUND	0.148196	1,349	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.064981	26,975	55.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.108098	0	59.00
60.00	06000	LABORATORY	0.191160	206,366	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.050741	0	63.00
63.01	06301	NUCLEAR MEDICINE	0.325731	0	63.01
65.00	06500	RESPIRATORY THERAPY	0.529804	815	65.00
66.00	06600	PHYSICAL THERAPY	0.948797	4,334	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.266542	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.631537	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.029673	31,078	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.642411	6,302	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.638815	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.145717	104,749	73.00
76.00	03020	PAIN CLINIC	0.000000	0	76.00
76.01	03950	ORTHOPEDICS	0.000000	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	167.472974	0	76.02
76.03	03957	CARDIAC REHABILITATION	0.766659	0	76.03
76.04	03190	RADIATION ONCOLOGY	445.088354	0	76.04
76.05	03951	MRI	0.124900	8,428	76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000	0	76.07
76.08	03953	WOUND CARE	1.154313	0	76.08
76.09	03954	RENAL DIALYSIS	1.423566	0	76.09
76.10	03955	INFUSION	0.206794	2,813	76.10
76.11	03956	CARE TRANSITION CENTER	0.000000	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	0.976996	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000	0	90.02
90.03	09003	SPECIALTY CLINIC	299.474684	0	90.03
91.00	09100	EMERGENCY	0.162161	145,698	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.048601	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		543,924	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)		543,924	202.00



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/30/2022 8:09 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		2,591,747	30.00
31.00	03100	INTENSIVE CARE UNIT		1,407,052	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I/PF		130,123	40.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.358561	1,165,366	50.00
50.01	05001	OPEN HEART SURGERY	0.000000	0	50.01
50.02	05002	OUTPATIENT SURGERY	2.497660	1,949	50.02
51.00	05100	RECOVERY ROOM	0.197557	0	51.00
53.00	05300	ANESTHESIOLOGY	0.712353	102,550	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.540862	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.223842	623,451	54.01
54.02	05402	ULTRASOUND	0.148196	1,657,915	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.064981	773,184	55.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.108098	242,546	59.00
60.00	06000	LABORATORY	0.191135	18,410	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.050741	361,553	63.00
63.01	06301	NUCLEAR MEDICINE	0.325731	126,749	63.01
65.00	06500	RESPIRATORY THERAPY	0.529804	0	65.00
66.00	06600	PHYSICAL THERAPY	0.948443	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.266542	132,225	67.00
68.00	06800	SPEECH PATHOLOGY	0.631537	7,269	68.00
69.00	06900	ELECTROCARDIOLOGY	0.029673	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.642411	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.638815	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.145717	834,375	73.00
76.00	03020	PAIN CLINIC	0.000000	0	76.00
76.01	03950	ORTHOPEDICS	0.000000	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	167.472974	0	76.02
76.03	03957	CARDIAC REHABILITATION	0.766659	242,720	76.03
76.04	03190	RADIATION ONCOLOGY	445.088354	0	76.04
76.05	03951	MRI	0.124900	0	76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.000000	0	76.07
76.08	03953	WOUND CARE	1.154247	0	76.08
76.09	03954	RENAL DIALYSIS	1.423566	0	76.09
76.10	03955	INFUSION	0.206767	0	76.10
76.11	03956	CARE TRANSITION CENTER	0.000000	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	0.976996	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	90.01
90.02	09002	CARDIOLOGY CLINIC	0.000000	0	90.02
90.03	09003	SPECIALTY CLINIC	299.474684	0	90.03
91.00	09100	EMERGENCY	0.162161	486,209	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.048601	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		6,776,471	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)		6,776,471	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/30/2022 8:09 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		8,593,765	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		255,437	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)		258,971	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		0	2.04
3.00	Managed Care Simulated Payments		7,794,949	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		118.41	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		6.11	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)		1.72	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)		4.39	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		1.58	10.00
11.00	FTE count for residents in dental and podiatric programs.		2.91	11.00
12.00	Current year allowable FTE (see instructions)		4.49	12.00
13.00	Total allowable FTE count for the prior year.		7.22	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.		7.94	14.00
15.00	Sum of lines 12 through 14 divided by 3.		6.55	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		6.55	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.055316	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.044878	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.044878	21.00
22.00	IME payment adjustment (see instructions)		214,310	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		188,778	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-2.81	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)		214,310	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		188,778	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		9.56	30.00
31.00	Percentage of Medicaid patient days (see instructions)		31.74	31.00
32.00	Sum of lines 30 and 31		41.30	32.00
33.00	Allowable disproportionate share percentage (see instructions)		23.29	33.00
34.00	Disproportionate share adjustment (see instructions)		515,245	34.00

