

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: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/26/2022 12:56 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 5/26/2022	Time: 12:56 pm
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for Full or "L" for Low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by HENDRICKS REGIONAL HEALTH (15-0005) 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	Stanton Risser	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Stanton Risser		2
3	Signatory Title	CFO		3
4	Date	(Dated when report is electronic)		4

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	693,948	-13,554	0	-846,724	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
200.00 Total	0	693,948	-13,554	0	-846,724	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0005		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 12:56 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1000 EAST MAIN STREET	PO Box:							1.00	
2.00	City: DANVILLE	State: IN		Zip Code: 46122-1409		County: HENDRICKS			2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	V	XVIII	XIX	
3.00	Hospital and Hospital-Based Component Identification:									
	Hospital	HENDRICKS REGIONAL HEALTH	150005	26900	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2021	12/31/2021		20.00	
21.00	Type of Control (see instructions)					9			21.00	
						1.00	2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	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: 15-0005			Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 12:56 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.	701	958	0	0	2,827	0		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	0		25.00	
						Urban/Rural	S	Date of Geogr		
						1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	
						Beginning:	Ending:			
						1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00	
						Y/N	Y/N			
						1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	Y		40.00	
						V	XVIII	XIX		
						1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N		48.00
Teaching Hospitals										
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0005		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 12:56 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria 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)		23.00	1		60.01	
		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)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
		Teaching Hospitals that Claim Residents in Nonprovider Settings					
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0005

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

Worksheet S-2
Part I
Date/Time Prepared:
5/26/2022 12:56 pm

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

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		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0		76.00
		1.00				
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N		87.00
		V 1.00			XIX 2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. 1, 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. 1 through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.06
Rural Providers						
105.00	Does this hospital qualify as a CAH?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0005		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 12:56 pm	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
						1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
						1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	2,251,323		0		118.01	
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00		122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0005		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 12:56 pm	
		1.00	2.00				
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			N		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 12:56 pm
			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: 15-0005		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 12:56 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	05/21/2021			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					Y	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/18/2022	Y	03/18/2022		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: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 12:56 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MICHAEL		ALESSANDRINI	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317.713.7959		MALESSANDRINI@BLUEANDCO.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 12:56 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR		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: 15-0005

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 12:56 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Ti tle V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	116	42,340	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)		116	42,340	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		130	47,450	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		130				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: 15-0005

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 12:56 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	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)	5,648	671	17,252			1.00
2.00 HMO and other (see instructions)	2,622	3,570				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	5,648	671	17,252			7.00
8.00 INTENSIVE CARE UNIT	1,001	0	3,288			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		0	2,431			13.00
14.00 Total (see instructions)	6,649	671	22,971	0.00	1,743.46	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			80			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,743.46	27.00
28.00 Observation Bed Days		292	3,992			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	245	565			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: 15-0005

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 12:56 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	1,620	124	5,374	1.00
2.00 HMO and other (see instructions)				538	842		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		1,620	124	5,374	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 15-0005		Period: From 01/01/2021 To 12/31/2021		Worksheet S-3 Part II Date/Time Prepared: 5/26/2022 12:56 pm	
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	174,395,140	0	174,395,140	3,626,387.31	48.09	1.00
2.00	Non-physician anesthesiologist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthesiologist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		1,068,974	0	1,068,974	8,202.00	130.33	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		17,241,534	0	17,241,534	108,654.00	158.68	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		61,234,935	-94,846	61,140,089	1,016,934.48	60.12	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		4,397,407	0	4,397,407	37,119.01	118.47	11.00
12.00	Contract Labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		230,259	0	230,259	1,265.00	182.02	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		21,662,311	0	21,662,311			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		10,970,710	0	10,970,710			19.00
20.00	Non-physician anesthesiologist Part A		0	0	0			20.00
21.00	Non-physician anesthesiologist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		144,019	0	144,019			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		2,201,938	0	2,201,938			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0005

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

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 12:56 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,776,827	71,405	2,848,232	81,043.74	26.00
27.00	Administrative & General	5.00	15,518,583	177,652	15,696,235	307,050.16	27.00
28.00	Administrative & General under contract (see inst.)		2,324,866	0	2,324,866	7,064.80	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	2,812,115	-1,170	2,810,945	97,703.85	30.00
31.00	Laundry & Linen Service	8.00	351,416	-146	351,270	19,154.13	31.00
32.00	Housekeeping	9.00	2,988,187	-1,243	2,986,944	146,983.82	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	2,021,522	-1,428,250	593,272	27,036.11	34.00
35.00	Dietary under contract (see instructions)		13,638	0	13,638	542.40	35.00
36.00	Cafeteria	11.00	0	1,427,409	1,427,409	65,049.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	4,973,939	-2,070	4,971,869	97,094.53	38.00
39.00	Central Services and Supply	14.00	1,150,005	-478	1,149,527	46,647.05	39.00
40.00	Pharmacy	15.00	2,774,730	-1,154	2,773,576	62,550.05	40.00
41.00	Medical Records & Medical Records Library	16.00	501,635	-209	501,426	19,356.47	41.00
42.00	Social Service	17.00	1,988,213	-827	1,987,386	50,681.84	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0005

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

Worksheet S-3
Part III
Date/Time Prepared:
5/26/2022 12:56 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	159,492,110	0	159,492,110	3,525,340.51	45.24	1.00
2.00	Excluded area salaries (see instructions)	61,234,935	-94,846	61,140,089	1,016,934.48	60.12	2.00
3.00	Subtotal salaries (line 1 minus line 2)	98,257,175	94,846	98,352,021	2,508,406.03	39.21	3.00
4.00	Subtotal other wages & related costs (see inst.)	4,627,666	0	4,627,666	38,384.01	120.56	4.00
5.00	Subtotal wage-related costs (see inst.)	21,806,330	0	21,806,330	0.00	22.17	5.00
6.00	Total (sum of lines 3 thru 5)	124,691,171	94,846	124,786,017	2,546,790.04	49.00	6.00
7.00	Total overhead cost (see instructions)	40,195,676	240,919	40,436,595	1,027,957.95	39.34	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2022 12:56 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	5,139,256	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	220,994	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	15,848,986	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	1,309,154	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	153,616	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)	387,684	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	39,213	14.00
15.00	'Workers' Compensation Insurance	760,265	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	10,787,370	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	95,806	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	236,633	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	34,978,977	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part V Date/Time Prepared: 5/26/2022 12:56 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,891,547	34,978,977	1.00
2.00	Hospital	2,891,547	34,978,977	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10	
				Date/Time Prepared: 5/26/2022 12:56 pm	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.243003	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			3,917,417	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			3,755,582	5.00
6.00	Medicaid charges			90,711,533	6.00
7.00	Medicaid cost (line 1 times line 6)			22,043,175	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)			14,370,176	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			14,370,176	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	10,736,220	2,697,518	13,433,738	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,608,934	2,697,518	5,306,452	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,608,934	2,697,518	5,306,452	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			16,878,241	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			163,447	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			251,457	27.01
28.00	Non-Medicare bad debt expense (see instructions)			16,626,784	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			4,128,368	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			9,434,820	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			23,804,996	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0005		Period: From 01/01/2021 To 12/31/2021		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		24,721,269	24,721,269	3,844,501	28,565,770	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,776,827	24,662,640	27,439,467	-60,657	27,378,810	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	15,518,583	44,515,415	60,033,998	-3,677,378	56,356,620	5.00
7.00	00700	OPERATION OF PLANT	2,812,115	10,437,348	13,249,463	66,142	13,315,605	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	351,416	-243,285	108,131	-71,254	36,877	8.00
9.00	00900	HOUSEKEEPING	2,988,187	957,957	3,946,144	-102,158	3,843,986	9.00
10.00	01000	DIETARY	2,021,522	1,533,111	3,554,633	-2,525,667	1,028,966	10.00
11.00	01100	CAFETERIA	0	0	0	2,510,399	2,510,399	11.00
13.00	01300	NURSING ADMINISTRATION	4,973,939	2,544,616	7,518,555	-450,022	7,068,533	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,150,005	1,607,334	2,757,339	-1,118,277	1,639,062	14.00
15.00	01500	PHARMACY	2,774,730	27,472,595	30,247,325	-26,500,296	3,747,029	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	501,635	824,249	1,325,884	-209	1,325,675	16.00
17.00	01700	SOCIAL SERVICE	1,988,213	233,400	2,221,613	2,880	2,224,493	17.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	193,898	193,898	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,421,603	3,565,698	22,987,301	-5,890,005	17,097,296	30.00
31.00	03100	INTENSIVE CARE UNIT	2,878,631	1,507,395	4,386,026	-597,131	3,788,895	31.00
43.00	04300	NURSERY	0	0	0	1,778,431	1,778,431	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,776,779	13,850,214	16,626,993	-633,473	15,993,520	50.00
50.01	05001	ENDOSCOPY	1,120,100	708,201	1,828,301	-555,520	1,272,781	50.01
51.00	05100	RECOVERY ROOM	1,681,818	395,203	2,077,021	-229,726	1,847,295	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	37,321	37,321	3,164,255	3,201,576	52.00
53.00	05300	ANESTHESIOLOGY	7,463,031	953,694	8,416,725	-265,671	8,151,054	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,550,453	2,954,362	9,504,815	-1,044,674	8,460,141	54.00
54.01	05401	RADIATION-ONCOLOGY	892,623	1,532,261	2,424,884	70,825	2,495,709	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	NUCLEAR MEDICINE	280,835	332,578	613,413	-42,100	571,313	56.01
59.00	05900	CARDIAC CATHETERIZATION	668,534	2,348,543	3,017,077	-2,044,338	972,739	59.00
60.00	06000	LABORATORY	3,699,287	7,428,131	11,127,418	-417,671	10,709,747	60.00
64.00	06400	INTRAVENOUS THERAPY	1,469,220	281,998	1,751,218	-276,274	1,474,944	64.00
65.00	06500	RESPIRATORY THERAPY	2,675,843	1,489,801	4,165,644	-283,919	3,881,725	65.00
66.00	06600	PHYSICAL THERAPY	6,908,579	1,970,078	8,878,657	-262,255	8,616,402	66.00
67.00	06700	OCCUPATIONAL THERAPY	542,969	52,570	595,539	19,533	615,072	67.00
68.00	06800	SPEECH PATHOLOGY	355,133	34,347	389,480	-2,638	386,842	68.00
69.00	06900	ELECTROCARDIOLOGY	991,552	548,707	1,540,259	-215,895	1,324,364	69.00
69.01	06901	CARDIAC REHAB	724,618	78,350	802,968	-13,120	789,848	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	90,775	12,832	103,607	-5,313	98,294	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	10,998,901	10,998,901	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	27,345,652	27,345,652	73.00
73.01	07301	ULTRA SOUND	585,852	81,026	666,878	-34,162	632,716	73.01
74.00	07400	RENAL DIALYSIS	308	479,072	479,380	0	479,380	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,577,348	4,019,694	5,597,042	-859,290	4,737,752	90.00
91.00	09100	EMERGENCY	11,947,142	2,598,119	14,545,261	-903,403	13,641,858	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	113,160,205	186,526,844	299,687,049	912,921	300,599,970	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	52,122,158	20,612,540	72,734,698	-903,093	71,831,605	192.00
192.01	19201	HEALTH TRACKS	3,374,495	886,986	4,261,481	-1,404	4,260,077	192.01
194.00	07950	PRIMARY CARE CLINIC	1,444,164	1,181,586	2,625,750	-601	2,625,149	194.00
194.01	07951	PARTNERS IN CARE	0	3,451	3,451	0	3,451	194.01
194.02	07952	OCCUPATIONAL MEDICINE	531,735	563,934	1,095,669	-221	1,095,448	194.02
194.03	07953	FOUNDATION	120,036	14,128	134,164	-50	134,114	194.03
194.04	07954	SCHOOL & TOWN CLINICS	1,937,236	887,429	2,824,665	-6,842	2,817,823	194.04
194.05	07955	MANAGED FACILITY	427,101	197,528	624,629	-178	624,451	194.05
194.06	07956	RENTAL PROPERTIES	0	99,154	99,154	0	99,154	194.06
194.07	07957	SNF NON CERTIFIED	1,278,010	265,697	1,543,707	-532	1,543,175	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	174,395,140	211,239,277	385,634,417	0	385,634,417	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0005

