

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: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/26/2022 2:55 pm
--	-----------------------	---	--

PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 5/26/2022	Time: 2:55 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 IU HEALTH NORTH HOSPITAL (15-0161) 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	Cara Breidster	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	Cara Breidster		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	35,525	31,005	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
200.00 Total	0	35,525	31,005	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 2:55 pm			
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 11700 NORTH MERIDIAN ST	PO Box:						1.00	
2.00	City: CARMEL	State: IN	Zip Code: 46032-4656	County: HAMILTON				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	IU HEALTH NORTH HOSPITAL	150161	26900	1	12/20/2005	N	P	P
4.00	Subprovider - IPF								4.00
5.00	Subprovider - IRF								5.00
6.00	Subprovider - (Other)								6.00
7.00	Swing Beds - SNF								7.00
8.00	Swing Beds - NF								8.00
9.00	Hospital-Based SNF								9.00
10.00	Hospital-Based NF								10.00
11.00	Hospital-Based OLTC								11.00
12.00	Hospital-Based HHA								12.00
13.00	Separately Certified ASC								13.00
14.00	Hospital-Based Hospice								14.00
15.00	Hospital-Based Health Clinic - RHC								15.00
16.00	Hospital-Based Health Clinic - FQHC								16.00
17.00	Hospital-Based (CMHC) I								17.00
18.00	Renal Dialysis								18.00
19.00	Other								19.00
						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2021	12/31/2021		20.00
21.00	Type of Control (see instructions)					2			21.00
						1.00	2.00	3.00	
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N		22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N		22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161			Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 2:55 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.	994	1,398	3	21	5,872	23		24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			25.00
						Urban/Rural	S	Date of Geogr	
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N		40.00
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 2:55 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N					60.00
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				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	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0161

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

Worksheet S-2
Part I
Date/Time Prepared:
5/26/2022 2:55 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	2.00	3.00	
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 2:55 pm	
			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)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			V		XIX
			1.00		2.00
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		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.	N		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.	N		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.	N		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.	N		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: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 2:55 pm
			V 1.00	XIX 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	
		Physical 1.00	Occupational 2.00	Speech 3.00
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
				Respiratory 4.00
				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	
			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	
			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	
			1.00	2.00
			3.00	
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		
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		
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	
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	339,046	0	
			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	
119.00	DO NOT USE THIS LINE			
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N
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	
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	5.05
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	
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.			
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.			
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.			
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.			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 2:55 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)	Y	15H059	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: IU HEALTH, INC	Contractor's Name: WPS		Contractor's Number: 08101		141.00	
142.00	Street: 340 W. 10TH STREET	PO Box:				142.00	
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202		143.00		
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
				1.00 2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N		146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC	N	N	N	N	161.00	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00 166.00	
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99 169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 2:55 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)		Y	782	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 2:55 pm		
			Y/N	Date		
			1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.						
COMPLETED BY ALL HOSPITALS						
Provider Organization and Operation						
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00	
			Y/N	Date	V/I	
			1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00	
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00	
			Y/N	Type	Date	
			1.00	2.00	3.00	
Financial Data and Reports						
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		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			
Bad Debts						
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00	
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00	
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00	
Bed Complement						
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00	
			Part A		Part B	
			Y/N	Date	Y/N	Date
			1.00	2.00	3.00	4.00
PS&R Data						
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/01/2022	Y	04/01/2022	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 2:55 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		Y		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		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?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		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.	RHONDA		UTTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093		RUTTER@IUHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 2:55 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF GOVERNMENT PROGRAMS		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: 15-0161

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 2:55 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips		
	Line Number				Title V		
	1.00	2.00	3.00	4.00	5.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	126	45,990	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)		126	45,990	0.00		0	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	34.00	0	0	0.00		0	11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT	34.01	0	0	0.00		0	11.01
11.02 PREMATURE INTENSIVE CARE UNIT	34.02	23	8,395	0.00		0	11.02
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY	43.00					0	13.00
14.00 Total (see instructions)		149	54,385	0.00		0	14.00
15.00 CAH visits						0	15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)	30.00						24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					0	26.25
27.00 Total (sum of lines 14-26)		149					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)		12	4,380				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: 15-0161

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 2:55 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	8,423	752	28,252			1.00
2.00 HMO and other (see instructions)	4,889	6,447				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)	8,423	752	28,252			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	0	0	0			11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0			11.01
11.02 PREMATURE INTENSIVE CARE UNIT	0	133	4,259			11.02
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		956	4,255			13.00
14.00 Total (see instructions)	8,423	1,841	36,766	0.00	924.14	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			209			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	924.14	27.00
28.00 Observation Bed Days		0	2,796			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	23	1,991			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: 15-0161

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 2:55 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	1,701	116	10,081	1.00
2.00 HMO and other (see instructions)				819	1,164		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT							11.01
11.02 PREMATURE INTENSIVE CARE UNIT							11.02
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	1,701		116	10,081	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0161

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

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 2:55 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	69,672,570	-294,599	69,377,971	1,912,105.35	36.28
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		130,287	0	130,287	1,237.89	105.25
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		786,251	288,836	1,075,087	32,905.26	32.67
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		0	0	0	0.00	0.00
12.00	Contract Labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		2,306,294	0	2,306,294	15,375.29	150.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		30,516,971	0	30,516,971	527,975.00	57.80
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		19,640,100	0	19,640,100		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		330,860	0	330,860		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		19,716	0	19,716		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		7,397,498	0	7,397,498		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0161