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		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	8,290,014,521	7,192,008,710	35.00
35.01	Factor 3 (see instructions)	0.000362429	0.000335248	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,004,542	2,411,107	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,247,232	607,732	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,854,964		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges (see instructions)	1,580		40.00
41.00	Total ESRD Medicare discharges (see instructions)	256		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	243		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	16.20		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	1,861		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	1.094062		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	447.81		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	119,053		46.00
47.00	Subtotal (see instructions)	12,811,745		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
		<b>Amount</b>		
		<b>1.00</b>		
49.00	Total payment for inpatient operating costs (see instructions)		13,000,523	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		807,592	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).		121,518	52.00
53.00	Nursing and Allied Health Managed Care payment		106,276	53.00
54.00	Special add-on payments for new technologies		136,525	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)		129,872	58.00
59.00	Total (sum of amounts on lines 49 through 58)		14,302,306	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		14,302,306	61.00
62.00	Deductibles billed to program beneficiaries		794,588	62.00
63.00	Coinurance billed to program beneficiaries		71,232	63.00
64.00	Allowable bad debts (see instructions)		543,326	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		353,162	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		276,570	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		13,789,648	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)		-73,091	70.93
70.94	HRR adjustment amount (see instructions)		-56,967	70.94
70.95	Recovery of accelerated depreciation		0	70.95

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		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)			118,528	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			13,541,062	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			12,294,492	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)			1,246,570	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			829,081	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
<b>Cost Reimbursement</b>					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
<b>Comparison of PPS versus Cost Reimbursement</b>					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/30/2022 8:09 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		315	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		24,861,440	2.00
3.00	OPPS payments		17,292,418	3.00
4.00	Outlier payment (see instructions)		31,315	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		368,953	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		315	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		2,159	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)		2,159	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		2,159	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,844	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)		315	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)		17,692,686	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,230,838	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)		14,462,163	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		129,597	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)		14,591,760	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		14,591,760	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		301,089	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		195,708	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		187,589	36.00
37.00	Subtotal (see instructions)		14,787,468	37.00
38.00	MSP-LCC reconciliation amount from PS&R		2,631	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)		14,784,837	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		15,067,226	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)		-282,389	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		46,389	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/30/2022 8:09 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			5,138 2.00
3.00	OPPS payments			1,942 3.00
4.00	Outlier payment (see instructions)			0 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			148 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			0 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)			0 14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 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)			0 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)			2,090 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			229 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)			1,861 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			1,861 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			1,861 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			1,861 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)			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)			1,861 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			1,712 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)			149 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
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0004

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2022 8:09 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		12,201,592		15,067,226	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	12/01/2021	92,900		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)		92,900		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)		12,294,492		15,067,226	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		1,246,570		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		282,389	6.02	
7.00	Total Medicare program liability (see instructions)		13,541,062		14,784,837	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: 15-0004  
Component CCN: 15-S004

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2022 8:09 pm

Title XVIII

Subprovider -  
IPF

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		473,782		1,712	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		473,782		1,712	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		2,563		149	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		476,345		1,861	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00



CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/30/2022 8:09 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial /interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part II Date/Time Prepared: 5/30/2022 8:09 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			571,711 1.00
2.00	Net IPF PPS Outlier Payments			13,514 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)			0.00 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)			20.542466 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)			585,225 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)			585,225 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			585,225 18.00
19.00	Deductibles			71,232 19.00
20.00	Subtotal (line 18 minus line 19)			513,993 20.00
21.00	Coinsurance			40,211 21.00
22.00	Subtotal (line 20 minus line 21)			473,782 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 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)			473,782 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			2,563 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)			476,345 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			473,782 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)			2,563 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			13,514 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
<b>FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE</b>				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2022 8:09 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		6,776,471	31,956,275	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		6,776,471	31,956,275	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		6,776,471	31,956,275	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		6,776,471	31,956,275	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004 Component CCN: 15-S004	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2022 8:09 pm
		Title XIX	Subprovider - IPF	PPS
			Inpatient 1.00	Outpatient 2.00
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		0	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	12.00
<b>CUSTOMARY CHARGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/30/2022 8:09 pm
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Title XVIII		Hospital	PPS
			1.00

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			6.11	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			1.75	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)			4.36	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.58	6.00
7.00	Enter the lesser of line 5 or line 6			1.58	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.	0.00	1.58	1.58	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.	0.00	1.58	1.58	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.91		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		2.91		10.01
11.00	Total weighted FTE count	0.00	4.49		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	7.19		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	7.91		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	6.53		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	0.00	6.53		17.00
18.00	Per resident amount	94,952.39	89,911.55		18.00
19.00	Approved amount for resident costs	0	587,122	587,122	19.00

		Total			
		1.00			
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	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)			587,122	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)	4,959	4,745		26.00
27.00	Total Inpatient Days (see instructions)	22,237	22,237		27.00
28.00	Ratio of inpatient days to total inpatient days	0.223007	0.213383		28.00
29.00	Program direct GME amount	130,932	125,282	256,214	29.00
29.01	Percent reduction for MA DGME		4.07		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		5,099	5,099	30.00
31.00	Net Program direct GME amount			251,115	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/30/2022 8:09 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		23,662,891	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)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		23,662,891	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		25,235,994	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		25,235,994	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		48,898,885	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.483915	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.516085	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		251,115	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		121,518	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		129,597	50.00

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

Provider CCN: 15-0004

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

Worksheet G

Date/Time Prepared:  
5/30/2022 8:09 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	7,417,777	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	11,731,752	0	0	0	4.00
5.00	Other receivable	15,891,344	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,051,936	0	0	0	7.00
8.00	Prepaid expenses	0	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)	38,092,809	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	5,540,594	0	0	0	12.00
13.00	Land improvements	3,655,975	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	44,212,254	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	147,679	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	143,033,001	0	0	0	23.00
24.00	Accumulated depreciation	-178,979,674	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	17,609,829	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	973,567	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	973,567	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	56,676,205	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	6,841,316	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,047,788	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	10,053,996	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	22,943,100	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	1,956,439	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	-76,382,596	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-74,426,157	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-51,483,057	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	108,159,262				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)	108,159,262	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	56,676,205	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0004

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

Worksheet G-1

Date/Time Prepared:  
5/30/2022 8:09 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		140,937,979		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-32,778,715			2.00
3.00	Total (sum of line 1 and line 2)		108,159,264		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		108,159,264		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		108,159,264		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00



STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0004

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/30/2022 8:09 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	25,952,026		25,952,026	1.00
2.00	SUBPROVIDER - IPF	21,635,305		21,635,305	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	47,587,331		47,587,331	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,775,027		7,775,027	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEWBORN INTENSIVE CARE UNIT	1,222,368		1,222,368	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	8,997,395		8,997,395	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	56,584,726		56,584,726	17.00
18.00	Ancillary services	104,958,538	401,891,401	506,849,939	18.00
19.00	Outpatient services	14,254,475	70,519,058	84,773,533	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		20,530,655	20,530,655	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON-REIMBURSABLE	0	9,712,945	9,712,945	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	175,797,739	502,654,059	678,451,798	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		216,749,639		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		216,749,639		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0004

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

Worksheet G-3

Date/Time Prepared:  
5/30/2022 8:09 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	678,451,798	1.00
2.00	Less contractual allowances and discounts on patients' accounts	503,360,781	2.00
3.00	Net patient revenues (line 1 minus line 2)	175,091,017	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	216,749,639	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-41,658,622	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	3,757	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	579,638	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	133,249	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	3,575	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	11,213	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	29,460	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,605,115	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	2,917,103	24.00
24.01	CARE ACT STIMULUS PAYMENTS	699,170	24.01
24.50	COVID-19 PHE Funding	4,267,979	24.50
25.00	Total other income (sum of lines 6-24)	10,250,259	25.00
26.00	Total (line 5 plus line 25)	-31,408,363	26.00
27.00	CAPITATION AND PREMIUM REVENUE	1,370,352	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,370,352	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-32,778,715	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0004