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

Worksheet A
Date/Time Prepared:
5/26/2022 12:56 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	-651,238	27,914,532	1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	-103,964	27,274,846	4.00
5.00	00500 ADMINISTRATIVE & GENERAL	-14,404,851	41,951,769	5.00
7.00	00700 OPERATION OF PLANT	-79,967	13,235,638	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	-211	36,666	8.00
9.00	00900 HOUSEKEEPING	-1,032	3,842,954	9.00
10.00	01000 DIETARY	0	1,028,966	10.00
11.00	01100 CAFETERIA	-937,573	1,572,826	11.00
13.00	01300 NURSING ADMINISTRATION	-14,946	7,053,587	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	-4,517	1,634,545	14.00
15.00	01500 PHARMACY	-37,709	3,709,320	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-945	1,324,730	16.00
17.00	01700 SOCIAL SERVICE	-353	2,224,140	17.00
23.00	02300 PARAMED ED PRGM-EMS	-41,941	151,957	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-4,448,566	12,648,730	30.00
31.00	03100 INTENSIVE CARE UNIT	-186,013	3,602,882	31.00
43.00	04300 NURSERY	0	1,778,431	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-976	15,992,544	50.00
50.01	05001 ENDOSCOPY	-166	1,272,615	50.01
51.00	05100 RECOVERY ROOM	-390	1,846,905	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,201,576	52.00
53.00	05300 ANESTHESIOLOGY	-8,353,292	-202,238	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-123,354	8,336,787	54.00
54.01	05401 RADIOLOGY-ONCOLOGY	-500	2,495,209	54.01
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	05601 NUCLEAR MEDICINE	-247	571,066	56.01
59.00	05900 CARDIAC CATHETERIZATION	-294	972,445	59.00
60.00	06000 LABORATORY	-336,331	10,373,416	60.00
64.00	06400 INTRAVENOUS THERAPY	-14,401	1,460,543	64.00
65.00	06500 RESPIRATORY THERAPY	-779	3,880,946	65.00
66.00	06600 PHYSICAL THERAPY	-784,180	7,832,222	66.00
67.00	06700 OCCUPATIONAL THERAPY	-48,107	566,965	67.00
68.00	06800 SPEECH PATHOLOGY	-22	386,820	68.00
69.00	06900 ELECTROCARDIOLOGY	-186,639	1,137,725	69.00
69.01	06901 CARDIAC REHAB	-172	789,676	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	-70	98,224	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	10,998,901	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	27,345,652	73.00
73.01	07301 ULTRA SOUND	-119	632,597	73.01
74.00	07400 RENAL DIALYSIS	0	479,380	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	-363	4,737,389	90.00
91.00	09100 EMERGENCY	-5,900,179	7,741,679	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-36,664,407	263,935,563	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	71,831,605	192.00
192.01	19201 HEALTH TRACKS	0	4,260,077	192.01
194.00	07950 PRIMARY CARE CLINIC	0	2,625,149	194.00
194.01	07951 PARTNERS IN CARE	0	3,451	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	1,095,448	194.02
194.03	07953 FOUNDATION	0	134,114	194.03
194.04	07954 SCHOOL & TOWN CLINICS	0	2,817,823	194.04
194.05	07955 MANAGED FACILITY	0	624,451	194.05
194.06	07956 RENTAL PROPERTIES	0	99,154	194.06
194.07	07957 SNF NON CERTIFIED	0	1,543,175	194.07
200.00	TOTAL (SUM OF LINES 118 through 199)	-36,664,407	348,970,010	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DRUGS RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	27,345,652	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
TOTALS			0	27,345,652	
B - MOB RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	29,588	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	94,702	2.00
3.00	OPERATION OF PLANT	7.00	0	71,199	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	45,894	4.00
5.00	SOCIAL SERVICE	17.00	0	4,446	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	78,223	6.00
7.00	RADIATION-ONCOLOGY	54.01	0	115,828	7.00
8.00	LABORATORY	60.00	0	5,466	8.00
9.00	INTRAVENOUS THERAPY	64.00	0	17,818	9.00
10.00	PHYSICAL THERAPY	66.00	0	27,726	10.00
11.00	OCCUPATIONAL THERAPY	67.00	0	27,726	11.00
12.00	CLINIC	90.00	0	184,716	12.00
TOTALS			0	703,332	
C - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	1,428,003	1,082,990	1.00
TOTALS			1,428,003	1,082,990	
D - IMPLANTABLE DEVICE RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	10,998,901	1.00
2.00		0.00	0	0	2.00
TOTALS			0	10,998,901	
E - BONUS/PTO RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	71,405	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00

RECLASSIFICATIONS

Provider CCN: 15-0005

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 12:56 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
TOTALS						
F - MEDICAL SUPPLY RECLASS						
1.00	OPERATING ROOM	50.00	0	9,372,806		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
TOTALS						
G - HEALTH INSURANCE RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	887		1.00
TOTALS						
H - CHILDBIRTH CENTER RECLASS						
1.00	NURSERY	43.00	1,527,688	251,332		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	2,749,052	452,269		2.00
TOTALS						
I - MEDICAL DIRECTOR RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	184,185	0		1.00
2.00		0.00	0	0		2.00
TOTALS						
J - INTEREST EXPENSE RECLASS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,844,501		1.00
2.00		0.00	0	0		2.00
TOTALS						
K - EMS EDUCATION RECLASS						
1.00	PARAMED ED PRGM-EMS	23.00	114,743	79,155		1.00
TOTALS						
500.00	Grand Total: Increases		6,075,076	54,131,825		500.00

RECLASSIFICATIONS

Provider CCN: 15-0005

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

Worksheet A-6
Date/Time Prepared:
5/26/2022 12:56 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - DRUGS RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	117,389	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	86,971	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	3	0	3.00	
4.00	HOUSEKEEPING	9.00	0	5	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	364,318	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	12,100	0	6.00	
7.00	PHARMACY	15.00	0	26,353,958	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	7,010	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	2,457	0	9.00	
10.00	OPERATING ROOM	50.00	0	41,492	0	10.00	
11.00	ENDOSCOPY	50.01	0	5,330	0	11.00	
12.00	RECOVERY ROOM	51.00	0	11,297	0	12.00	
13.00	ANESTHESIOLOGY	53.00	0	99	0	13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	243,533	0	14.00	
15.00	RADIATION-ONCOLOGY	54.01	0	1,396	0	15.00	
16.00	NUCLEAR MEDICINE	56.01	0	10,613	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0	12,558	0	17.00	
18.00	LABORATORY	60.00	0	193	0	18.00	
19.00	INTRAVENOUS THERAPY	64.00	0	18	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	0	7,259	0	20.00	
21.00	PHYSICAL THERAPY	66.00	0	57,691	0	21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	1,631	0	22.00	
23.00	CLINIC	90.00	0	4,418	0	23.00	
24.00	EMERGENCY	91.00	0	3,913	0	24.00	
	TOTALS		0	27,345,652			
B - MOB RECLASS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	703,332	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
	TOTALS		0	703,332			
C - CAFETERIA RECLASS							
1.00	DIETARY	10.00	1,428,003	1,082,990	0	1.00	
	TOTALS		1,428,003	1,082,990			
D - IMPLANTABLE DEVICE RECLASS							
1.00	OPERATING ROOM	50.00	0	9,963,632	0	1.00	
2.00	CLINIC	90.00	0	1,035,269	0	2.00	
	TOTALS		0	10,998,901			
E - BONUS/PTO RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	6,533	0	0	1.00	
2.00	OPERATION OF PLANT	7.00	1,170	0	0	2.00	
3.00	LAUNDRY & LINEN SERVICE	8.00	146	0	0	3.00	
4.00	HOUSEKEEPING	9.00	1,243	0	0	4.00	
5.00	DIETARY	10.00	247	0	0	5.00	
6.00	CAFETERIA	11.00	594	0	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	2,070	0	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	478	0	0	8.00	
9.00	PHARMACY	15.00	1,154	0	0	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	209	0	0	10.00	
11.00	SOCIAL SERVICE	17.00	827	0	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	6,351	0	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	1,198	0	0	13.00	
14.00	NURSERY	43.00	589	0	0	14.00	
15.00	OPERATING ROOM	50.00	1,155	0	0	15.00	
16.00	ENDOSCOPY	50.01	466	0	0	16.00	
17.00	RECOVERY ROOM	51.00	700	0	0	17.00	
18.00	DELIVERY ROOM & LABOR ROOM	52.00	1,141	0	0	18.00	
19.00	ANESTHESIOLOGY	53.00	3,105	0	0	19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	2,725	0	0	20.00	
21.00	RADIATION-ONCOLOGY	54.01	371	0	0	21.00	
22.00	NUCLEAR MEDICINE	56.01	117	0	0	22.00	
23.00	CARDIAC CATHETERIZATION	59.00	278	0	0	23.00	
24.00	LABORATORY	60.00	1,539	0	0	24.00	
25.00	INTRAVENOUS THERAPY	64.00	611	0	0	25.00	
26.00	RESPIRATORY THERAPY	65.00	1,113	0	0	26.00	

RECLASSIFICATIONS

Provider CCN: 15-0005

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 12:56 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
27.00	PHYSICAL THERAPY	66.00	2,874	0	0			27.00
28.00	OCCUPATIONAL THERAPY	67.00	226	0	0			28.00
29.00	SPEECH PATHOLOGY	68.00	148	0	0			29.00
30.00	ELECTROCARDIOLOGY	69.00	413	0	0			30.00
31.00	CARDIAC REHAB	69.01	301	0	0			31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	38	0	0			32.00
33.00	ULTRA SOUND	73.01	244	0	0			33.00
34.00	CLINIC	90.00	656	0	0			34.00
35.00	EMERGENCY	91.00	4,971	0	0			35.00
36.00	PHYSICIANS' PRIVATE OFFICES	192.00	21,614	0	0			36.00
37.00	HEALTH TRACKS	192.01	1,404	0	0			37.00
38.00	PRIMARY CARE CLINIC	194.00	601	0	0			38.00
39.00	OCCUPATIONAL MEDICINE	194.02	221	0	0			39.00
40.00	FOUNDATION	194.03	50	0	0			40.00
41.00	SCHOOL & TOWN CLINICS	194.04	804	0	0			41.00
42.00	MANAGED FACILITY	194.05	178	0	0			42.00
43.00	SNF NON CERTIFIED	194.07	532	0	0			43.00
	TOTALS		71,405	0	0			
F - MEDICAL SUPPLY RECLASS								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45,148	0			1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	64,545	0			2.00
3.00	OPERATION OF PLANT	7.00	0	3,884	0			3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	117,002	0			4.00
5.00	HOUSEKEEPING	9.00	0	100,910	0			5.00
6.00	DIETARY	10.00	0	14,427	0			6.00
7.00	NURSING ADMINISTRATION	13.00	0	37,349	0			7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,105,699	0			8.00
9.00	PHARMACY	15.00	0	145,184	0			9.00
10.00	SOCIAL SERVICE	17.00	0	739	0			10.00
11.00	ADULTS & PEDIATRICS	30.00	0	896,303	0			11.00
12.00	INTENSIVE CARE UNIT	31.00	0	593,476	0			12.00
13.00	ENDOSCOPY	50.01	0	549,724	0			13.00
14.00	RECOVERY ROOM	51.00	0	217,729	0			14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	35,925	0			15.00
16.00	ANESTHESIOLOGY	53.00	0	262,467	0			16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	876,639	0			17.00
18.00	RADIATION-ONCOLOGY	54.01	0	43,236	0			18.00
19.00	NUCLEAR MEDICINE	56.01	0	31,370	0			19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	2,031,502	0			20.00
21.00	LABORATORY	60.00	0	421,405	0			21.00
22.00	INTRAVENOUS THERAPY	64.00	0	293,463	0			22.00
23.00	RESPIRATORY THERAPY	65.00	0	275,547	0			23.00
24.00	PHYSICAL THERAPY	66.00	0	228,529	0			24.00
25.00	OCCUPATIONAL THERAPY	67.00	0	7,967	0			25.00
26.00	SPEECH PATHOLOGY	68.00	0	2,490	0			26.00
27.00	ELECTROCARDIOLOGY	69.00	0	213,851	0			27.00
28.00	CARDIAC REHAB	69.01	0	12,819	0			28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,275	0			29.00
30.00	ULTRA SOUND	73.01	0	33,918	0			30.00
31.00	CLINIC	90.00	0	3,663	0			31.00
32.00	EMERGENCY	91.00	0	700,621	0			32.00
	TOTALS		0	9,372,806	0			
G - HEALTH INSURANCE RECLASS								
1.00	PHYSICAL THERAPY	66.00	0	887	0			1.00
	TOTALS		0	887	0			
H - CHILDBIRTH CENTER RECLASS								
1.00	ADULTS & PEDIATRICS	30.00	4,276,740	703,601	0			1.00
2.00		0.00	0	0	0			2.00
	TOTALS		4,276,740	703,601	0			
I - MEDICAL DIRECTOR RECLASS								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	178,147	0	0			1.00
2.00	SCHOOL & TOWN CLINICS	194.04	6,038	0	0			2.00
	TOTALS		184,185	0	0			
J - INTEREST EXPENSE RECLASS								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,798,216	11			1.00
2.00	NURSING ADMINISTRATION	13.00	0	46,285	0			2.00
	TOTALS		0	3,844,501	11			
K - EMS EDUCATION RECLASS								
1.00	EMERGENCY	91.00	114,743	79,155	0			1.00
	TOTALS		114,743	79,155	0			
500.00	Grand Total: Decreases		6,075,076	54,131,825				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0005

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

Worksheet A-7
Part I
Date/Time Prepared:
5/26/2022 12:56 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	18,926,206	401,594	0	401,594	0	1.00
2.00	Land Improvements	9,993,537	168,097	0	168,097	0	2.00
3.00	Buildings and Fixtures	297,514,437	3,313,984	0	3,313,984	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	144,853,391	9,028,851	0	9,028,851	0	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	471,287,571	12,912,526	0	12,912,526	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	471,287,571	12,912,526	0	12,912,526	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	19,327,800	0				1.00
2.00	Land Improvements	10,161,634	0				2.00
3.00	Buildings and Fixtures	300,828,421	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	153,882,242	0				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	484,200,097	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	484,200,097	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0005

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

Worksheet A-7
Part II
Date/Time Prepared:
5/26/2022 12:56 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	NEW CAP REL COSTS-BLDG & FIXT	24,721,269	0	0	0	0	1.00
3.00	Total (sum of lines 1-2)	24,721,269	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	NEW CAP REL COSTS-BLDG & FIXT	0	24,721,269				1.00
3.00	Total (sum of lines 1-2)	0	24,721,269				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0005