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

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 2:55 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	1,406	123,258	124,664	42.30	2,947.14	26.00
27.00	Administrative & General	3,330,995	-30,939	3,300,056	85,138.26	38.76	27.00
28.00	Administrative & General under contract (see inst.)	323,273	0	323,273	3,618.95	89.33	28.00
29.00	Maintenance & Repairs	1,724,543	-12,204	1,712,339	48,177.39	35.54	29.00
30.00	Operation of Plant	1,011,744	-51,397	960,347	39,904.89	24.07	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,470,273	-9,159	1,461,114	85,612.18	17.07	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	648,864	6,059	654,923	36,140.79	18.12	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	1,008,127	-11,242	996,885	53,216.15	18.73	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	5,494,199	-10,572	5,483,627	44,204.38	124.05	38.00
39.00	Central Services and Supply	243	0	243	7.83	31.03	39.00
40.00	Pharmacy	3,386,570	1,926	3,388,496	79,553.44	42.59	40.00
41.00	Medical Records & Medical Records Library	400	0	400	0.00	0.00	41.00
42.00	Social Service	1,217,911	13,577	1,231,488	28,446.65	43.29	42.00
43.00	Other General Service	230,507	-4,451	226,056	13,227.65	17.09	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0161

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

Worksheet S-3
Part III
Date/Time Prepared:
5/26/2022 2:55 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)	69,865,556	-294,599	69,570,957	1,914,486.41	36.34	1.00
2.00	Excluded area salaries (see instructions)	786,251	288,836	1,075,087	32,905.26	32.67	2.00
3.00	Subtotal salaries (line 1 minus line 2)	69,079,305	-583,435	68,495,870	1,881,581.15	36.40	3.00
4.00	Subtotal other wages & related costs (see inst.)	32,823,265	0	32,823,265	543,350.29	60.41	4.00
5.00	Subtotal wage-related costs (see inst.)	27,037,598	0	27,037,598	0.00	39.47	5.00
6.00	Total (sum of lines 3 thru 5)	128,940,168	-583,435	128,356,733	2,424,931.44	52.93	6.00
7.00	Total overhead cost (see instructions)	19,849,055	14,856	19,863,911	517,290.86	38.40	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2022 2:55 pm
-----------------------------	-----------------------	---	--

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,580,332	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	11,438,414	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	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	299,021	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	546,762	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	5,126,148	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	19,990,677	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: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part V Date/Time Prepared: 5/26/2022 2:55 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	0	19,990,677	1.00
2.00	Hospital	0	19,990,677	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/26/2022 2:55 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)			0.205838	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			17,681,941	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00	
6.00	Medicaid charges			145,741,401	6.00	
7.00	Medicaid cost (line 1 times line 6)			29,999,118	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)			12,317,177	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)			12,317,177	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)	10,227,340	2,197,440	12,424,780	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,105,175	2,197,440	4,302,615	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)	2,105,175	2,197,440	4,302,615	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)			7,676,797	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			172,001	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			264,616	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			7,412,181	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,618,324	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			5,920,939	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			18,238,116	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0161