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

Worksheet H

HHA CCN: 15-7145

Date/Time Prepared: 5/30/2022 8:09 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	1,559,896	444,637	0	0	2,267,102	4,271,635	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	2,705,691	0	0	0	0	2,705,691	6.00
7.00	1,468,248	0	0	0	0	1,468,248	7.00
8.00	46,914	0	0	0	0	46,914	8.00
9.00	83,689	0	0	0	0	83,689	9.00
10.00	2,208	0	0	0	0	2,208	10.00
11.00	133,535	0	0	0	0	133,535	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
23.50	0	0	0	0	0	0	23.50
24.00	6,000,181	444,637	0	0	2,267,102	8,711,920	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-354,084	3,917,551	0	3,917,551			5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	0	2,705,691	0	2,705,691			6.00
7.00	0	1,468,248	0	1,468,248			7.00
8.00	0	46,914	0	46,914			8.00
9.00	0	83,689	0	83,689			9.00
10.00	0	2,208	0	2,208			10.00
11.00	0	133,535	0	133,535			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
23.50	0	0	0	0			23.50
24.00	-354,084	8,357,836	0	8,357,836			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet H-1 Part I Date/Time Prepared: 5/30/2022 8:09 pm
		HHA CCN: 15-7145	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	3,917,551	0	0	0	3,917,551	5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	2,705,691	0	0	0	2,705,691	6.00	
7.00	Physical Therapy	1,468,248	0	0	0	1,468,248	7.00	
8.00	Occupational Therapy	46,914	0	0	0	46,914	8.00	
9.00	Speech Pathology	83,689	0	0	0	83,689	9.00	
10.00	Medical Social Services	2,208	0	0	0	2,208	10.00	
11.00	Home Health Aide	133,535	0	0	0	133,535	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	8,357,836	0	0	0	8,357,836	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					

<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	3,917,551					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	2,387,161	5,092,852				6.00
7.00	Physical Therapy	1,295,399	2,763,647				7.00
8.00	Occupational Therapy	41,391	88,305				8.00
9.00	Speech Pathology	73,837	157,526				9.00
10.00	Medical Social Services	1,948	4,156				10.00
11.00	Home Health Aide	117,815	251,350				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		8,357,836				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 15-0004 HHA CCN: 15-7145		Period: From 01/01/2021 To 12/31/2021		Worksheet H-1 Part II Date/Time Prepared: 5/30/2022 8:09 pm	
				Home Health Agency I		PPS	
	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-3,917,551	4,440,285
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	2,705,691
7.00	Physical Therapy	0	0	0	0	0	1,468,248
8.00	Occupational Therapy	0	0	0	0	0	46,914
9.00	Speech Pathology	0	0	0	0	0	83,689
10.00	Medical Social Services	0	0	0	0	0	2,208
11.00	Home Health Aide	0	0	0	0	0	133,535
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-3,917,551	4,440,285
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		3,917,551
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.882275