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

Worksheet A-7
Part III
Date/Time Prepared:
5/26/2022 12:56 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	NEW CAP REL COSTS-BLDG & FIXT	484,200,097	0	484,200,097	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	484,200,097	0	484,200,097	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	24,794,644	0	1.00
3.00	Total (sum of lines 1-2)	0	0	0	24,794,644	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,119,888	0	0	0	27,914,532	1.00
3.00	Total (sum of lines 1-2)	3,119,888	0	0	0	27,914,532	3.00

Line #	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		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-724,613	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	2.00		2.00
3.00	Investment income - other (chapter 2)		0		0.00		3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00		4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00		5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00		6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00		7.00
8.00	Television and radio service (chapter 21)		0		0.00		8.00
9.00	Parking lot (chapter 21)		0		0.00		9.00
10.00	Provider-based physician adjustment	A-8-2	-20,101,730				10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00		11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0				12.00
13.00	Laundry and linen service		0		0.00		13.00
14.00	Cafeteria-employees and guests	B	-937,573	CAFETERIA	11.00		14.00
15.00	Rental of quarters to employees and others		0		0.00		15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00		16.00
17.00	Sale of drugs to other than patients		0		0.00		17.00
18.00	Sale of medical records and abstracts		0		0.00		18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	-41,941	PARAMED ED PRGM-EMS	23.00		19.00
20.00	Vending machines		0		0.00		20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		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 - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00		26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00		27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00		29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0005

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

Worksheet A-8

Date/Time Prepared:
5/26/2022 12:56 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	
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	32.00
33.00 1993 CARRYFORWARD	A	70,087		NEW CAP REL COSTS-BLDG & FIXT	1.00	33.00
33.01 1994 CARRYFORWARD	A	3,288		NEW CAP REL COSTS-BLDG & FIXT	1.00	33.01
33.02 ADMINITTING TELEPHONE (EQUIPMENT)	A	-2,028		ADMINISTRATIVE & GENERAL	5.00	33.02
33.03 ADMINITTING TELEPHONE (SALARY)	A	-22,717		ADMINISTRATIVE & GENERAL	5.00	33.03
33.04 MARKETING DEPARTMENT	A	-2,924,432		ADMINISTRATIVE & GENERAL	5.00	33.04
33.05 PHYSICIAN RECRUITMENT	A	-65,510		ADMINISTRATIVE & GENERAL	5.00	33.05
33.06 IHA LOBBYING EXPENSE	A	-9,419		ADMINISTRATIVE & GENERAL	5.00	33.06
33.07 AHA LOBBYING EXPENSE	A	-7,351		ADMINISTRATIVE & GENERAL	5.00	33.07
33.08 HOSPITAL ASSESSMENT FEE	A	-4,649,318		ADMINISTRATIVE & GENERAL	5.00	33.08
33.09 HIP ASSESSMENT FEE	A	-5,602,330		ADMINISTRATIVE & GENERAL	5.00	33.09
33.10 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	33.10
33.11 MISC INCOME	B	-98,290		EMPLOYEE BENEFITS DEPARTMENT	4.00	33.11
33.12 MISC INCOME	B	-964,594		ADMINISTRATIVE & GENERAL	5.00	33.12
33.13 MISC INCOME	B	-79,967		OPERATION OF PLANT	7.00	33.13
33.14 MISC INCOME	B	-211		LAUNDRY & LINEN SERVICE	8.00	33.14
33.15 MISC INCOME	B	-1,032		HOUSEKEEPING	9.00	33.15
33.16 MISC INCOME	B	-14,946		NURSING ADMINISTRATION	13.00	33.16
33.17 MISC INCOME	B	-4,517		CENTRAL SERVICES & SUPPLY	14.00	33.17
33.18 MISC INCOME	B	-37,709		PHARMACY	15.00	33.18
33.19 MISC INCOME	B	-945		MEDICAL RECORDS & LIBRARY	16.00	33.19
33.20 MISC INCOME	B	-353		SOCIAL SERVICE	17.00	33.20
33.21 MISC INCOME	B	-8,748		ADULTS & PEDIATRICS	30.00	33.21
33.22 MISC INCOME	B	-246		INTENSIVE CARE UNIT	31.00	33.22
33.23 MISC INCOME	B	-575		OPERATING ROOM	50.00	33.23
33.24 MISC INCOME	B	-166		ENDOSCOPY	50.01	33.24
33.25 MISC INCOME	B	-390		RECOVERY ROOM	51.00	33.25
33.26 MISC INCOME	B	-201		ANESTHESIOLOGY	53.00	33.26
33.27 MISC INCOME	B	-438		RADIOLOGY-DIAGNOSTIC	54.00	33.27
33.28 MISC INCOME	B	-500		RADIATION-ONCOLOGY	54.01	33.28
33.29 MISC INCOME	B	-247		NUCLEAR MEDICINE	56.01	33.29
33.30 MISC INCOME	B	-294		CARDIAC CATHETERIZATION	59.00	33.30
33.31 MISC INCOME	B	-249,429		LABORATORY	60.00	33.31
33.32 MISC INCOME	B	-14,401		INTRAVENOUS THERAPY	64.00	33.32
33.33 MISC INCOME	B	-779		RESPIRATORY THERAPY	65.00	33.33
33.34 MISC INCOME	B	-120,046		PHYSICAL THERAPY	66.00	33.34
33.35 MISC INCOME	B	-48,107		OCCUPATIONAL THERAPY	67.00	33.35
33.36 MISC INCOME	B	-22		SPEECH PATHOLOGY	68.00	33.36
33.37 MISC INCOME	B	-374		ELECTROCARDIOLOGY	69.00	33.37
33.38 MISC INCOME	B	-172		CARDIAC REHAB	69.01	33.38
33.39 MISC INCOME	B	-70		ELECTROENCEPHALOGRAPHY	70.00	33.39
33.40 MISC INCOME	B	-119		ULTRA SOUND	73.01	33.40
33.41 MISC INCOME	B	-932		EMERGENCY	91.00	33.41
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-36,664,407				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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0005

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

Worksheet A-8-2

Date/Time Prepared:
5/26/2022 12:56 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	444,110	5,674	438,436	211,500	4,417	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	346,892	0	346,892	211,500	1,866	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	211,500	0	3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	211,500	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	4,439,818	4,439,818	0	211,500	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	185,767	185,767	0	211,500	0	6.00
7.00	50.00	OPERATING ROOM	401	401	0	246,400	0	7.00
8.00	53.00	ANESTHESIOLOGY	8,353,091	8,353,091	0	239,400	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	122,916	122,916	0	271,900	0	9.00
10.00	60.00	LABORATORY	86,902	86,902	0	260,300	0	10.00
11.00	65.00	RESPIRATORY THERAPY	0	0	0	211,500	0	11.00
12.00	66.00	PHYSICAL THERAPY	664,133	664,133	-1	211,500	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	186,265	186,265	0	211,500	0	13.00
14.00	90.00	CLINIC	363	363	0	211,500	0	14.00
15.00	91.00	EMERGENCY	5,899,247	5,899,247	0	211,500	0	15.00
200.00			20,729,905	19,944,577	785,327		6,283	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	449,133	22,457	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	189,740	9,487	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	60.00	LABORATORY	0	0	0	0	0	10.00
11.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	11.00
12.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	13.00
14.00	90.00	CLINIC	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	0	0	0	0	0	15.00
200.00			638,873	31,944	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	449,133	0	5,674		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	189,740	157,152	157,152		2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	0		3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	0		4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	4,439,818		5.00
6.00	31.00	INTENSIVE CARE UNIT	0	0	0	185,767		6.00
7.00	50.00	OPERATING ROOM	0	0	0	401		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	8,353,091		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	122,916		9.00
10.00	60.00	LABORATORY	0	0	0	86,902		10.00
11.00	65.00	RESPIRATORY THERAPY	0	0	0	0		11.00
12.00	66.00	PHYSICAL THERAPY	0	0	0	664,134		12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	186,265		13.00
14.00	90.00	CLINIC	0	0	0	363		14.00
15.00	91.00	EMERGENCY	0	0	0	5,899,247		15.00
200.00			0	638,873	157,152	20,101,730		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0005

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 12:56 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADM NI STRATI V E & GENERAL	
		NEW BLDG & FIXT				
	0	1.00	4.00	4A	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	27,914,532	27,914,532			1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	27,274,846	359,378	27,634,224		4.00
5.00 00500	ADM NI STRATI V E & GENERAL	41,951,769	1,966,593	2,528,475	46,446,837	5.00
7.00 00700	OPERATION OF PLANT	13,235,638	3,735,230	452,810	17,423,678	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	36,666	307,825	56,585	401,076	8.00
9.00 00900	HOUSEKEEPING	3,842,954	144,366	481,161	4,468,481	9.00
10.00 01000	DI ETARY	1,028,966	542,125	95,569	1,666,660	10.00
11.00 01100	CAFETERIA	1,572,826	96,276	229,938	1,899,040	11.00
13.00 01300	NURSI NG ADM NI STRATI ON	7,053,587	280,221	800,908	8,134,716	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,634,545	523,322	185,175	2,343,042	14.00
15.00 01500	PHARMACY	3,709,320	221,258	446,790	4,377,368	15.00
16.00 01600	MEDI CAL RECORDS & LIBRARY	1,324,730	175,660	80,774	1,581,164	16.00
17.00 01700	SOCI AL SERVI CE	2,224,140	30,291	320,144	2,574,575	17.00
23.00 02300	PARAM ED PRGM-EMS	151,957	64,659	18,484	235,100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDI ATRI CS	12,648,730	2,465,515	2,438,633	17,552,878	30.00
31.00 03100	INTENSIVE CARE UNIT	3,602,882	285,140	463,520	4,351,542	31.00
43.00 04300	NURSERY	1,778,431	53,979	245,997	2,078,407	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	15,992,544	726,878	447,120	17,166,542	50.00
50.01 05001	ENDOSCOPY	1,272,615	503,096	180,360	1,956,071	50.01
51.00 05100	RECOVERY ROOM	1,846,905	887,069	270,808	3,004,782	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,201,576	355,429	442,655	3,999,660	52.00
53.00 05300	ANESTHESIOLOGY	-202,238	0	1,201,705	999,467	53.00
54.00 05400	RADIOLOGY-DI AGNOSTIC	8,336,787	1,110,139	1,054,760	10,501,686	54.00
54.01 05401	RADIATI ON-ONCOLOGY	2,495,209	414,360	143,731	3,053,300	54.01
56.00 05600	RADIO SOTOPE	0	0	0	0	56.00
56.01 05601	NUCLEAR MEDICINE	571,066	17,055	45,220	633,341	56.01
59.00 05900	CARDI AC CATHETERI ZATI ON	972,445	308,505	107,648	1,388,598	59.00
60.00 06000	LABORATORY	10,373,416	462,774	595,663	11,431,853	60.00
64.00 06400	INTRAVENOUS THERAPY	1,460,543	227,180	236,575	1,924,298	64.00
65.00 06500	RESPI RATORY THERAPY	3,880,946	370,834	430,867	4,682,647	65.00
66.00 06600	PHYSI CAL THERAPY	7,832,222	791,310	1,112,426	9,735,958	66.00
67.00 06700	OCCUPATI ONAL THERAPY	566,965	232,714	87,429	887,108	67.00
68.00 06800	SPEECH PATHOLOGY	386,820	76,859	57,184	520,863	68.00
69.00 06900	ELECTROCARDIOLOGY	1,137,725	135,466	159,661	1,432,852	69.00
69.01 06901	CARDI AC REHAB	789,676	158,573	116,679	1,064,928	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	98,224	86,794	14,617	199,635	70.00
71.00 07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATI ENT	10,998,901	0	0	10,998,901	72.00
73.00 07300	DRUGS CHARGED TO PATI ENTS	27,345,652	0	0	27,345,652	73.00
73.01 07301	ULTRA SOUND	632,597	22,071	94,334	749,002	73.01
74.00 07400	RENAL DI ALYSI S	479,380	0	50	479,430	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINI C	4,737,389	660,795	253,986	5,652,170	90.00
91.00 09100	EMERGENCY	7,741,679	1,058,522	1,905,257	10,705,458	91.00
92.00 09200	OBSERVATI ON BEDS (NON-DI STI NCT PART)				0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	263,935,563	19,858,261	17,803,698	246,048,766	118.00
NONREIMBURSABLE COST CENTERS						
192.00 19200	PHYSI CI ANS' PRI VATE OFFICES	71,831,605	6,571,837	8,364,151	86,767,593	192.00
192.01 19201	HEALTH TRACKS	4,260,077	431,544	543,364	5,234,985	192.01
194.00 07950	PRIMARY CARE CLINIC	2,625,149	361,902	232,541	3,219,592	194.00
194.01 07951	PARTNERS IN CARE	3,451	0	0	3,451	194.01
194.02 07952	OCCUPATI ONAL MEDI CI NE	1,095,448	140,741	85,621	1,321,810	194.02
194.03 07953	FOUNDATI ON	134,114	25,080	19,328	178,522	194.03
194.04 07954	SCHOOL & TOWN CLINI CS	2,817,823	37,151	310,963	3,165,937	194.04
194.05 07955	MANAGED FACI LITI Y	624,451	0	68,772	693,223	194.05
194.06 07956	RENTAL PROPERTI ES	99,154	60,193	0	159,347	194.06
194.07 07957	SNF NON CERTI FIED	1,543,175	427,823	205,786	2,176,784	194.07
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	348,970,010	27,914,532	27,634,224	348,970,010	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0005