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

Worksheet A

Date/Time Prepared:
5/26/2022 2:55 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	10,118,044	10,118,044	1.00	
1.01	00101	NEW CAP REL COSTS-INTEREST	0	0	0	0	1.01	
1.02	00102	MOB LEASED SPACE	0	0	770,068	770,068	1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	10,125,659	10,125,659	2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,406	484,742	486,148	12,384,210	4.00	
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	5.01	
5.02	00550	DATA PROCESSING	0	77,438	77,438	77,438	5.02	
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03	
5.04	00570	ADMINISTRATIVE	325,259	402,255	727,514	-127,907	5.04	
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	3,005,736	53,546,373	56,552,109	-9,765,782	5.05	
6.00	00600	MAINTENANCE & REPAIRS	1,724,543	5,769,655	7,494,198	-773,543	6.00	
7.00	00700	OPERATION OF PLANT	1,011,744	762,761	1,774,505	-320,980	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	198,825	198,825	0	8.00	
9.00	00900	HOUSEKEEPING	1,470,273	4,736,936	6,207,209	-439,224	9.00	
10.00	01000	DIETARY	648,864	794,347	1,443,211	-169,136	10.00	
11.00	01100	CAFETERIA	1,008,127	1,125,182	2,133,309	-371,612	11.00	
13.00	01300	NURSING ADMINISTRATION	5,494,199	2,815,912	8,310,111	-1,777,493	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	243	31,270	31,513	8,560,154	14.00	
15.00	01500	PHARMACY	3,386,570	41,665,077	45,051,647	-40,724,659	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	400	20	420	-8	16.00	
17.00	01700	SOCIAL SERVICE	1,217,911	507,052	1,724,963	-232,057	17.00	
18.00	01850	PATIENT TRANSPORTATION	230,507	71,566	302,073	-53,510	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,611,144	16,632,420	33,243,564	-4,883,863	30.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00	
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	34.01	
34.02	03402	PREMATURE INTENSIVE CARE UNIT	2,684,037	1,984,266	4,668,303	-654,711	34.02	
43.00	04300	NURSERY	0	0	0	1,151,687	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,668,474	29,497,741	35,166,215	-23,331,042	50.00	
51.00	05100	RECOVERY ROOM	2,517,820	1,126,222	3,644,042	-743,187	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,800,760	4,308,033	8,108,793	-1,903,390	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,335,728	5,361,061	9,696,789	-4,770,155	54.00	
55.00	05500	RADIOLOGY - THERAPEUTIC	3,085,858	5,117,259	8,203,117	-2,938,259	55.00	
56.00	05600	RADIOISOTOPE	243,721	237,437	481,158	-189,890	56.00	
60.00	06000	LABORATORY	852,960	9,535,180	10,388,140	-211,088	60.00	
65.00	06500	RESPIRATORY THERAPY	2,381,481	942,683	3,324,164	-781,291	65.00	
66.00	06600	PHYSICAL THERAPY	1,761,363	542,357	2,303,720	-340,787	66.00	
67.00	06700	OCCUPATIONAL THERAPY	504,757	113,662	618,419	-80,939	67.00	
68.00	06800	SPEECH PATHOLOGY	330,949	133,696	464,645	-107,401	68.00	
69.00	06900	ELECTROCARDIOLOGY	415,173	589,691	1,004,864	-268,679	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	158,678	433,317	591,995	-75,671	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	4,095,119	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	10,928,885	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	41,950,018	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00	
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,105,639	3,968,414	5,074,053	-2,965,554	75.01	
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,901,995	4,042,509	6,944,504	-999,981	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	5,944,523	92.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	68,886,319	197,555,359	266,441,678	82,045	266,523,723	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00	
192.01	19201	OTHER NON-REIMBURSABLE	86,075	768,509	854,584	-225,678	628,906	192.01
192.02	19202	CHILD BIRTH EDUCATION	81,860	44,496	126,356	95,526	221,882	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	14,737	61,263	76,000	-58,810	17,190	192.04
192.05	19205	PHYSICIAN PRACTICE	603,579	666,435	1,270,014	-314,378	955,636	192.05
192.06	19206	TIPTON HOSPITAL	0	0	0	70,286	70,286	192.06
192.07	19207	WEST HOSPITAL	0	0	0	274,378	274,378	192.07
192.08	19208	SAXONY HOSPITAL	0	0	0	76,631	76,631	192.08
200.00		TOTAL (SUM OF LINES 118 through 199)	69,672,570	199,096,062	268,768,632	0	268,768,632	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0161

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

Worksheet A
Date/Time Prepared:
5/26/2022 2:55 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	-975,820	9,142,224	1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	11,600,592	11,600,592	1.01
1.02	00102	MOB LEASED SPACE	0	770,068	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,233,906	11,359,565	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	284,133	13,154,491	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	5.01
5.02	00550	DATA PROCESSING	10,089,671	10,167,109	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,659,043	1,659,043	5.03
5.04	00570	ADMINITTING	2,162,495	2,762,102	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	-18,249,416	28,536,911	5.05
6.00	00600	MAINTENANCE & REPAIRS	-730,196	5,990,459	6.00
7.00	00700	OPERATION OF PLANT	-14,215	1,439,310	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	198,825	8.00
9.00	00900	HOUSEKEEPING	0	5,767,985	9.00
10.00	01000	DIETARY	0	1,274,075	10.00
11.00	01100	CAFETERIA	-204,101	1,557,596	11.00
13.00	01300	NURSING ADMINISTRATION	-398,044	6,134,574	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,591,667	14.00
15.00	01500	PHARMACY	-36,112	4,290,876	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	412	16.00
17.00	01700	SOCIAL SERVICE	0	1,492,906	17.00
18.00	01850	PATIENT TRANSPORTATION	-15,399	233,164	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,598,761	22,760,940	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	-683,833	3,329,759	34.02
43.00	04300	NURSERY	0	1,151,687	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-729,239	11,105,934	50.00
51.00	05100	RECOVERY ROOM	-551	2,900,304	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-348,737	5,856,666	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,449	4,928,083	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	-443,846	4,821,012	55.00
56.00	05600	RADIOISOTOPE	0	291,268	56.00
60.00	06000	LABORATORY	0	10,177,052	60.00
65.00	06500	RESPIRATORY THERAPY	0	2,542,873	65.00
66.00	06600	PHYSICAL THERAPY	11,334	1,974,267	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	537,480	67.00
68.00	06800	SPEECH PATHOLOGY	-40,810	316,434	68.00
69.00	06900	ELECTROCARDIOLOGY	-223,708	512,477	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-2,174	514,150	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,095,119	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	10,928,885	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	41,950,018	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	-130,400	1,978,099	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-869,028	5,075,495	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)	-2,651,767	263,871,956	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	628,906	192.01
192.02	19202	CHILD BIRTH EDUCATION	0	221,882	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	17,190	192.04
192.05	19205	PHYSICIAN PRACTICE	0	955,636	192.05
192.06	19206	TIPTON HOSPITAL	0	70,286	192.06
192.07	19207	WEST HOSPITAL	0	274,378	192.07
192.08	19208	SAXONY HOSPITAL	0	76,631	192.08
200.00		TOTAL (SUM OF LINES 118 through 199)	-2,651,767	266,116,865	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - LEASES						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00		2,098,593	1.00	
2.00	MOB LEASED SPACE	1.02		770,068	2.00	
3.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00		80,337	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	
				2,948,998		
B - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	8,019,451	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	10,045,322	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	
				18,064,773		
C - EMPLOYEE BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,269,284	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	