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0004

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

Worksheet H-2 Part I

HHA CCN: 15-7145

Date/Time Prepared: 5/30/2022 8:09 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
	0	614,330	36,422	444,637	1,095,389	325,013	1.00	
1.00 Administrative and General	0	614,330	36,422	444,637	1,095,389	325,013	1.00	
2.00 Skilled Nursing Care	5,092,852	0	0	0	5,092,852	1,511,099	2.00	
3.00 Physical Therapy	2,763,647	0	0	0	2,763,647	820,002	3.00	
4.00 Occupational Therapy	88,305	0	0	0	88,305	26,201	4.00	
5.00 Speech Pathology	157,526	0	0	0	157,526	46,740	5.00	
6.00 Medical Social Services	4,156	0	0	0	4,156	1,233	6.00	
7.00 Home Health Aide	251,350	0	0	0	251,350	74,578	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	8,357,836	614,330	36,422	444,637	9,453,225	2,804,866	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00	
Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
	6.00	7.00	8.00	9.00	10.00	11.00		
1.00 Administrative and General	79,238	376,020	0	142,274	0	371,629	1.00	
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00	
3.00 Physical Therapy	0	0	0	0	0	0	3.00	
4.00 Occupational Therapy	0	0	0	0	0	0	4.00	
5.00 Speech Pathology	0	0	0	0	0	0	5.00	
6.00 Medical Social Services	0	0	0	0	0	0	6.00	
7.00 Home Health Aide	0	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	79,238	376,020	0	142,274	0	371,629	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet H-2 Part I Date/Time Prepared: 5/30/2022 8:09 pm
		HHA CCN: 15-7145	Home Health Agency I	PPS

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV		
	13.00	14.00	15.00	16.00	17.00	22.00		
1.00	Administrative and General	1,003,965	0	0	108,689	4,106	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	1,003,965	0	0	108,689	4,106	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PARAMED ED PRGM	PARAMED ED PRGM - LAB 4+1	PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESPIRATORY THER	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMT		
	23.00	23.01	23.02	23.03	23.04	23.05		
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0004

Period: From 01/01/2021

Worksheet H-2

HHA CCN: 15-7145

To 12/31/2021

Part I  
Date/Time Prepared:  
5/30/2022 8:09 pm

Home Health Agency I

PPS

Cost Center Description	PARAMED ED PRGM - LAB 3+1	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	23.06	24.00	25.00	26.00	27.00	28.00	
1.00 Administrative and General	0	3,506,323	0	3,506,323			1.00
2.00 Skilled Nursing Care	0	6,603,951	0	6,603,951	2,136,577	8,740,528	2.00
3.00 Physical Therapy	0	3,583,649	0	3,583,649	1,159,422	4,743,071	3.00
4.00 Occupational Therapy	0	114,506	0	114,506	37,046	151,552	4.00
5.00 Speech Pathology	0	204,266	0	204,266	66,086	270,352	5.00
6.00 Medical Social Services	0	5,389	0	5,389	1,744	7,133	6.00
7.00 Home Health Aide	0	325,928	0	325,928	105,448	431,376	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	14,344,012	0	14,344,012	3,506,323	14,344,012	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.323531		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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



ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0004

Period: From 01/01/2021

Worksheet H-2

HHA CCN: 15-7145

To 12/31/2021

Part II  
Date/Time Prepared: 5/30/2022 8:09 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	11,759	14,250	6,000,181	0	1,095,389	11,759	1.00
2.00 Skilled Nursing Care	0	0	0	0	5,092,852	0	2.00
3.00 Physical Therapy	0	0	0	0	2,763,647	0	3.00
4.00 Occupational Therapy	0	0	0	0	88,305	0	4.00
5.00 Speech Pathology	0	0	0	0	157,526	0	5.00
6.00 Medical Social Services	0	0	0	0	4,156	0	6.00
7.00 Home Health Aide	0	0	0	0	251,350	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	11,759	14,250	6,000,181		9,453,225	11,759	20.00
21.00 Total cost to be allocated	614,330	36,422	444,637		2,804,866	79,238	21.00
22.00 Unit cost multiplier	52.243388	2.555930	0.074104		0.296710	6.738498	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	NURSING ADMINISTRATION (DIRECT NRSING)	
	7.00	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	11,759	0	11,759	0	152,258	152,258	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	11,759	0	11,759	0	152,258	152,258	20.00
21.00 Total cost to be allocated	376,020	0	142,274	0	371,629	1,003,965	21.00
22.00 Unit cost multiplier	31.977209	0.000000	12.099158	0.000000	2.440785	6.593841	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2021 To 12/31/2021	Worksheet H-2 Part II Date/Time Prepared: 5/30/2022 8:09 pm PPS
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Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICES (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00	22.00	23.00	
1.00 Administrative and General	0	0	20,530,655	20,530,655	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	20,530,655	20,530,655	0	0	20.00
21.00 Total cost to be allocated	0	0	108,689	4,106	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.005294	0.000200	0.000000	0.000000	22.00
Cost Center Description	PARAMED ED PRGM - LAB 4+1 (ASSIGNED TIME)	PARAMED ED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED ED PRGM - RESPTHER (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM-EMT (ASSIGNED TIME)	PARAMED ED PRGM - LAB 3+1 (ASSIGNED TIME)	
	23.01	23.02	23.03	23.04	23.05	23.06	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0004 HHA CCN: 15-7145		Period: From 01/01/2021 To 12/31/2021		Worksheet H-3 Part I Date/Time Prepared: 5/30/2022 8:09 pm	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2.00	8,740,528		8,740,528	20,905	418.11		1.00
2.00	Physical Therapy	3.00	4,743,071	0	4,743,071	23,769	199.55		2.00
3.00	Occupational Therapy	4.00	151,552	0	151,552	3,060	49.53		3.00
4.00	Speech Pathology	5.00	270,352	0	270,352	872	310.04		4.00
5.00	Medical Social Services	6.00	7,133		7,133	18	396.28		5.00
6.00	Home Health Aide	7.00	431,376		431,376	3,785	113.97		6.00
7.00	Total (sum of lines 1-6)		14,344,012	0	14,344,012	52,409			7.00
Program Visits									
Part B									
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
		0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care		16974	0	0				8.00
8.01	Skilled Nursing Care		23844	0	6,299				8.01
8.02	Skilled Nursing Care		33140	0	4,137				8.02
8.03	Skilled Nursing Care		99915	0	18				8.03
8.04	Skilled Nursing Care		43780	0	0				8.04
9.00	Physical Therapy		16974	0	0				9.00
9.01	Physical Therapy		23844	0	6,519				9.01
9.02	Physical Therapy		33140	0	5,022				9.02
9.03	Physical Therapy		99915	0	12				9.03
9.04	Physical Therapy		43780	0	20				9.04
10.00	Occupational Therapy		16974	0	0				10.00
10.01	Occupational Therapy		23844	0	876				10.01
10.02	Occupational Therapy		33140	0	770				10.02
10.03	Occupational Therapy		99915	0	0				10.03
10.04	Occupational Therapy		43780	0	0				10.04
11.00	Speech Pathology		16974	0	0				11.00
11.01	Speech Pathology		23844	0	273				11.01
11.02	Speech Pathology		33140	0	185				11.02
11.03	Speech Pathology		99915	0	0				11.03
11.04	Speech Pathology		43780	0	0				11.04
12.00	Medical Social Services		16974	0	0				12.00
12.01	Medical Social Services		23844	0	7				12.01
12.02	Medical Social Services		33140	0	0				12.02
12.03	Medical Social Services		99915	0	0				12.03
12.04	Medical Social Services		43780	0	0				12.04
13.00	Home Health Aide		16974	0	0				13.00
13.01	Home Health Aide		23844	0	1,708				13.01
13.02	Home Health Aide		33140	0	991				13.02
13.03	Home Health Aide		99915	0	0				13.03
13.04	Home Health Aide		43780	0	0				13.04
14.00	Total (sum of lines 8-13)			0	26,837				14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 + col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	8.00	0	0	0	177,131	0.000000		15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000		16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0004