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 12:56 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	20,098,770				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	462,654			8.00	
9.00	00900	HOUSEKEEPING	261,911	0	5,416,447		9.00	
10.00	01000	DIETARY	1,027,526	0	27,651	2,977,723	10.00	
11.00	01100	CAFETERIA	182,479	0	119,819	0	11.00	
13.00	01300	NURSING ADMINISTRATION	531,122	0	27,651	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	950,302	0	9,217	0	14.00	
15.00	01500	PHARMACY	419,365	519	18,434	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	332,940	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	3,072	0	17.00	
23.00	02300	PARAMED ED PRGM-EMS	122,552	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,316,504	108,233	918,614	2,046,776	30.00	
31.00	03100	INTENSIVE CARE UNIT	540,445	31,957	328,735	383,971	31.00	
43.00	04300	NURSERY	102,311	10,785	12,289	278,471	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,377,702	15,438	224,277	0	50.00	
50.01	05001	ENDOSCOPY	953,553	23,035	116,747	0	50.01	
51.00	05100	RECOVERY ROOM	1,681,323	32,475	110,602	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	673,670	19,408	153,614	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	6,145	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,067,334	55,311	368,675	0	54.00	
54.01	05401	RADIATION-ONCOLOGY	0	3,716	95,241	0	54.01	
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00	
56.01	05601	NUCLEAR MEDICINE	32,325	0	9,217	0	56.01	
59.00	05900	CARDIAC CATHETERIZATION	584,731	0	61,446	0	59.00	
60.00	06000	LABORATORY	676,369	4,784	255,000	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	204,070	37	43,012	0	64.00	
65.00	06500	RESPIRATORY THERAPY	629,200	0	43,012	0	65.00	
66.00	06600	PHYSICAL THERAPY	468,925	25,578	503,856	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	26,559	0	46,084	0	67.00	
68.00	06800	SPEECH PATHOLOGY	145,677	0	18,434	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	256,759	7,150	49,157	0	69.00	
69.01	06901	CARDIAC REHAB	181,314	66	73,735	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	164,507	475	43,012	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
73.01	07301	ULTRA SOUND	41,832	0	9,217	0	73.01	
74.00	07400	RENAL DIALYSIS	0	68	12,289	0	74.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	19,006	233,494	0	90.00	
91.00	09100	EMERGENCY	1,264,534	72,426	497,711	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	19,217,841	430,467	4,439,459	2,709,218	2,449,529	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	70,047	16,749	672,831	0	0	192.00
192.01	19201	HEALTH TRACKS	0	3,290	135,181	0	0	192.01
194.00	07950	PRIMARY CARE CLINIC	0	2,394	95,241	0	0	194.00
194.01	07951	PARTNERS IN CARE	0	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	516	64,518	0	0	194.02
194.03	07953	FOUNDATION	0	0	3,072	0	0	194.03
194.04	07954	SCHOOL & TOWN CLINICS	0	226	6,145	0	0	194.04
194.05	07955	MANAGED FACILITY	0	0	0	0	0	194.05
194.06	07956	RENTAL PROPERTIES	0	0	0	0	0	194.06
194.07	07957	SNF NON CERTIFIED	810,882	9,012	0	268,505	43,372	194.07
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)	20,098,770	462,654	5,416,447	2,977,723	2,492,901	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0005

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 12:56 pm

Cost Center Description		NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	10,071,659					13.00
14.00	01400	0	3,724,379				14.00
15.00	01500	0	0	5,571,004			15.00
16.00	01600	0	0	0	2,182,625		16.00
17.00	01700	0	0	0	0	3,040,383	17.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,471,255	0	0	161,635	1,508,365	30.00
31.00	03100	506,249	0	0	60,099	282,932	31.00
43.00	04300	343,645	0	0	40,898	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	657,360	3,724,379	0	416,864	937,345	50.00
50.01	05001	242,575	0	0	71,772	0	50.01
51.00	05100	331,896	0	0	68,365	0	51.00
52.00	05200	618,385	0	0	73,596	0	52.00
53.00	05300	432,882	0	0	0	0	53.00
54.00	05400	1,402,813	0	0	72,268	0	54.00
54.01	05401	0	0	0	124,198	0	54.01
56.00	05600	0	0	0	0	0	56.00
56.01	05601	57,429	0	0	0	0	56.01
59.00	05900	148,313	0	0	175,431	0	59.00
60.00	06000	0	0	0	343,347	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	565,512	0	0	95,517	0	65.00
66.00	06600	0	0	0	54,501	0	66.00
67.00	06700	0	0	0	9,085	0	67.00
68.00	06800	0	0	0	5,901	0	68.00
69.00	06900	323,492	0	0	48,542	0	69.00
69.01	06901	162,134	0	0	5,556	0	69.01
70.00	07000	0	0	0	0	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	5,571,004	0	0	73.00
73.01	07301	0	0	0	0	0	73.01
74.00	07400	60	0	0	1,535	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	1,529,625	0	0	353,515	311,741	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		9,793,625	3,724,379	5,571,004	2,182,625	3,040,383	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	278,034	0	0	0	0	194.07
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		10,071,659	3,724,379	5,571,004	2,182,625	3,040,383	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 5/26/2022 12:56 pm
Cost Center Description	PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	23.00	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS				
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00 00500	ADMINISTRATIVE & GENERAL			5.00
7.00 00700	OPERATION OF PLANT			7.00
8.00 00800	LAUNDRY & LINEN SERVICE			8.00
9.00 00900	HOUSEKEEPING			9.00
10.00 01000	DIETARY			10.00
11.00 01100	CAFETERIA			11.00
13.00 01300	NURSING ADMINISTRATION			13.00
14.00 01400	CENTRAL SERVICES & SUPPLY			14.00
15.00 01500	PHARMACY			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY			16.00
17.00 01700	SOCIAL SERVICE			17.00
23.00 02300	PARAMED ED PRGM-EMS	414,739		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000	ADULTS & PEDIATRICS	0	32,164,699	30.00
31.00 03100	INTENSIVE CARE UNIT	0	7,233,004	31.00
43.00 04300	NURSERY	0	3,239,516	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	0	27,258,067	50.00
50.01 05001	ENDOSCOPY	0	3,701,913	50.01
51.00 05100	RECOVERY ROOM	0	5,742,548	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	6,248,875	52.00
53.00 05300	ANESTHESIOLOGY	0	1,659,472	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	15,299,267	54.00
54.01 05401	RADIATION-ONCOLOGY	0	3,779,403	54.01
56.00 05600	RADIOISOTOPE	0	0	56.00
56.01 05601	NUCLEAR MEDICINE	0	838,509	56.01
59.00 05900	CARDIAC CATHETERIZATION	0	2,594,849	59.00
60.00 06000	LABORATORY	0	14,641,832	60.00
64.00 06400	INTRAVENOUS THERAPY	0	2,511,785	64.00
65.00 06500	RESPIRATORY THERAPY	0	6,823,042	65.00
66.00 06600	PHYSICAL THERAPY	0	12,531,565	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	1,122,995	67.00
68.00 06800	SPEECH PATHOLOGY	0	782,257	68.00
69.00 06900	ELECTROCARDIOLOGY	0	2,388,405	69.00
69.01 06901	CARDIAC REHAB	0	1,676,526	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	442,118	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	12,687,584	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	37,115,089	73.00
73.01 07301	ULTRA SOUND	0	933,413	73.01
74.00 07400	RENAL DIALYSIS	0	566,999	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000	CLINIC	0	6,772,459	90.00
91.00 09100	EMERGENCY	414,739	17,011,004	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	92.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	414,739	227,767,195	118.00
NONREIMBURSABLE COST CENTERS				
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	100,848,673	192.00
192.01 19201	HEALTH TRACKS	0	6,177,194	192.01
194.00 07950	PRIMARY CARE CLINIC	0	3,811,537	194.00
194.01 07951	PARTNERS IN CARE	0	3,981	194.01
194.02 07952	OCCUPATIONAL MEDICINE	0	1,589,784	194.02
194.03 07953	FOUNDATION	0	209,003	194.03
194.04 07954	SCHOOL & TOWN CLINICS	0	3,658,381	194.04
194.05 07955	MANAGED FACILITY	0	799,655	194.05
194.06 07956	RENTAL PROPERTIES	0	183,812	194.06
194.07 07957	SNF NON CERTIFIED	0	3,920,795	194.07
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	414,739	348,970,010	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/26/2022 12:56 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
		0	1.00				
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	359,378	359,378	359,378	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,966,593	1,966,593	32,884	1,999,477
7.00	00700	OPERATION OF PLANT	0	3,735,230	3,735,230	5,889	115,153
8.00	00800	LAUNDRY & LINEN SERVICE	0	307,825	307,825	736	2,651
9.00	00900	HOUSEKEEPING	0	144,366	144,366	6,258	29,532
10.00	01000	DIETARY	0	542,125	542,125	1,243	11,015
11.00	01100	CAFETERIA	0	96,276	96,276	2,990	12,551
13.00	01300	NURSING ADMINISTRATION	0	280,221	280,221	10,416	53,762
14.00	01400	CENTRAL SERVICES & SUPPLY	0	523,322	523,322	2,408	15,485
15.00	01500	PHARMACY	0	221,258	221,258	5,811	28,930
16.00	01600	MEDICAL RECORDS & LIBRARY	0	175,660	175,660	1,050	10,450
17.00	01700	SOCIAL SERVICE	0	30,291	30,291	4,164	17,015
23.00	02300	PARAMED ED PRGM-EMS	0	64,659	64,659	240	1,554
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	2,465,515	2,465,515	31,715	116,007
31.00	03100	INTENSIVE CARE UNIT	0	285,140	285,140	6,028	28,759
43.00	04300	NURSERY	0	53,979	53,979	3,199	13,736
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	726,878	726,878	5,815	113,454
50.01	05001	ENDOSCOPY	0	503,096	503,096	2,346	12,928
51.00	05100	RECOVERY ROOM	0	887,069	887,069	3,522	19,859
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	355,429	355,429	5,757	26,434
53.00	05300	ANESTHESIOLOGY	0	0	0	15,629	6,605
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,110,139	1,110,139	13,717	69,406
54.01	05401	RADIATION-ONCOLOGY	0	414,360	414,360	1,869	20,179
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	05601	NUCLEAR MEDICINE	0	17,055	17,055	588	4,186
59.00	05900	CARDIAC CATHETERIZATION	0	308,505	308,505	1,400	9,177
60.00	06000	LABORATORY	0	462,774	462,774	7,747	75,553
64.00	06400	INTRAVENOUS THERAPY	0	227,180	227,180	3,077	12,718
65.00	06500	RESPIRATORY THERAPY	0	370,834	370,834	5,604	30,948
66.00	06600	PHYSICAL THERAPY	0	791,310	791,310	14,467	64,345
67.00	06700	OCCUPATIONAL THERAPY	0	232,714	232,714	1,137	5,863
68.00	06800	SPEECH PATHOLOGY	0	76,859	76,859	744	3,442
69.00	06900	ELECTROCARDIOLOGY	0	135,466	135,466	2,076	9,470
69.01	06901	CARDIAC REHAB	0	158,573	158,573	1,517	7,038
70.00	07000	ELECTROENCEPHALOGRAPHY	0	86,794	86,794	190	1,319
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72,692
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	180,727
73.01	07301	ULTRA SOUND	0	22,071	22,071	1,227	4,950
74.00	07400	RENAL DIALYSIS	0	0	0	1	3,169
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	660,795	660,795	3,303	37,355
91.00	09100	EMERGENCY	0	1,058,522	1,058,522	24,778	70,752
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	19,858,261	19,858,261	231,542	1,319,169
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,571,837	6,571,837	108,766	573,548
192.01	19201	HEALTH TRACKS	0	431,544	431,544	7,067	34,598
194.00	07950	PRIMARY CARE CLINIC	0	361,902	361,902	3,024	21,278
194.01	07951	PARTNERS IN CARE	0	0	0	0	23
194.02	07952	OCCUPATIONAL MEDICINE	0	140,741	140,741	1,114	8,736
194.03	07953	FOUNDATION	0	25,080	25,080	251	1,180
194.04	07954	SCHOOL & TOWN CLINICS	0	37,151	37,151	4,044	20,924
194.05	07955	MANAGED FACILITY	0	0	0	894	4,582
194.06	07956	RENTAL PROPERTIES	0	60,193	60,193	0	1,053
194.07	07957	SNF NON CERTIFIED	0	427,823	427,823	2,676	14,386
200.00		Cross Foot Adjustments		0	0		200.00
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	0	27,914,532	27,914,532	359,378	1,999,477