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 2:55 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
0			0	12,269,284	
E - LABOR AND DELIVERY					
1.00	ADULTS & PEDIATRICS	30.00	336,927	150,640	1.00
2.00	NURSERY	43.00	27,015	12,078	2.00
0			363,942	162,718	
F - MARKETING					
1.00	CHILD BIRTH EDUCATION	192.02	0	99,692	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
0			0	99,692	
G - NURSERY					
1.00	NURSERY	43.00	934,671	177,923	1.00
0			934,671	177,923	
H - FMLA					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	30,769	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	1,219	2.00
3.00	HOUSEKEEPING	9.00	0	11,101	3.00
4.00	CAFETERIA	11.00	0	1,408	4.00
5.00	NURSING ADMINISTRATION	13.00	0	13,233	5.00
6.00	PHARMACY	15.00	0	7,935	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	80,317	7.00
8.00	OPERATING ROOM	50.00	0	24,528	8.00
9.00	RECOVERY ROOM	51.00	0	18,893	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	32,481	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	21,167	11.00
12.00	RADIOLOGY - THERAPEUTIC	55.00	0	14,688	12.00
13.00	LABORATORY	60.00	0	1,031	13.00
14.00	RESPIRATORY THERAPY	65.00	0	8,585	14.00
15.00	PHYSICAL THERAPY	66.00	0	11,674	15.00
16.00	OCCUPATIONAL THERAPY	67.00	0	3,745	16.00
17.00	SPEECH PATHOLOGY	68.00	0	648	17.00
18.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	5,078	18.00
19.00	EMERGENCY	91.00	0	1,031	19.00
20.00	PHYSICIAN PRACTICE	192.05	0	5,068	20.00
0			0	294,599	
I - ACCRUED PTO					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	123,258	0	1.00
2.00	ADMINISTRATIVE	5.04	549	0	2.00
3.00	OTHER ADMINISTRATIVE & GENERAL	5.05	122,379	0	3.00
4.00	OPERATION OF PLANT	7.00	3,668	0	4.00
5.00	HOUSEKEEPING	9.00	1,942	0	5.00
6.00	DIETARY	10.00	6,059	0	6.00
7.00	NURSING ADMINISTRATION	13.00	24,536	0	7.00
8.00	PHARMACY	15.00	9,861	0	8.00
9.00	SOCIAL SERVICE	17.00	13,577	0	9.00
10.00	PREMATURE INTENSIVE CARE UNIT	34.02	1,902	0	10.00
11.00	RADIOLOGY - THERAPEUTIC	55.00	14,441	0	11.00
12.00	PHYSICAL THERAPY	66.00	29,063	0	12.00
13.00	SPEECH PATHOLOGY	68.00	1,837	0	13.00
14.00	ELECTROCARDIOLOGY	69.00	1,792	0	14.00
15.00	ELECTROENCEPHALOGRAPHY	70.00	1,749	0	15.00
16.00	PHYSICIAN PRACTICE	192.05	7,072	0	16.00
	TOTALS		363,685	0	
J - BILLABLE SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00		464,662	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		4,095,119	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

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
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	
13.00	0.00	0	0	0	13.00	
14.00	0.00	0	0	0	14.00	
15.00	0.00	0	0	0	15.00	
16.00	0.00	0	0	0	16.00	
17.00	0.00	0	0	0	17.00	
18.00	0.00	0	0	0	18.00	
19.00	0.00	0	0	0	19.00	
20.00	0.00	0	0	0	20.00	
21.00	0.00	0	0	0	21.00	
22.00	0.00	0	0	0	22.00	
23.00	0.00	0	0	0	23.00	
24.00	0.00	0	0	0	24.00	
25.00	0.00	0	0	0	25.00	
0		0	4,559,781			
K - NON-BILLABLE SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,101,046	1.00	
2.00	ADMINISTRATIVE	5.04	0	418	2.00	
3.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	84,707	3.00	
4.00	OPERATION OF PLANT	7.00	0	292	4.00	
5.00	HOUSEKEEPING	9.00	0	64,712	5.00	
6.00	DIETARY	10.00	0	70	6.00	
7.00	CAFETERIA	11.00	0	340	7.00	
8.00	SOCIAL SERVICE	17.00	0	82	8.00	
9.00	RADIOISOTOPE	56.00	0	16,690	9.00	
10.00	ELECTROCARDIOLOGY	69.00	0	1,647	10.00	
11.00	OTHER NON-REIMBURSABLE	192.01	0	51	11.00	
12.00	CHILD BIRTH EDUCATION	192.02	0	1	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	
0		0	0	8,270,056		
L - BILLABLE DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	41,950,018	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	
0		0	0	41,950,018		
M - NON-BILLABLE DRUGS						
1.00	PHARMACY	15.00	0	704,720	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	

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
0			0	704,720	
N - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	10,928,885	1.00
2.00	PHARMACY	15.00	0	21,250	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	286	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
0			0	10,950,421	
O - NORTH TO TIPTON ISR ALLOCATION					
1.00	TIPTON HOSPITAL	192.06	53,611	16,675	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
0			53,611	16,675	
P - NORTH TO WEST ISR ALLOCATION					
1.00	WEST HOSPITAL	192.07	182,524	91,854	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
0			182,524	91,854	
Q - NORTH TO SAXONY ISR ALLOCATION					
1.00	SAXONY HOSPITAL	192.08	50,911	25,720	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
0			50,911	25,720	
R - PHYSICIAN					
1.00	ADULTS & PEDIATRICS	30.00	0	59,223	1.00
2.00	NURSING ADMINISTRATION	13.00	0	6,266	2.00
	TOTALS		0	65,489	
500.00	Grand Total: Increases		1,949,344	100,652,721	500.00