Period: From 01/01/2021

Worksheet H-3

HHA CCN: 15-7145

To 12/31/2021

Part I  
Date/Time Prepared:  
5/30/2022 8:09 pm

Title XVIII

Home Health Agency I

PPS

Cost Center Description	Program Visits			Cost of Services				
	Part A	Part B		Part A	Part B			
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance		Not Subject to Deductibles & Coi nsurance			Subject to Deductibles & Coi nsurance
	6.00	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	10,454		0	4,370,922	1.00	
2.00	Physical Therapy	0	11,573		0	2,309,392	2.00	
3.00	Occupational Therapy	0	1,646		0	81,526	3.00	
4.00	Speech Pathology	0	458		0	141,998	4.00	
5.00	Medical Social Services	0	7		0	2,774	5.00	
6.00	Home Health Aide	0	2,699		0	307,605	6.00	
7.00	Total (sum of lines 1-6)	0	26,837		0	7,214,217	7.00	
Cost Center Description								
		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care						8.00	
8.01	Skilled Nursing Care						8.01	
8.02	Skilled Nursing Care						8.02	
8.03	Skilled Nursing Care						8.03	
8.04	Skilled Nursing Care						8.04	
9.00	Physical Therapy						9.00	
9.01	Physical Therapy						9.01	
9.02	Physical Therapy						9.02	
9.03	Physical Therapy						9.03	
9.04	Physical Therapy						9.04	
10.00	Occupational Therapy						10.00	
10.01	Occupational Therapy						10.01	
10.02	Occupational Therapy						10.02	
10.03	Occupational Therapy						10.03	
10.04	Occupational Therapy						10.04	
11.00	Speech Pathology						11.00	
11.01	Speech Pathology						11.01	
11.02	Speech Pathology						11.02	
11.03	Speech Pathology						11.03	
11.04	Speech Pathology						11.04	
12.00	Medical Social Services						12.00	
12.01	Medical Social Services						12.01	
12.02	Medical Social Services						12.02	
12.03	Medical Social Services						12.03	
12.04	Medical Social Services						12.04	
13.00	Home Health Aide						13.00	
13.01	Home Health Aide						13.01	
13.02	Home Health Aide						13.02	
13.03	Home Health Aide						13.03	
13.04	Home Health Aide						13.04	
14.00	Total (sum of lines 8-13)						14.00	
Program Covered Charges								
Cost Center Description	Part A	Part B		Part A	Part B			
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance		
	6.00	7.00	8.00	9.00	10.00	11.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	101,901	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2021 To 12/31/2021	Worksheet H-3 Part I Date/Time Prepared: 5/30/2022 8:09 pm
		Title XVIII	Home Health Agency I	PPS

Cost Center Description		Total Program Cost (sum of cols. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	4,370,922		1.00
2.00	Physical Therapy	2,309,392		2.00
3.00	Occupational Therapy	81,526		3.00
4.00	Speech Pathology	141,998		4.00
5.00	Medical Social Services	2,774		5.00
6.00	Home Health Aide	307,605		6.00
7.00	Total (sum of lines 1-6)	7,214,217		7.00
Cost Center Description		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
8.04	Skilled Nursing Care			8.04
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
9.04	Physical Therapy			9.04
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
10.04	Occupational Therapy			10.04
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
11.04	Speech Pathology			11.04
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
12.04	Medical Social Services			12.04
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
13.04	Home Health Aide			13.04
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2021 To 12/31/2021	Worksheet H-3 Part II Date/Time Prepared: 5/30/2022 8:09 pm
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
1.00	Physical Therapy	66.00	0.948443	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.266542	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.631537	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.642411	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.145717	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0004 HHA CCN: 15-7145	Period: From 01/01/2021 To 12/31/2021	Worksheet H-4 Part I-11 Date/Time Prepared: 5/30/2022 8:09 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	4,407,695
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	723,314
13.00	Total PPS Reimbursement - LUPA Episodes		0	92,269
14.00	Total PPS Reimbursement - PEP Episodes		0	16,759
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	210,059
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	2,509
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	5,452,605
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	5,452,605
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	5,452,605
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	5,452,605
30.00	MSP		0	-6,607
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	5,445,998
31.01	Sequestration adjustment (see instructions)		0	0
31.02	Demonstration payment adjustment amount after sequestration		0	0
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0
32.00	Interim payments (see instructions)		0	5,445,998
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 15-0004  
HHA CCN: 15-7145

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

Worksheet H-5  
Date/Time Prepared:  
5/30/2022 8:09 pm  
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		0		5,445,998	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		5,445,998	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		5,445,998	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00



CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0004	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/30/2022 8:09 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		681,431	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		34,781	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)		40.38	3.00
4.00	Number of interns & residents (see instructions)		6.55	4.00
5.00	Indirect medical education percentage (see instructions)		4.69	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)		31,959	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		9.56	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		31.74	8.00
9.00	Sum of lines 7 and 8		41.30	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.72	10.00
11.00	Disproportionate share adjustment (see instructions)		59,421	11.00
12.00	Total prospective capital payments (see instructions)		807,592	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00