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0005		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/26/2022 12:56 pm	
Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	3,856,272					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	311,212				8.00
9.00	00900	HOUSEKEEPING	50,252	0	230,408			9.00
10.00	01000	DIETARY	197,147	0	1,176	752,706		10.00
11.00	01100	CAFETERIA	35,012	0	5,097	0	151,926	11.00
13.00	01300	NURSING ADMINISTRATION	101,904	0	1,176	0	7,876	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	182,331	0	392	0	3,784	14.00
15.00	01500	PHARMACY	80,462	349	784	0	5,074	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	63,880	0	0	0	1,570	16.00
17.00	01700	SOCIAL SERVICE	0	0	131	0	4,111	17.00
23.00	02300	PARAMED ED PRGM-EMS	23,514	0	0	0	1,279	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	828,192	72,805	39,077	517,382	23,494	30.00
31.00	03100	INTENSIVE CARE UNIT	103,693	21,496	13,984	97,060	4,813	31.00
43.00	04300	NURSERY	19,630	7,254	523	70,392	3,267	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	264,334	10,385	9,540	0	6,250	50.00
50.01	05001	ENDOSCOPY	182,954	15,495	4,966	0	2,306	50.01
51.00	05100	RECOVERY ROOM	322,589	21,845	4,705	0	3,155	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	129,254	13,055	6,535	0	5,879	52.00
53.00	05300	ANESTHESIOLOGY	0	0	261	0	4,115	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	204,785	37,206	15,683	0	13,337	54.00
54.01	05401	RADIATION-ONCOLOGY	0	2,499	4,051	0	2,082	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	NUCLEAR MEDICINE	6,202	0	392	0	546	56.01
59.00	05900	CARDIAC CATHETERIZATION	112,190	0	2,614	0	1,410	59.00
60.00	06000	LABORATORY	129,772	3,218	10,847	0	10,685	60.00
64.00	06400	INTRAVENOUS THERAPY	39,154	25	1,830	0	2,738	64.00
65.00	06500	RESPIRATORY THERAPY	120,722	0	1,830	0	5,376	65.00
66.00	06600	PHYSICAL THERAPY	89,971	17,206	21,433	0	15,112	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,096	0	1,960	0	1,095	67.00
68.00	06800	SPEECH PATHOLOGY	27,950	0	784	0	696	68.00
69.00	06900	ELECTROCARDIOLOGY	49,263	4,810	2,091	0	3,075	69.00
69.01	06901	CARDIAC REHAB	34,788	44	3,137	0	1,541	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	31,563	319	1,830	0	234	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	ULTRA SOUND	8,026	0	392	0	1,119	73.01
74.00	07400	RENAL DIALYSIS	0	46	523	0	1	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	12,785	9,933	0	0	90.00
91.00	09100	EMERGENCY	242,621	48,719	21,172	0	13,263	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,687,251	289,561	188,849	684,834	149,283	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,440	11,266	28,621	0	0	192.00
192.01	19201	HEALTH TRACKS	0	2,213	5,750	0	0	192.01
194.00	07950	PRIMARY CARE CLINIC	0	1,611	4,051	0	0	194.00
194.01	07951	PARTNERS IN CARE	0	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	347	2,745	0	0	194.02
194.03	07953	FOUNDATION	0	0	131	0	0	194.03
194.04	07954	SCHOOL & TOWN CLINICS	0	152	261	0	0	194.04
194.05	07955	MANAGED FACILITY	0	0	0	0	0	194.05
194.06	07956	RENTAL PROPERTIES	0	0	0	0	0	194.06
194.07	07957	SNF NON CERTIFIED	155,581	6,062	0	67,872	2,643	194.07
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)	3,856,272	311,212	230,408	752,706	151,926	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/26/2022 12:56 pm
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Cost Center Description		NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	455,355					13.00
14.00	01400	0	727,722				14.00
15.00	01500	0	0	342,668			15.00
16.00	01600	0	0	0	252,610		16.00
17.00	01700	0	0	0	0	55,712	17.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	111,730	0	0	18,694	27,640	30.00
31.00	03100	22,888	0	0	6,951	5,184	31.00
43.00	04300	15,537	0	0	4,730	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	29,720	727,722	0	48,392	17,176	50.00
50.01	05001	10,967	0	0	8,301	0	50.01
51.00	05100	15,006	0	0	7,907	0	51.00
52.00	05200	27,958	0	0	8,512	0	52.00
53.00	05300	19,571	0	0	0	0	53.00
54.00	05400	63,423	0	0	8,358	0	54.00
54.01	05401	0	0	0	14,364	0	54.01
56.00	05600	0	0	0	0	0	56.00
56.01	05601	2,596	0	0	0	0	56.01
59.00	05900	6,705	0	0	20,289	0	59.00
60.00	06000	0	0	0	39,709	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	25,568	0	0	11,047	0	65.00
66.00	06600	0	0	0	6,303	0	66.00
67.00	06700	0	0	0	1,051	0	67.00
68.00	06800	0	0	0	682	0	68.00
69.00	06900	14,626	0	0	5,614	0	69.00
69.01	06901	7,330	0	0	643	0	69.01
70.00	07000	0	0	0	0	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	342,668	0	0	73.00
73.01	07301	0	0	0	0	0	73.01
74.00	07400	3	0	0	178	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	69,157	0	0	40,885	5,712	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00							118.00
SUBTOTALS (SUM OF LINES 1 through 117)		442,785	727,722	342,668	252,610	55,712	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	12,570	0	0	0	0	194.07
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00							202.00
TOTAL (sum lines 118 through 201)		455,355	727,722	342,668	252,610	55,712	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/26/2022 12:56 pm		
Cost Center	Description	PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
23.00	02300	PARAMED ED PRGM-EMS	91,246			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,252,251	0	4,252,251	30.00
31.00	03100	INTENSIVE CARE UNIT	595,996	0	595,996	31.00
43.00	04300	NURSERY	192,247	0	192,247	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,959,666	0	1,959,666	50.00
50.01	05001	ENDOSCOPY	743,359	0	743,359	50.01
51.00	05100	RECOVERY ROOM	1,285,657	0	1,285,657	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	578,813	0	578,813	52.00
53.00	05300	ANESTHESIOLOGY	46,181	0	46,181	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,536,054	0	1,536,054	54.00
54.01	05401	RADIATION-ONCOLOGY	459,404	0	459,404	54.01
56.00	05600	RADIOISOTOPE	0	0	0	56.00
56.01	05601	NUCLEAR MEDICINE	31,565	0	31,565	56.01
59.00	05900	CARDIAC CATHETERIZATION	462,290	0	462,290	59.00
60.00	06000	LABORATORY	740,305	0	740,305	60.00
64.00	06400	INTRAVENOUS THERAPY	286,722	0	286,722	64.00
65.00	06500	RESPIRATORY THERAPY	571,929	0	571,929	65.00
66.00	06600	PHYSICAL THERAPY	1,020,147	0	1,020,147	66.00
67.00	06700	OCCUPATIONAL THERAPY	248,916	0	248,916	67.00
68.00	06800	SPEECH PATHOLOGY	111,157	0	111,157	68.00
69.00	06900	ELECTROCARDIOLOGY	226,491	0	226,491	69.00
69.01	06901	CARDIAC REHAB	214,611	0	214,611	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	122,249	0	122,249	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72,692	0	72,692	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	523,395	0	523,395	73.00
73.01	07301	ULTRA SOUND	37,785	0	37,785	73.01
74.00	07400	RENAL DIALYSIS	3,921	0	3,921	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	724,171	0	724,171	90.00
91.00	09100	EMERGENCY	1,595,581	0	1,595,581	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	18,643,555	0	18,643,555
NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,307,478	0	7,307,478	192.00
192.01	19201	HEALTH TRACKS	481,172	0	481,172	192.01
194.00	07950	PRIMARY CARE CLINIC	391,866	0	391,866	194.00
194.01	07951	PARTNERS IN CARE	23	0	23	194.01
194.02	07952	OCCUPATIONAL MEDICINE	153,683	0	153,683	194.02
194.03	07953	FOUNDATION	26,642	0	26,642	194.03
194.04	07954	SCHOOL & TOWN CLINICS	62,532	0	62,532	194.04
194.05	07955	MANAGED FACILITY	5,476	0	5,476	194.05
194.06	07956	RENTAL PROPERTIES	61,246	0	61,246	194.06
194.07	07957	SNF NON CERTIFIED	689,613	0	689,613	194.07
200.00		Cross Foot Adjustments	91,246	0	91,246	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	91,246	27,914,532	0	27,914,532

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet B-1 Date/Time Prepared: 5/26/2022 12:56 pm		
Cost Center Description	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconci liatio n	ADMI NI STRATI V E & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEE)					
	1.00	4.00	5A	5.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	862,577				1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	11,105	171,546,908			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	60,769	15,696,235	-46,446,837	302,523,173	5.00
7.00 00700	OPERATION OF PLANT	115,421	2,810,945	0	17,423,678	327,675
8.00 00800	LAUNDRY & LINEN SERVICE	9,512	351,270	0	401,076	0
9.00 00900	HOUSEKEEPING	4,461	2,986,944	0	4,468,481	4,270
10.00 01000	DIETARY	16,752	593,272	0	1,666,660	16,752
11.00 01100	CAFETERIA	2,975	1,427,409	0	1,899,040	2,975
13.00 01300	NURSING ADMINISTRATION	8,659	4,971,869	0	8,134,716	8,659
14.00 01400	CENTRAL SERVICES & SUPPLY	16,171	1,149,527	0	2,343,042	15,493
15.00 01500	PHARMACY	6,837	2,773,576	0	4,377,368	6,837
16.00 01600	MEDICAL RECORDS & LIBRARY	5,428	501,426	0	1,581,164	5,428
17.00 01700	SOCIAL SERVICE	936	1,987,386	0	2,574,575	0
23.00 02300	PARAMED PRGM-EMS	1,998	114,743	0	235,100	1,998
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	76,186	15,138,512	0	17,552,878	70,373
31.00 03100	INTENSIVE CARE UNIT	8,811	2,877,433	0	4,351,542	8,811
43.00 04300	NURSERY	1,668	1,527,099	0	2,078,407	1,668
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	22,461	2,775,624	0	17,166,542	22,461
50.01 05001	ENDOSCOPY	15,546	1,119,634	0	1,956,071	15,546
51.00 05100	RECOVERY ROOM	27,411	1,681,118	0	3,004,782	27,411
52.00 05200	DELIVERY ROOM & LABOR ROOM	10,983	2,747,911	0	3,999,660	10,983
53.00 05300	ANESTHESIOLOGY	0	7,459,926	0	999,467	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	34,304	6,547,728	0	10,501,686	17,401
54.01 05401	RADIATION-ONCOLOGY	12,804	892,252	0	3,053,300	0
56.00 05600	RADIO SOTOPE	0	0	0	0	0
56.01 05601	NUCLEAR MEDICINE	527	280,718	0	633,341	527
59.00 05900	CARDIAC CATHETERIZATION	9,533	668,256	0	1,388,598	9,533
60.00 06000	LABORATORY	14,300	3,697,748	0	11,431,853	11,027
64.00 06400	INTRAVENOUS THERAPY	7,020	1,468,609	0	1,924,298	3,327
65.00 06500	RESPIRATORY THERAPY	11,459	2,674,730	0	4,682,647	10,258
66.00 06600	PHYSICAL THERAPY	24,452	6,905,705	0	9,735,958	7,645
67.00 06700	OCCUPATIONAL THERAPY	7,191	542,743	0	887,108	433
68.00 06800	SPEECH PATHOLOGY	2,375	354,985	0	520,863	2,375
69.00 06900	ELECTROCARDIOLOGY	4,186	991,139	0	1,432,852	4,186
69.01 06901	CARDIAC REHAB	4,900	724,317	0	1,064,928	2,956
70.00 07000	ELECTROENCEPHALOGRAPHY	2,682	90,737	0	199,635	2,682
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	10,998,901	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	27,345,652	0
73.01 07301	ULTRA SOUND	682	585,608	0	749,002	682
74.00 07400	RENAL DIALYSIS	0	308	0	479,430	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	20,419	1,576,692	0	5,652,170	0
91.00 09100	EMERGENCY	32,709	11,827,428	0	10,705,458	20,616
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	613,633	110,521,562	-46,446,837	199,601,929	313,313
NONREIMBURSABLE COST CENTERS						
192.00 19200	PHYSICIANS' PRIVATE OFFICES	203,074	51,922,397	0	86,767,593	1,142
192.01 19201	HEALTH TRACKS	13,335	3,373,091	0	5,234,985	0
194.00 07950	PRIMARY CARE CLINIC	11,183	1,443,563	0	3,219,592	0
194.01 07951	PARTNERS IN CARE	0	0	0	3,451	0
194.02 07952	OCCUPATIONAL MEDICINE	4,349	531,514	0	1,321,810	0
194.03 07953	FOUNDATION	775	119,986	0	178,522	0
194.04 07954	SCHOOL & TOWN CLINICS	1,148	1,930,394	0	3,165,937	0
194.05 07955	MANAGED FACILITY	0	426,923	0	693,223	0
194.06 07956	RENTAL PROPERTIES	1,860	0	0	159,347	0
194.07 07957	SNF NON CERTIFIED	13,220	1,277,478	0	2,176,784	13,220
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					
202.00	Cost to be allocated (per Wkst. B, Part I)	27,914,532	27,634,224		46,446,837	20,098,770
203.00	Unit cost multiplier (Wkst. B, Part I)	32.361786	0.161088		0.153532	61.337514
204.00	Cost to be allocated (per Wkst. B, Part II)		359,378		1,999,477	3,856,272

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0005

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 12:56 pm

Cost Center Description	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconci liatio n	ADMI NI STRATI V E & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEE)					
	1.00	4.00	5A	5.00	7.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.002095		0.006609	11.768588	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: 15-0005