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6
Date/Time Prepared:
5/26/2022 2:55 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - LEASES							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05		2,480,963	10	1.00	
2.00	MAINTENANCE & REPAIRS	6.00		177,047	10	2.00	
3.00	NURSING ADMINISTRATION	13.00		8,849	10	3.00	
4.00	ADULTS & PEDIATRICS	30.00		57,239	0	4.00	
5.00	OPERATING ROOM	50.00		21,895	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00		55,736	0	6.00	
7.00	RESPIRATORY THERAPY	65.00		1,203	0	7.00	
8.00	PHYSICIAN PRACTICE	192.05		146,066	0	8.00	
	0		0	2,948,998			
B - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,299	9	1.00	
2.00	ADMINISTRATIVE	5.04	0	17,260	9	2.00	
3.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	6,607,565	0	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	230,296	0	4.00	
5.00	OPERATION OF PLANT	7.00	0	6,614	0	5.00	
6.00	HOUSEKEEPING	9.00	0	1,771	0	6.00	
7.00	DIETARY	10.00	0	5,698	0	7.00	
8.00	CAFETERIA	11.00	0	39,540	0	8.00	
9.00	NURSING ADMINISTRATION	13.00	0	1,253,311	0	9.00	
10.00	PHARMACY	15.00	0	94,056	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	247,345	0	11.00	
12.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	97,690	0	12.00	
13.00	OPERATING ROOM	50.00	0	2,578,443	0	13.00	
14.00	RECOVERY ROOM	51.00	0	36,652	0	14.00	
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	176,501	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,011,926	0	16.00	
17.00	RADIOLOGY - THERAPEUTIC	55.00	0	2,164,049	0	17.00	
18.00	RADIOISOTOPE	56.00	0	20,145	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	94,309	0	19.00	
20.00	PHYSICAL THERAPY	66.00	0	15,020	0	20.00	
21.00	SPEECH PATHOLOGY	68.00	0	6,596	0	21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	139,414	0	22.00	
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	46,325	0	23.00	
24.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	751,293	0	24.00	
25.00	EMERGENCY	91.00	0	127,409	0	25.00	
26.00	OTHER NON-REIMBURSABLE	192.01	0	210,664	0	26.00	
27.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	48,347	0	27.00	
28.00	PHYSICIAN PRACTICE	192.05	0	35,235	0	28.00	
	0		0	18,064,773			
C - EMPLOYEE BENEFITS							
1.00	ADMINISTRATIVE	5.04	0	111,608	0	1.00	
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	518,913	0	2.00	
3.00	MAINTENANCE & REPAIRS	6.00	0	264,399	0	3.00	
4.00	OPERATION OF PLANT	7.00	0	235,704	0	4.00	
5.00	HOUSEKEEPING	9.00	0	504,054	0	5.00	
6.00	DIETARY	10.00	0	169,566	0	6.00	
7.00	CAFETERIA	11.00	0	322,577	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	0	511,743	0	8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	40	0	9.00	
10.00	PHARMACY	15.00	0	493,279	0	10.00	
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	8	0	11.00	
12.00	SOCIAL SERVICE	17.00	0	236,332	0	12.00	
13.00	PATIENT TRANSPORTATION	18.00	0	49,059	0	13.00	
14.00	ADULTS & PEDIATRICS	30.00	0	2,930,715	0	14.00	
15.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	451,729	0	15.00	
16.00	OPERATING ROOM	50.00	0	1,093,865	0	16.00	
17.00	RECOVERY ROOM	51.00	0	445,782	0	17.00	
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	688,810	0	18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	675,100	0	19.00	
20.00	RADIOLOGY - THERAPEUTIC	55.00	0	572,499	0	20.00	
21.00	RADIOISOTOPE	56.00	0	45,697	0	21.00	
22.00	LABORATORY	60.00	0	179,967	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0	366,618	0	23.00	
24.00	PHYSICAL THERAPY	66.00	0	328,665	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0	68,456	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0	66,232	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0	96,116	0	27.00	

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6
Date/Time Prepared:
5/26/2022 2:55 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	27,230	0		28.00
29.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	190,649	0		29.00
30.00	EMERGENCY	91.00	0	462,789	0		30.00
31.00	OTHER NON-REIMBURSABLE	192.01	0	15,053	0		31.00
32.00	CHILD BIRTH EDUCATION	192.02	0	3,965	0		32.00
33.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	4,343	0		33.00
34.00	PHYSICIAN PRACTICE	192.05	0	137,722	0		34.00
	0		0	12,269,284			
E - LABOR AND DELIVERY							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	363,942	162,718	0		1.00
2.00		0.00	0	0	0		2.00
	0		363,942	162,718			
F - MARKETING							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05		98,749	0		1.00
2.00	NURSING ADMINISTRATION	13.00		211	0		2.00
3.00	ADULTS & PEDIATRICS	30.00		286	0		3.00
4.00	RADIOLOGY - THERAPEUTIC	55.00		446	0		4.00
	0		0	99,692			
G - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	934,671	177,923	0		1.00
	0		934,671	177,923			
H - FMLA							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	30,769	0	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	1,219	0	0		2.00
3.00	HOUSEKEEPING	9.00	11,101	0	0		3.00
4.00	CAFETERIA	11.00	1,408	0	0		4.00
5.00	NURSING ADMINISTRATION	13.00	13,233	0	0		5.00
6.00	PHARMACY	15.00	7,935	0	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	80,317	0	0		7.00
8.00	OPERATING ROOM	50.00	24,528	0	0		8.00
9.00	RECOVERY ROOM	51.00	18,893	0	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	32,481	0	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	21,167	0	0		11.00
12.00	RADIOLOGY - THERAPEUTIC	55.00	14,688	0	0		12.00
13.00	LABORATORY	60.00	1,031	0	0		13.00
14.00	RESPIRATORY THERAPY	65.00	8,585	0	0		14.00
15.00	PHYSICAL THERAPY	66.00	11,674	0	0		15.00
16.00	OCCUPATIONAL THERAPY	67.00	3,745	0	0		16.00
17.00	SPEECH PATHOLOGY	68.00	648	0	0		17.00
18.00	CARDIAC CATHETERIZATION LABORATORY	75.01	5,078	0	0		18.00
19.00	EMERGENCY	91.00	1,031	0	0		19.00
20.00	PHYSICIAN PRACTICE	192.05	5,068	0	0		20.00
	0		294,599	0			
I - ACCRUED PTO							
1.00	MAINTENANCE & REPAIRS	6.00	10,985	0	0		1.00
2.00	CAFETERIA	11.00	9,834	0	0		2.00
3.00	PATIENT TRANSPORTATION	18.00	4,451	0	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	93,417	0	0		4.00
5.00	OPERATING ROOM	50.00	23,168	0	0		5.00
6.00	RECOVERY ROOM	51.00	28,944	0	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	52,825	0	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	28,051	0	0		8.00
9.00	RADIOISOTOPE	56.00	2,482	0	0		9.00
10.00	LABORATORY	60.00	23,369	0	0		10.00
11.00	RESPIRATORY THERAPY	65.00	46,436	0	0		11.00
12.00	OCCUPATIONAL THERAPY	67.00	6,242	0	0		12.00
13.00	CARDIAC CATHETERIZATION LABORATORY	75.01	965	0	0		13.00
14.00	EMERGENCY	91.00	32,302	0	0		14.00
15.00	OTHER NON-REIMBURSABLE	192.01	12	0	0		15.00
16.00	CHILD BIRTH EDUCATION	192.02	202	0	0		16.00
	TOTALS		363,685	0			
J - BILLABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		61	0		1.00
2.00	ADMINISTRATIVE	5.04		6	0		2.00
3.00	OTHER ADMINISTRATIVE & GENERAL	5.05		7	0		3.00
4.00	OPERATION OF PLANT	7.00		5	0		4.00
5.00	HOUSEKEEPING	9.00		52	0		5.00
6.00	DIETARY	10.00		1	0		6.00

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6
Date/Time Prepared:
5/26/2022 2:55 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
7.00	CAFETERIA	11.00		1	0	7.00
8.00	NURSING ADMINISTRATION	13.00		1,254	0	8.00
9.00	PHARMACY	15.00		1,043	0	9.00
10.00	ADULTS & PEDIATRICS	30.00		146,045	0	10.00
11.00	PREMATURE INTENSIVE CARE UNIT	34.02		6,628	0	11.00
12.00	OPERATING ROOM	50.00		3,403,884	0	12.00
13.00	RECOVERY ROOM	51.00		7,698	0	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00		125,923	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00		18,021	0	15.00
16.00	RADIOLOGY - THERAPEUTIC	55.00		25,124	0	16.00
17.00	LABORATORY	60.00		459	0	17.00
18.00	RESPIRATORY THERAPY	65.00		749	0	18.00
19.00	PHYSICAL THERAPY	66.00		1,004	0	19.00
20.00	ELECTROCARDIOLOGY	69.00		49	0	20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00		791	0	21.00
22.00	CARDIAC CATHETERIZATION LABORATORY	75.01		802,045	0	22.00
23.00	EMERGENCY	91.00		18,788	0	23.00
24.00	PHYSICIANS' PRIVATE OFFICES	192.04		121	0	24.00
25.00	PHYSICIAN PRACTICE	192.05		22	0	25.00
				0		
				4,559,781		
K - NON-BILLABLE SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,024	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	90,816	0	2.00
3.00	NURSING ADMINISTRATION	13.00	0	10,227	0	3.00
4.00	PHARMACY	15.00	0	51,063	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	624,888	0	5.00
6.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	79,061	0	6.00
7.00	OPERATING ROOM	50.00	0	5,806,331	0	7.00
8.00	RECOVERY ROOM	51.00	0	104,450	0	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	255,884	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	391,572	0	10.00
11.00	RADIOLOGY - THERAPEUTIC	55.00	0	109,625	0	11.00
12.00	LABORATORY	60.00	0	7,282	0	12.00
13.00	RESPIRATORY THERAPY	65.00	0	256,034	0	13.00
14.00	PHYSICAL THERAPY	66.00	0	12,017	0	14.00
15.00	OCCUPATIONAL THERAPY	67.00	0	6,241	0	15.00
16.00	SPEECH PATHOLOGY	68.00	0	7,088	0	16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	950	0	17.00
18.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	253,236	0	18.00
19.00	EMERGENCY	91.00	0	198,483	0	19.00
20.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	2,881	0	20.00
21.00	PHYSICIAN PRACTICE	192.05	0	903	0	21.00
				0		
				8,270,056		
L - BILLABLE DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		5,884	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05		6,142	0	2.00
3.00	HOUSEKEEPING	9.00		1	0	3.00
4.00	NURSING ADMINISTRATION	13.00		190	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00		476	0	5.00
6.00	PHARMACY	15.00		40,821,049	0	6.00
7.00	SOCIAL SERVICE	17.00		9,384	0	7.00
8.00	ADULTS & PEDIATRICS	30.00		87,314	0	8.00
9.00	PREMATURE INTENSIVE CARE UNIT	34.02		1,314	0	9.00
10.00	OPERATING ROOM	50.00		262,811	0	10.00
11.00	RECOVERY ROOM	51.00		26,687	0	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00		22,788	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00		411,077	0	13.00
14.00	RADIOLOGY - THERAPEUTIC	55.00		23,167	0	14.00
15.00	RADIOISOTOPE	56.00		137,923	0	15.00
16.00	RESPIRATORY THERAPY	65.00		15,871	0	16.00
17.00	PHYSICAL THERAPY	66.00		10	0	17.00
18.00	ELECTROCARDIOLOGY	69.00		36,538	0	18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00		1	0	19.00
20.00	CARDIAC CATHETERIZATION LABORATORY	75.01		50,782	0	20.00
21.00	EMERGENCY	91.00		28,653	0	21.00
22.00	PHYSICIANS' PRIVATE OFFICES	192.04		454	0	22.00
23.00	PHYSICIAN PRACTICE	192.05		1,502	0	23.00