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 12:56 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)		
		8.00	9.00	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	975,362				8.00	
9.00	00900	HOUSEKEEPING	0	1,763			9.00	
10.00	01000	DIETARY	0	9	25,995		10.00	
11.00	01100	CAFETERIA	0	39	0	1,872,990	11.00	
13.00	01300	NURSING ADMINISTRATION	0	9	0	97,095	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3	0	46,647	14.00	
15.00	01500	PHARMACY	1,094	6	0	62,550	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	19,356	16.00	
17.00	01700	SOCIAL SERVICE	0	1	0	50,682	17.00	
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	15,772	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	228,177	299	17,868	289,644	30.00	
31.00	03100	INTENSIVE CARE UNIT	67,371	107	3,352	59,335	31.00	
43.00	04300	NURSERY	22,736	4	2,431	40,277	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	32,547	73	0	77,046	50.00	
50.01	05001	ENDOSCOPY	48,562	38	0	28,431	50.01	
51.00	05100	RECOVERY ROOM	68,464	36	0	38,900	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	40,915	50	0	72,478	52.00	
53.00	05300	ANESTHESIOLOGY	0	2	0	50,736	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	116,605	120	0	164,417	54.00	
54.01	05401	RADIATION-ONCOLOGY	7,833	31	0	25,672	54.01	
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00	
56.01	05601	NUCLEAR MEDICINE	0	3	0	6,731	56.01	
59.00	05900	CARDIAC CATHETERIZATION	0	20	0	17,383	59.00	
60.00	06000	LABORATORY	10,086	83	0	131,726	60.00	
64.00	06400	INTRAVENOUS THERAPY	78	14	0	33,755	64.00	
65.00	06500	RESPIRATORY THERAPY	0	14	0	66,281	65.00	
66.00	06600	PHYSICAL THERAPY	53,924	164	0	186,304	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	15	0	13,494	67.00	
68.00	06800	SPEECH PATHOLOGY	0	6	0	8,575	68.00	
69.00	06900	ELECTROCARDIOLOGY	15,074	16	0	37,915	69.00	
69.01	06901	CARDIAC REHAB	139	24	0	19,003	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,001	14	0	2,884	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
73.01	07301	ULTRA SOUND	0	3	0	13,799	73.01	
74.00	07400	RENAL DIALYSIS	144	4	0	7	74.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	40,068	76	0	0	90.00	
91.00	09100	EMERGENCY	152,688	162	0	163,508	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	907,506	1,445	23,651	1,840,403	1,147,864	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	35,309	219	0	0	192.00	
192.01	19201	HEALTH TRACKS	6,935	44	0	0	192.01	
194.00	07950	PRIMARY CARE CLINIC	5,048	31	0	0	194.00	
194.01	07951	PARTNERS IN CARE	0	0	0	0	194.01	
194.02	07952	OCCUPATIONAL MEDICINE	1,087	21	0	0	194.02	
194.03	07953	FOUNDATION	0	1	0	0	194.03	
194.04	07954	SCHOOL & TOWN CLINICS	477	2	0	0	194.04	
194.05	07955	MANAGED FACILITY	0	0	0	0	194.05	
194.06	07956	RENTAL PROPERTIES	0	0	0	0	194.06	
194.07	07957	SNF NON CERTIFIED	19,000	0	2,344	32,587	194.07	
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)	462,654	5,416,447	2,977,723	2,492,901	10,071,659	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.474341	3,072.289847	114.549837	1.330974	8.532043	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	311,212	230,408	752,706	151,926	455,355	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.319073	130.690868	28.955799	0.081114	0.385747	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0005			Period: From 01/01/2021 To 12/31/2021		Worksheet B-1 Date/Time Prepared: 5/26/2022 12:56 pm	
Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATIO N (DIRECT NRSING HRS)		
		8.00	9.00	10.00	11.00	13.00		
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: 15-0005		Period: From 01/01/2021 To 12/31/2021		Worksheet B-1	
Date/Time Prepared: 5/26/2022 12:56 pm							
Cost Center	Description	CENTRAL SERVICES & SUPPLY (100% ALLOCATION)	PHARMACY (100% ALLOCATION)	MEDICAL RECORDS & LIBRARY (C)	SOCIAL SERVICE (TIME SPENT)	PARAMED ED PRGM-EMS (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500 ADMINISTRATIVE & GENERAL						5.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
10.00	01000 DIETARY						10.00
11.00	01100 CAFETERIA						11.00
13.00	01300 NURSING ADMINISTRATION						13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	100					14.00
15.00	01500 PHARMACY	0	100				15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	544,085,144			16.00
17.00	01700 SOCIAL SERVICE	0	0	0	30,078		17.00
23.00	02300 PARAMED ED PRGM-EMS	0	0	0	0	100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	0	0	40,287,778	14,922	0	30.00
31.00	03100 INTENSIVE CARE UNIT	0	0	14,979,901	2,799	0	31.00
43.00	04300 NURSERY	0	0	10,193,999	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	100	0	103,965,375	9,273	0	50.00
50.01	05001 ENDOSCOPY	0	0	17,889,347	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	17,040,190	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	18,343,957	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	18,012,886	0	0	54.00
54.01	05401 RADIOLOGY-ONCOLOGY	0	0	30,956,509	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 NUCLEAR MEDICINE	0	0	0	0	0	56.01
59.00	05900 CARDIAC CATHETERIZATION	0	0	43,726,533	0	0	59.00
60.00	06000 LABORATORY	0	0	85,579,936	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	23,807,776	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	13,584,417	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	2,264,489	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	1,470,743	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	12,099,314	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	1,384,824	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	100	0	0	0	73.00
73.01	07301 ULTRA SOUND	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	382,725	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	88,114,445	3,084	100	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	100	100	544,085,144	30,078	100	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HEALTH TRACKS	0	0	0	0	0	192.01
194.00	07950 PRIMARY CARE CLINIC	0	0	0	0	0	194.00
194.01	07951 PARTNERS IN CARE	0	0	0	0	0	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953 FOUNDATION	0	0	0	0	0	194.03
194.04	07954 SCHOOL & TOWN CLINICS	0	0	0	0	0	194.04
194.05	07955 MANAGED FACILITY	0	0	0	0	0	194.05
194.06	07956 RENTAL PROPERTIES	0	0	0	0	0	194.06
194.07	07957 SNF NON CERTIFIED	0	0	0	0	0	194.07
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)	3,724,379	5,571,004	2,182,625	3,040,383	414,739	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	37,243.790000	55,710.040000	0.004012	101.083283	4,147.390000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	727,722	342,668	252,610	55,712	91,246	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	7,277.220000	3,426.680000	0.000464	1.852251	912.460000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0005

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 12:56 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (100% ALLOCATION)	PHARMACY (100% ALLOCATION)	MEDICAL RECORDS & LIBRARY (C)	SOCIAL SERVICE (TIME SPENT)	PARAMED ED PRGM-EMS (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	23.00	
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						0 206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0005

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2022 12:56 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	Hospital		
					RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	32,164,699		32,164,699	0	32,164,699	30.00
31.00	03100 INTENSIVE CARE UNIT	7,233,004		7,233,004	0	7,233,004	31.00
43.00	04300 NURSERY	3,239,516		3,239,516	0	3,239,516	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	27,258,067		27,258,067	0	27,258,067	50.00
50.01	05001 ENDOSCOPY	3,701,913		3,701,913	0	3,701,913	50.01
51.00	05100 RECOVERY ROOM	5,742,548		5,742,548	0	5,742,548	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,248,875		6,248,875	0	6,248,875	52.00
53.00	05300 ANESTHESIOLOGY	1,659,472		1,659,472	0	1,659,472	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,299,267		15,299,267	0	15,299,267	54.00
54.01	05401 RADIOLOGY-ONCOLOGY	3,779,403		3,779,403	0	3,779,403	54.01
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
56.01	05601 NUCLEAR MEDICINE	838,509		838,509	0	838,509	56.01
59.00	05900 CARDIAC CATHETERIZATION	2,594,849		2,594,849	0	2,594,849	59.00
60.00	06000 LABORATORY	14,641,832		14,641,832	0	14,641,832	60.00
64.00	06400 INTRAVENOUS THERAPY	2,511,785		2,511,785	0	2,511,785	64.00
65.00	06500 RESPIRATORY THERAPY	6,823,042	0	6,823,042	0	6,823,042	65.00
66.00	06600 PHYSICAL THERAPY	12,531,565	0	12,531,565	0	12,531,565	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,122,995	0	1,122,995	0	1,122,995	67.00
68.00	06800 SPEECH PATHOLOGY	782,257	0	782,257	0	782,257	68.00
69.00	06900 ELECTROCARDIOLOGY	2,388,405		2,388,405	0	2,388,405	69.00
69.01	06901 CARDIAC REHAB	1,676,526		1,676,526	0	1,676,526	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	442,118		442,118	0	442,118	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	12,687,584		12,687,584	0	12,687,584	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	37,115,089		37,115,089	0	37,115,089	73.00
73.01	07301 ULTRA SOUND	933,413		933,413	0	933,413	73.01
74.00	07400 RENAL DIALYSIS	566,999		566,999	0	566,999	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	6,772,459		6,772,459	0	6,772,459	90.00
91.00	09100 EMERGENCY	17,011,004		17,011,004	0	17,011,004	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,044,128		6,044,128	0	6,044,128	92.00
200.00	Subtotal (see instructions)	233,811,323	0	233,811,323	0	233,811,323	200.00
201.00	Less Observation Beds	6,044,128		6,044,128	0	6,044,128	201.00
202.00	Total (see instructions)	227,767,195	0	227,767,195	0	227,767,195	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0005

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2022 12:56 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	34,793,393		34,793,393		30.00
31.00	03100	INTENSIVE CARE UNIT	13,964,114		13,964,114		31.00
43.00	04300	NURSERY	10,197,663		10,197,663		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	22,020,850	72,057,134	94,077,984	0.289739	50.00
50.01	05001	ENDOSCOPY	1,204,700	16,248,274	17,452,974	0.212108	50.01
51.00	05100	RECOVERY ROOM	1,987,939	15,052,167	17,040,106	0.337002	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,343,957	489,525	18,833,482	0.331796	52.00
53.00	05300	ANESTHESIOLOGY	4,739,541	19,497,408	24,236,949	0.068469	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,139,710	83,798,313	95,938,023	0.159470	54.00
54.01	05401	RADIATION-ONCOLOGY	200,329	29,880,164	30,080,493	0.125643	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.01	05601	NUCLEAR MEDICINE	646,385	8,599,026	9,245,411	0.090695	56.01
59.00	05900	CARDIAC CATHETERIZATION	12,700,832	24,039,352	36,740,184	0.070627	59.00
60.00	06000	LABORATORY	21,959,925	75,962,944	97,922,869	0.149524	60.00
64.00	06400	INTRAVENOUS THERAPY	199,827	25,529,796	25,729,623	0.097622	64.00
65.00	06500	RESPIRATORY THERAPY	14,834,288	9,862,732	24,697,020	0.276270	65.00
66.00	06600	PHYSICAL THERAPY	1,952,597	23,449,314	25,401,911	0.493332	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,171,662	2,077,092	3,248,754	0.345669	67.00
68.00	06800	SPEECH PATHOLOGY	525,447	1,596,026	2,121,473	0.368733	68.00
69.00	06900	ELECTROCARDIOLOGY	5,594,145	18,653,177	24,247,322	0.098502	69.00
69.01	06901	CARDIAC REHAB	22,884	2,746,419	2,769,303	0.605396	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	278,742	721,484	1,000,226	0.442018	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	7,240,596	20,697,567	27,938,163	0.454131	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,967,675	96,068,152	123,035,827	0.301661	73.00
73.01	07301	ULTRA SOUND	2,563,512	10,317,175	12,880,687	0.072466	73.01
74.00	07400	RENAL DIALYSIS	328,278	54,447	382,725	1.481479	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	22,833	39,078,537	39,101,370	0.173203	90.00
91.00	09100	EMERGENCY	20,547,914	98,534,887	119,082,801	0.142850	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	853,380	4,288,511	5,141,891	1.175468	92.00
200.00		Subtotal (see instructions)	238,003,118	699,299,623	937,302,741		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	238,003,118	699,299,623	937,302,741		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/26/2022 12:56 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.289739		50.00
50.01	05001 ENDOSCOPY	0.212108		50.01
51.00	05100 RECOVERY ROOM	0.337002		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.331796		52.00
53.00	05300 ANESTHESIOLOGY	0.068469		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.159470		54.00
54.01	05401 RADIOLOGY-ONCOLOGY	0.125643		54.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05601 NUCLEAR MEDICINE	0.090695		56.01
59.00	05900 CARDIAC CATHETERIZATION	0.070627		59.00
60.00	06000 LABORATORY	0.149524		60.00
64.00	06400 INTRAVENOUS THERAPY	0.097622		64.00
65.00	06500 RESPIRATORY THERAPY	0.276270		65.00
66.00	06600 PHYSICAL THERAPY	0.493332		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.345669		67.00
68.00	06800 SPEECH PATHOLOGY	0.368733		68.00
69.00	06900 ELECTROCARDIOLOGY	0.098502		69.00
69.01	06901 CARDIAC REHAB	0.605396		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.442018		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.454131		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.301661		73.00
73.01	07301 ULTRA SOUND	0.072466		73.01
74.00	07400 RENAL DIALYSIS	1.481479		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.173203		90.00
91.00	09100 EMERGENCY	0.142850		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.175468		92.00
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: 15-0005