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6
Date/Time Prepared:
5/26/2022 2:55 pm

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	0		0	41,950,018		
M - NON-BILLABLE DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		64	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.05		8	0	2.00
3.00	NURSING ADMINISTRATION	13.00		635	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00		1,289	0	4.00
5.00	ADULTS & PEDIATRICS	30.00		131,096	0	5.00
6.00	PREMATURE INTENSIVE CARE UNIT	34.02		20,191	0	6.00
7.00	OPERATING ROOM	50.00		69,346	0	7.00
8.00	RECOVERY ROOM	51.00		92,974	0	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00		53,999	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00		56,901	0	10.00
11.00	RADIOLOGY - THERAPEUTIC	55.00		57,305	0	11.00
12.00	RADIOISOTOPE	56.00		333	0	12.00
13.00	LABORATORY	60.00		11	0	13.00
14.00	RESPIRATORY THERAPY	65.00		71	0	14.00
15.00	ELECTROCARDIOLOGY	69.00		1	0	15.00
16.00	CARDIAC CATHETERIZATION LABORATORY	75.01		86,275	0	16.00
17.00	EMERGENCY	91.00		131,557	0	17.00
18.00	PHYSICIANS' PRIVATE OFFICES	192.04		2,664	0	18.00
	0		0	704,720		
N - IMPLANTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,749	0	1.00
2.00	OPERATING ROOM	50.00	0	10,071,299	0	2.00
3.00	RADIOLOGY - THERAPEUTIC	55.00	0	485	0	3.00
4.00	PHYSICAL THERAPY	66.00	0	13,134	0	4.00
5.00	SPEECH PATHOLOGY	68.00	0	29,322	0	5.00
6.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,123	0	6.00
7.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	830,309	0	7.00
	0		0	10,950,421		
O - NORTH TO TIPTON ISR ALLOCATION						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	17,647	10,313	0	1.00
2.00	OPERATION OF PLANT	7.00	7,273	3,639	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	6,816	2,723	0	3.00
4.00	NURSING ADMINISTRATION	13.00	21,875	0	0	4.00
	0		53,611	16,675		
P - NORTH TO WEST ISR ALLOCATION						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	81,688	47,735	0	1.00
2.00	OPERATION OF PLANT	7.00	37,999	19,013	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	62,837	25,106	0	3.00
	0		182,524	91,854		
Q - NORTH TO SAXONY ISR ALLOCATION						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	23,763	13,886	0	1.00
2.00	OPERATION OF PLANT	7.00	9,793	4,900	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	17,355	6,934	0	3.00
	0		50,911	25,720		
R - PHYSICIAN						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	65,489	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	65,489		
500.00	Grand Total: Decreases		2,243,943	100,358,122		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0161

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

Worksheet A-7
Part I
Date/Time Prepared:
5/26/2022 2:55 pm

		Acquisitions			Disposals and Retirements		
		Beginning Balances	Purchases	Donation			Total
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0	0	0	1.00	
2.00	Land Improvements	12,041,302	0	0	0	2.00	
3.00	Buildings and Fixtures	196,283,882	0	0	0	3.00	
4.00	Building Improvements	12,628,405	403,418	0	403,418	4.00	
5.00	Fixed Equipment	0	0	0	0	5.00	
6.00	Movable Equipment	101,287,994	17,505,288	0	17,505,288	6.00	
7.00	HIT designated Assets	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	322,241,583	17,908,706	0	17,908,706	8.00	
9.00	Reconciling Items	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	322,241,583	17,908,706	0	17,908,706	10.00	
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0			1.00	
2.00	Land Improvements	12,041,302	11,917,611			2.00	
3.00	Buildings and Fixtures	196,283,882	0			3.00	
4.00	Building Improvements	13,031,823	1,230,991			4.00	
5.00	Fixed Equipment	0	0			5.00	
6.00	Movable Equipment	112,771,043	51,400,633			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	334,128,050	64,549,235			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	334,128,050	64,549,235			10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0161