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2022 12:56 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	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		32,164,699	0	32,164,699	30.00
31.00	03100	INTENSIVE CARE UNIT		7,233,004	0	7,233,004	31.00
43.00	04300	NURSERY		3,239,516	0	3,239,516	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		27,258,067	0	27,258,067	50.00
50.01	05001	ENDOSCOPY		3,701,913	0	3,701,913	50.01
51.00	05100	RECOVERY ROOM		5,742,548	0	5,742,548	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		6,248,875	0	6,248,875	52.00
53.00	05300	ANESTHESIOLOGY		1,659,472	0	1,659,472	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		15,299,267	0	15,299,267	54.00
54.01	05401	RADIATION-ONCOLOGY		3,779,403	0	3,779,403	54.01
56.00	05600	RADIOISOTOPE		0	0	0	56.00
56.01	05601	NUCLEAR MEDICINE		838,509	0	838,509	56.01
59.00	05900	CARDIAC CATHETERIZATION		2,594,849	0	2,594,849	59.00
60.00	06000	LABORATORY		14,641,832	0	14,641,832	60.00
64.00	06400	INTRAVENOUS THERAPY		2,511,785	0	2,511,785	64.00
65.00	06500	RESPIRATORY THERAPY	0	6,823,042	0	6,823,042	65.00
66.00	06600	PHYSICAL THERAPY	0	12,531,565	0	12,531,565	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,122,995	0	1,122,995	67.00
68.00	06800	SPEECH PATHOLOGY	0	782,257	0	782,257	68.00
69.00	06900	ELECTROCARDIOLOGY		2,388,405	0	2,388,405	69.00
69.01	06901	CARDIAC REHAB		1,676,526	0	1,676,526	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		442,118	0	442,118	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		12,687,584	0	12,687,584	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		37,115,089	0	37,115,089	73.00
73.01	07301	ULTRA SOUND		933,413	0	933,413	73.01
74.00	07400	RENAL DIALYSIS		566,999	0	566,999	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		6,772,459	0	6,772,459	90.00
91.00	09100	EMERGENCY		17,011,004	0	17,011,004	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		6,044,128	0	6,044,128	92.00
200.00		Subtotal (see instructions)	0	233,811,323	0	233,811,323	200.00
201.00		Less Observation Beds		6,044,128		6,044,128	201.00
202.00		Total (see instructions)	0	227,767,195	0	227,767,195	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/26/2022 12:56 pm
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Cost Center Description		Title XIX			Hospital	Cost
		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
		Inpatient	Outpatient	Total (col. 6 + col. 7)		
6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	34,793,393		34,793,393	30.00
31.00	03100	INTENSIVE CARE UNIT	13,964,114		13,964,114	31.00
43.00	04300	NURSERY	10,197,663		10,197,663	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,020,850	72,057,134	94,077,984	0.289739
50.01	05001	ENDOSCOPY	1,204,700	16,248,274	17,452,974	0.212108
51.00	05100	RECOVERY ROOM	1,987,939	15,052,167	17,040,106	0.337002
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,343,957	489,525	18,833,482	0.331796
53.00	05300	ANESTHESIOLOGY	4,739,541	19,497,408	24,236,949	0.068469
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,139,710	83,798,313	95,938,023	0.159470
54.01	05401	RADIATION-ONCOLOGY	200,329	29,880,164	30,080,493	0.125643
56.00	05600	RADIOISOTOPE	0	0	0	0.000000
56.01	05601	NUCLEAR MEDICINE	646,385	8,599,026	9,245,411	0.090695
59.00	05900	CARDIAC CATHETERIZATION	12,700,832	24,039,352	36,740,184	0.070627
60.00	06000	LABORATORY	21,959,925	75,962,944	97,922,869	0.149524
64.00	06400	INTRAVENOUS THERAPY	199,827	25,529,796	25,729,623	0.097622
65.00	06500	RESPIRATORY THERAPY	14,834,288	9,862,732	24,697,020	0.276270
66.00	06600	PHYSICAL THERAPY	1,952,597	23,449,314	25,401,911	0.493332
67.00	06700	OCCUPATIONAL THERAPY	1,171,662	2,077,092	3,248,754	0.345669
68.00	06800	SPEECH PATHOLOGY	525,447	1,596,026	2,121,473	0.368733
69.00	06900	ELECTROCARDIOLOGY	5,594,145	18,653,177	24,247,322	0.098502
69.01	06901	CARDIAC REHAB	22,884	2,746,419	2,769,303	0.605396
70.00	07000	ELECTROENCEPHALOGRAPHY	278,742	721,484	1,000,226	0.442018
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	7,240,596	20,697,567	27,938,163	0.454131
73.00	07300	DRUGS CHARGED TO PATIENTS	26,967,675	96,068,152	123,035,827	0.301661
73.01	07301	ULTRA SOUND	2,563,512	10,317,175	12,880,687	0.072466
74.00	07400	RENAL DIALYSIS	328,278	54,447	382,725	1.481479
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	22,833	39,078,537	39,101,370	0.173203
91.00	09100	EMERGENCY	20,547,914	98,534,887	119,082,801	0.142850
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	853,380	4,288,511	5,141,891	1.175468
200.00		Subtotal (see instructions)	238,003,118	699,299,623	937,302,741	
201.00		Less Observation Beds				
202.00		Total (see instructions)	238,003,118	699,299,623	937,302,741	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/26/2022 12:56 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 ENDOSCOPY	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 RADIATION-ONCOLOGY	0.000000		54.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05601 NUCLEAR MEDICINE	0.000000		56.01
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901 CARDIAC REHAB	0.000000		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	07301 ULTRA SOUND	0.000000		73.01
74.00	07400 RENAL DIALYSIS	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
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: 15-0005		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part I Date/Time Prepared: 5/26/2022 12:56 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
Title XVIII		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,252,251	0	4,252,251	21,244	200.16	30.00
31.00	INTENSIVE CARE UNIT	595,996		595,996	3,288	181.26	31.00
43.00	NURSERY	192,247		192,247	2,431	79.08	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	5,040,494		5,040,494	26,963		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	5,648	1,130,504				
31.00	INTENSIVE CARE UNIT	1,001	181,441				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	6,649	1,311,945				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/26/2022 12:56 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,959,666	94,077,984	0.020830	6,252,376	130,237	50.00
50.01	05001	ENDOSCOPY	743,359	17,452,974	0.042592	571,268	24,331	50.01
51.00	05100	RECOVERY ROOM	1,285,657	17,040,106	0.075449	671,808	50,687	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	578,813	18,833,482	0.030733	0	0	52.00
53.00	05300	ANESTHESIOLOGY	46,181	24,236,949	0.001905	1,522,712	2,901	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,536,054	95,938,023	0.016011	4,676,020	74,868	54.00
54.01	05401	RADIATION-ONCOLOGY	459,404	30,080,493	0.015272	106,487	1,626	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	05601	NUCLEAR MEDICINE	31,565	9,245,411	0.003414	250,577	855	56.01
59.00	05900	CARDIAC CATHETERIZATION	462,290	36,740,184	0.012583	4,556,946	57,340	59.00
60.00	06000	LABORATORY	740,305	97,922,869	0.007560	7,651,968	57,849	60.00
64.00	06400	INTRAVENOUS THERAPY	286,722	25,729,623	0.011144	49,006	546	64.00
65.00	06500	RESPIRATORY THERAPY	571,929	24,697,020	0.023158	3,980,991	92,192	65.00
66.00	06600	PHYSICAL THERAPY	1,020,147	25,401,911	0.040160	852,703	34,245	66.00
67.00	06700	OCCUPATIONAL THERAPY	248,916	3,248,754	0.076619	492,086	37,703	67.00
68.00	06800	SPEECH PATHOLOGY	111,157	2,121,473	0.052396	205,127	10,748	68.00
69.00	06900	ELECTROCARDIOLOGY	226,491	24,247,322	0.009341	2,333,073	21,793	69.00
69.01	06901	CARDIAC REHAB	214,611	2,769,303	0.077496	5,008	388	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	122,249	1,000,226	0.122221	103,415	12,639	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72,692	27,938,163	0.002602	2,984,307	7,765	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	523,395	123,035,827	0.004254	8,010,920	34,078	73.00
73.01	07301	ULTRA SOUND	37,785	12,880,687	0.002933	947,947	2,780	73.01
74.00	07400	RENAL DIALYSIS	3,921	382,725	0.010245	172,802	1,770	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	724,171	39,101,370	0.018520	310	6	90.00
91.00	09100	EMERGENCY	1,595,581	119,082,801	0.013399	8,296,429	111,164	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	799,046	5,141,891	0.155399	456,898	71,001	92.00
200.00		Total (lines 50 through 199)	14,402,107	878,347,571		55,151,184	839,512	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/26/2022 12:56 pm
Title XVIII			Hospital	PPS

Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	21,244	0.00	5,648	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,288	0.00	1,001	31.00	
43.00	04300	NURSERY	0	0	2,431	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00	
200.00		Total (lines 30 through 199)	0	0	26,963		6,649	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 12:56 pm
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Cost Center Description		Title XVIII						
		Hospital		PPS				
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	RADIATION-ONCOLOGY	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	NUCLEAR MEDICINE	0	0	0	0	0	56.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	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
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	ULTRA SOUND	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	414,739	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	414,739	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 12:56 pm
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Cost Center Description	Title XVIII		Hospital		PPS	
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	94,077,984	0.000000	50.00
50.01 05001 ENDOSCOPY	0	0	0	17,452,974	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	0	0	17,040,106	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	18,833,482	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	24,236,949	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	95,938,023	0.000000	54.00
54.01 05401 RADIATION-ONCOLOGY	0	0	0	30,080,493	0.000000	54.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01 05601 NUCLEAR MEDICINE	0	0	0	9,245,411	0.000000	56.01
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	36,740,184	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	97,922,869	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	25,729,623	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	24,697,020	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	25,401,911	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	3,248,754	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,121,473	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	24,247,322	0.000000	69.00
69.01 06901 CARDIAC REHAB	0	0	0	2,769,303	0.000000	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	1,000,226	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	27,938,163	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	123,035,827	0.000000	73.00
73.01 07301 ULTRA SOUND	0	0	0	12,880,687	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	382,725	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	39,101,370	0.000000	90.00
91.00 09100 EMERGENCY	0	414,739	414,739	119,082,801	0.003483	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	5,141,891	0.000000	92.00
200.00 Total (lines 50 through 199)	0	414,739	414,739	878,347,571		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 12:56 pm
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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)	Hospital Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	6,252,376	0	12,623,677	0	50.00
50.01	05001 ENDOSCOPY	0.000000	571,268	0	3,402,286	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	671,808	0	2,620,063	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,522,712	0	4,619,528	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	4,676,020	0	16,516,902	0	54.00
54.01	05401 RADIATION-ONCOLOGY	0.000000	106,487	0	9,167,246	0	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	05601 NUCLEAR MEDICINE	0.000000	250,577	0	2,358,060	0	56.01
59.00	05900 CARDIAC CATHETERIZATION	0.000000	4,556,946	0	6,088,197	0	59.00
60.00	06000 LABORATORY	0.000000	7,651,968	0	5,456,486	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	49,006	0	6,636,451	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	3,980,991	0	2,159,520	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	852,703	0	2,296,185	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	492,086	0	44,052	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	205,127	0	20,275	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,333,073	0	3,996,382	0	69.00
69.01	06901 CARDIAC REHAB	0.000000	5,008	0	998,069	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	103,415	0	18,247	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	2,984,307	0	5,723,750	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	8,010,920	0	28,388,191	0	73.00
73.01	07301 ULTRA SOUND	0.000000	947,947	0	2,182,849	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	172,802	0	4,226	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	310	0	7,866,338	0	90.00
91.00	09100 EMERGENCY	0.003483	8,296,429	28,896	14,630,529	50,958	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	456,898	0	1,255,906	0	92.00
200.00	Total (lines 50 through 199)		55,151,184	28,896	139,073,415	50,958	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/26/2022 12:56 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.289739	12,623,677	0	0	3,657,572	50.00
50.01	05001	ENDOSCOPY	0.212108	3,402,286	0	0	721,652	50.01
51.00	05100	RECOVERY ROOM	0.337002	2,620,063	0	0	882,966	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.331796	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.068469	4,619,528	0	0	316,294	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.159470	16,516,902	0	0	2,633,950	54.00
54.01	05401	RADIATION-ONCOLOGY	0.125643	9,167,246	0	0	1,151,800	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	05601	NUCLEAR MEDICINE	0.090695	2,358,060	0	0	213,864	56.01
59.00	05900	CARDIAC CATHETERIZATION	0.070627	6,088,197	0	0	429,991	59.00
60.00	06000	LABORATORY	0.149524	5,456,486	0	0	815,876	60.00
64.00	06400	INTRAVENOUS THERAPY	0.097622	6,636,451	0	0	647,864	64.00
65.00	06500	RESPIRATORY THERAPY	0.276270	2,159,520	0	0	596,611	65.00
66.00	06600	PHYSICAL THERAPY	0.493332	2,296,185	0	0	1,132,782	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.345669	44,052	0	0	15,227	67.00
68.00	06800	SPEECH PATHOLOGY	0.368733	20,275	0	0	7,476	68.00
69.00	06900	ELECTROCARDIOLOGY	0.098502	3,996,382	0	0	393,652	69.00
69.01	06901	CARDIAC REHAB	0.605396	998,069	0	0	604,227	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.442018	18,247	0	0	8,066	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.454131	5,723,750	0	0	2,599,332	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.301661	28,388,191	0	44,603	8,563,610	73.00
73.01	07301	ULTRASOUND	0.072466	2,182,849	0	0	158,182	73.01
74.00	07400	RENAL DIALYSIS	1.481479	4,226	0	0	6,261	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.173203	7,866,338	0	0	1,362,473	90.00
91.00	09100	EMERGENCY	0.142850	14,630,529	0	0	2,089,971	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.175468	1,255,906	0	0	1,476,277	92.00
200.00		Subtotal (see instructions)		139,073,415	0	44,603	30,485,976	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		139,073,415	0	44,603	30,485,976	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/26/2022 12:56 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	RADIATION-ONCOLOGY	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	05601	NUCLEAR MEDICINE	0	0	56.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,455	73.00
73.01	07301	ULTRASOUND	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
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	13,455	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	13,455	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/26/2022 12:56 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,244	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,244	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		17,252	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)		5,648	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		32,164,699	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)		32,164,699	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		32,164,699	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,514.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,551,411	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		8,551,411	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1		
		Title XVIII		Hospital		PPS		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	7,233,004	3,288	2,199.82	1,001	2,202,020	43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description								
		1.00						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						12,379,556	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						23,132,987	49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						1,311,945	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						868,408	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						2,180,353	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						20,952,634	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)						3,992	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,514.06	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						6,044,128	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/26/2022 12:56 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	4,252,251	32,164,699	0.132202	6,044,128	799,046	90.00
91.00	Nursing Program cost	0	32,164,699	0.000000	6,044,128	0	91.00
92.00	Allied health cost	0	32,164,699	0.000000	6,044,128	0	92.00
93.00	All other Medical Education	0	32,164,699	0.000000	6,044,128	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/26/2022 12:56 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,244	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,244	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		17,252	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)		671	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,431	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		32,164,699	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)		32,164,699	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		32,164,699	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,514.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,015,934	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)		1,015,934	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 12:56 pm	
Cost Center Description			Title XIX		Hospital	Cost
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	3,239,516	2,431	1,332.59	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	7,233,004	3,288	2,199.82	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	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				896,777	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				1,912,711	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)					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 anesthetist, and medical education costs (line 49 minus line 52)					0 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)				3,992	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,514.06	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				6,044,128	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/26/2022 12:56 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)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,252,251	32,164,699	0.132202	6,044,128	799,046	90.00
91.00	Nursing Program cost	0	32,164,699	0.000000	6,044,128	0	91.00
92.00	Allied health cost	0	32,164,699	0.000000	6,044,128	0	92.00
93.00	All other Medical Education	0	32,164,699	0.000000	6,044,128	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/26/2022 12:56 pm
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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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		11,446,271		30.00
31.00	03100 INTENSIVE CARE UNIT		4,229,198		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.289739	6,252,376	1,811,557	50.00
50.01	05001 ENDOSCOPY	0.212108	571,268	121,171	50.01
51.00	05100 RECOVERY ROOM	0.337002	671,808	226,401	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.331796	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.068469	1,522,712	104,259	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.159470	4,676,020	745,685	54.00
54.01	05401 RADIATION-ONCOLOGY	0.125643	106,487	13,379	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	05601 NUCLEAR MEDICINE	0.090695	250,577	22,726	56.01
59.00	05900 CARDIAC CATHETERIZATION	0.070627	4,556,946	321,843	59.00
60.00	06000 LABORATORY	0.149524	7,651,968	1,144,153	60.00
64.00	06400 INTRAVENOUS THERAPY	0.097622	49,006	4,784	64.00
65.00	06500 RESPIRATORY THERAPY	0.276270	3,980,991	1,099,828	65.00
66.00	06600 PHYSICAL THERAPY	0.493332	852,703	420,666	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.345669	492,086	170,099	67.00
68.00	06800 SPEECH PATHOLOGY	0.368733	205,127	75,637	68.00
69.00	06900 ELECTROCARDIOLOGY	0.098502	2,333,073	229,812	69.00
69.01	06901 CARDIAC REHAB	0.605396	5,008	3,032	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.442018	103,415	45,711	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.454131	2,984,307	1,355,266	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.301661	8,010,920	2,416,582	73.00
73.01	07301 ULTRA SOUND	0.072466	947,947	68,694	73.01
74.00	07400 RENAL DIALYSIS	1.481479	172,802	256,003	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.173203	310	54	90.00
91.00	09100 EMERGENCY	0.142850	8,296,429	1,185,145	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.175468	456,898	537,069	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		55,151,184	12,379,556	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)		55,151,184		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/26/2022 12:56 pm
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		2,336,522		30.00
31.00	03100 INTENSIVE CARE UNIT		272,877		31.00
43.00	04300 NURSERY		390,391		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.289739	344,693	99,871	50.00
50.01	05001 ENDOSCOPY	0.212108	21,569	4,575	50.01
51.00	05100 RECOVERY ROOM	0.337002	44,806	15,100	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.331796	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.068469	117,221	8,026	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.159470	352,198	56,165	54.00
54.01	05401 RADIATION-ONCOLOGY	0.125643	0	0	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	05601 NUCLEAR MEDICINE	0.090695	26,682	2,420	56.01
59.00	05900 CARDIAC CATHETERIZATION	0.070627	291,932	20,618	59.00
60.00	06000 LABORATORY	0.149524	760,217	113,671	60.00
64.00	06400 INTRAVENOUS THERAPY	0.097622	2,515	246	64.00
65.00	06500 RESPIRATORY THERAPY	0.276270	374,739	103,529	65.00
66.00	06600 PHYSICAL THERAPY	0.493332	32,537	16,052	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.345669	18,356	6,345	67.00
68.00	06800 SPEECH PATHOLOGY	0.368733	13,793	5,086	68.00
69.00	06900 ELECTROCARDIOLOGY	0.098502	141,349	13,923	69.00
69.01	06901 CARDIAC REHAB	0.605396	1,022	619	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.442018	7,014	3,100	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.454131	280,247	127,269	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.301661	700,325	211,261	73.00
73.01	07301 ULTRA SOUND	0.072466	101,009	7,320	73.01
74.00	07400 RENAL DIALYSIS	1.481479	8,906	13,194	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.173203	0	0	90.00
91.00	09100 EMERGENCY	0.142850	478,735	68,387	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.175468	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		4,119,865	896,777	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		4,119,865	896,777	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 12:56 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		12,631,760	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,312,783	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)		798,658	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		229,373	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		118.84	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.46	30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.06	31.00
32.00	Sum of lines 30 and 31		20.52	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.14	33.00
34.00	Disproportionate share adjustment (see instructions)		260,099	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 12:56 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0
35.01	Factor 3 (see instructions)		0.000000000	0.000000000
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,389,448	2,258,328
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,787,176	569,223
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,356,399	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)		0	
41.00	Total ESRD Medicare discharges (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		20,589,072	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		20,589,072	49.00
50.00	Payment for inpatient program capital (From Wkst. L, Pt. I and Pt. II, as applicable)		1,458,822	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		211,082	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)		28,896	58.00
59.00	Total (sum of amounts on lines 49 through 58)		22,287,872	59.00
60.00	Primary payer payments		16,975	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		22,270,897	61.00
62.00	Deductibles billed to program beneficiaries		1,830,916	62.00
63.00	Coinurance billed to program beneficiaries		11,872	63.00
64.00	Allowable bad debts (see instructions)		51,775	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		33,654	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		20,461,763	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)		31,276	70.93
70.94	HRR adjustment amount (see instructions)		-5,098	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 12:56 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
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	1.00	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)			56,347	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			20,431,594	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				71.03
72.00	Interim payments			19,737,646	72.00
72.01	Interim payments-PARHM				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			693,948	74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			244,455	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0005

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2022 12:56 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,631,760	0	12,631,760	12,631,760	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,312,783	0	4,312,783	4,312,783	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00					2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	798,658	0	798,658	798,658	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	229,373	0	229,373	229,373	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	5.00	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0614	0.0614	0.0614	0.0614	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	260,099	0	193,898	66,201	11.00	
11.01	Uncompensated care payments	36.00	2,356,399	0	1,787,176	569,223	11.01	
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	20,589,072	0	15,411,492	5,177,580	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	20,589,072	0	15,411,492	5,177,580	15.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0005

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2022 12:56 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,458,822	0	1,098,901	359,921	1,458,822	16.00
17.00	Special add-on payments for new technologies	54.00	211,082	0	113,930	97,151	211,081	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	16,624,323	5,634,652	22,258,975	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,275,742	0	956,401	319,341	1,275,742	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	128,861	0	101,853	27,008	128,861	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0425	0.0425	0.0425	0.0425		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	54,219	0	40,647	13,572	54,219	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,458,822	0	1,098,901	359,921	1,458,822	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2022 12:56 pm	
Title XVIII			Hospital	PPS	

	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
	0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00				1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,631,760	12,631,760		12,631,760
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,312,783		4,312,783	4,312,783
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00				
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	798,658	798,658		798,658
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	229,373		229,373	229,373
3.00	Operating outlier reconciliation	2.01	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0
Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0
Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0614	0.0614	0.0614	
11.00	Disproportionate share adjustment (see instructions)	34.00	260,099	193,898	66,201	260,099
11.01	Uncompensated care payments	36.00	2,356,399	1,787,176	569,223	2,356,399
Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0
13.00	Subtotal (see instructions)	47.00	20,589,072	15,411,492	5,177,580	20,589,072
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	20,589,072	15,411,492	5,177,580	20,589,072
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,458,822	1,098,901	359,921	1,458,822
17.00	Special add-on payments for new technologies	54.00	211,082	113,931	97,151	211,082
17.01	Net organ acquisition cost					
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0
19.00	SUBTOTAL			16,624,324	5,634,652	22,258,976

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2022 12:56 pm
Title XVIII			Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,275,742	956,401	319,341	1,275,742	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	128,861	101,853	27,008	128,861	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0425	0.0425	0.0425		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	54,219	40,647	13,572	54,219	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,458,822	1,098,901	359,921	1,458,822	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	31,276	31,276	0	31,276	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-5,098	-5,098	0	-5,098	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	56,347	56,347	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/26/2022 12:56 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		13,455	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		30,435,018	2.00
3.00	OPPTS payments		24,033,777	3.00
4.00	Outlier payment (see instructions)		375,105	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		50,958	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		13,455	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		44,603	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)		44,603	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		44,603	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		31,148	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)		13,455	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)		24,459,840	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		4,397,846	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)		20,075,449	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)		20,075,449	30.00
31.00	Primary payer payments		1,183	31.00
32.00	Subtotal (line 30 minus line 31)		20,074,266	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		199,682	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		129,793	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		106,692	36.00
37.00	Subtotal (see instructions)		20,204,059	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)		20,204,059	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		20,217,613	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-13,554	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0005		Period: From 01/01/2021 To 12/31/2021		Worksheet E-1 Part I Date/Time Prepared: 5/26/2022 12:56 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		19,690,995		20,020,032	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	12/31/2021	46,651	12/31/2021	197,581	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)		46,651		197,581	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)		19,737,646		20,217,613	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		693,948		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		13,554	6.02	
7.00	Total Medicare program liability (see instructions)		20,431,594		20,204,059	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 5/26/2022 12:56 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		1,912,711		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)		1,912,711	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)		1,912,711	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		2,999,790		8.00
9.00	Ancillary service charges		4,119,865	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)		7,119,655	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		7,119,655	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		5,206,944	0	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)		1,912,711	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		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)		1,912,711	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		1,912,711	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		31,046	0	33.00
34.00	Allowable bad debts (see instructions)		0	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)		1,881,665	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		1,881,665	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)		1,881,665	0	40.00
41.00	Interim payments		2,728,389	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-846,724	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 15-0005

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

Worksheet G
Date/Time Prepared:
5/26/2022 12:56 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	9,730,849	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	171,392,812	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-144,794,862	0	0	0	6.00
7.00	Inventory	4,107,147	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	45,237,221	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)	85,673,167	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	-247,411,215	0	0	0	14.00
15.00	Buildings	482,575,504	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	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	1,624,593	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	236,788,882	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	330,128,909	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	12,544,164	0	0	0	33.00
34.00	Other assets	25,782,905	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	368,455,978	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	690,918,027	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	18,953,765	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,045,398	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	19,235,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	13,659,411	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	25,013,709	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	88,907,283	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	101,757,048	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	14,065,881	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	115,822,929	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	204,730,212	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	486,187,815				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)	486,187,815	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	690,918,027	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0005

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

Worksheet G-1

Date/Time Prepared:
5/26/2022 12:56 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		447,698,284		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		38,489,531				2.00
3.00	Total (sum of line 1 and line 2)		486,187,815		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		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)		486,187,815		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		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)		486,187,815		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: 15-0005

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2022 12:56 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	64,824,270		64,824,270	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	64,824,270		64,824,270	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,512,989		14,512,989	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	14,512,989		14,512,989	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	79,337,259		79,337,259	17.00
18.00	Ancillary services	153,856,504	826,765,224	980,621,728	18.00
19.00	Outpatient services	0	93,993	93,993	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PRO FEES	2,210,900	1,738,914	3,949,814	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	235,404,663	828,598,131	1,064,002,794	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		385,634,417		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)		385,634,417		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0005

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

Worksheet G-3

Date/Time Prepared:
5/26/2022 12:56 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,064,002,794	1.00
2.00	Less contractual allowances and discounts on patients' accounts	683,435,910	2.00
3.00	Net patient revenues (line 1 minus line 2)	380,566,884	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	385,634,417	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-5,067,533	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	22,725,720	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	11,785,921	24.00
24.50	COVID-19 PHE Funding	9,045,406	24.50
25.00	Total other income (sum of lines 6-24)	43,557,047	25.00
26.00	Total (line 5 plus line 25)	38,489,514	26.00
27.00	OTHER EXPENSES	-17	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-17	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	38,489,531	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0005	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/26/2022 12:56 pm
		Title XVII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,275,742	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		128,861	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)		57.82	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.46	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		19.06	8.00
9.00	Sum of lines 7 and 8		20.52	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.25	10.00
11.00	Disproportionate share adjustment (see instructions)		54,219	11.00
12.00	Total prospective capital payments (see instructions)		1,458,822	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00