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

Worksheet A-7
Part II
Date/Time Prepared:
5/26/2022 2:55 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	0	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0				1.01
1.02	MOB LEASED SPACE	0	0				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0161

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

Worksheet A-7
Part III
Date/Time Prepared:
5/26/2022 2:55 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	221,357,007	0	221,357,007	0.662492	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0.000000	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0.000000	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	112,771,043	0	112,771,043	0.337508	0	2.00
3.00	Total (sum of lines 1-2)	334,128,050	0	334,128,050	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	7,106,720	2,035,504	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	11,306,535	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0	770,068	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	11,279,228	80,337	2.00
3.00	Total (sum of lines 1-2)	0	0	0	29,692,483	2,885,909	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	0	0	0	0	9,142,224	1.00
1.01	NEW CAP REL COSTS-INTEREST	294,057	0	0	0	11,600,592	1.01
1.02	MOB LEASED SPACE	0	0	0	0	770,068	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	11,359,565	2.00
3.00	Total (sum of lines 1-2)	294,057	0	0	0	32,872,449	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0161

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

Worksheet A-8

Date/Time Prepared:
5/26/2022 2:55 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0NEW CAP REL COSTS-BLDG & FIXT	1.00		0 1.00
1.01 Investment income - NEW CAP REL COSTS-INTEREST (chapter 2)	B	294,057	NEW CAP REL COSTS-INTEREST	1.01		11 1.01
1.02 Investment income - MOB LEASED SPACE (chapter 2)			0MOB LEASED SPACE	1.02		0 1.02
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0NEW CAP REL COSTS-MVBLE EQUIP	2.00		0 2.00
3.00 Investment income - other (chapter 2)		0		0.00		0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00		0 7.00
8.00 Television and radio service (chapter 21)		0		0.00		0 8.00
9.00 Parking lot (chapter 21)		0		0.00		0 9.00
10.00 Provider-based physician adjustment	A-8-2	-9,294,945				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00		0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	33,032,969				0 12.00
13.00 Laundry and linen service		0		0.00		0 13.00
14.00 Cafeteria-employees and guests	B	-204,101	CAFETERIA	11.00		0 14.00
15.00 Rental of quarters to employees and others		0		0.00		0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0 16.00
17.00 Sale of drugs to other than patients		0		0.00		0 17.00
18.00 Sale of medical records and abstracts		0		0.00		0 18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00		0 19.00
20.00 Vending machines		0		0.00		0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL 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			0NEW CAP REL COSTS-BLDG & FIXT	1.00		0 26.00
26.01 Depreciation - NEW CAP REL COSTS-INTEREST			0NEW CAP REL COSTS-INTEREST	1.01		0 26.01
26.02 Depreciation - MOB LEASED SPACE			0MOB LEASED SPACE	1.02		0 26.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0161

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

Worksheet A-8

Date/Time Prepared:
5/26/2022 2:55 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 #			
			3.00	4.00	5.00		
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant				0.00		0	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)			OADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest				0.00		0	32.00
33.00 MISCELLANEOUS INCOME	B	-8,937	DATA PROCESSING	5.02		0	33.00
33.01 MISCELLANEOUS INCOME	B	-163,852	OTHER ADMINISTRATIVE & GENERAL	5.05		0	33.01
33.02 MISCELLANEOUS INCOME	B	-503,865	MAINTENANCE & REPAIRS	6.00		0	33.02
33.03 MISCELLANEOUS INCOME	B	-14,215	OPERATION OF PLANT	7.00		0	33.03
33.04 MISCELLANEOUS INCOME	B	-15,585	NURSING ADMINISTRATION	13.00		0	33.04
33.05 MISCELLANEOUS INCOME	B	-35,000	PHARMACY	15.00		0	33.05
33.06 MISCELLANEOUS INCOME	B	-15,171	OPERATING ROOM	50.00		0	33.06
33.07 MISCELLANEOUS INCOME	B	-40,810	SPEECH PATHOLOGY	68.00		0	33.07
33.08 LIC LEASE INCOME	B	-63,089	NEW CAP REL COSTS-BLDG & FIXT	1.00		10	33.08
33.09 INTERCOMPANY	B	-34,221	ADMINISTRATIVE	5.04		0	33.09
33.10 INTERCOMPANY	B	-514,787	OTHER ADMINISTRATIVE & GENERAL	5.05		0	33.10
33.11 INTERCOMPANY	B	-54,188	MAINTENANCE & REPAIRS	6.00		0	33.11
33.12 INTERCOMPANY	B	-15,399	PATIENT TRANSPORTATION	18.00		0	33.12
33.13 INTERCOMPANY	B	-330,209	NURSING ADMINISTRATION	13.00		0	33.13
33.14 INTERCOMPANY	B	-170,323	OPERATING ROOM	50.00		0	33.14
33.15 OTHER ADJUSTMENTS (SPECIFY (3))				0.00		0	33.15
33.16 EMPLOYEE BENEFITS	A	-12,269,344	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.16
33.17 MEDICAID HOSPITAL ASSESSMENT FEE	A	-12,859,233	OTHER ADMINISTRATIVE & GENERAL	5.05		0	33.17
33.18 TELEPHONE EQUIPMENT	A	-76	ADULTS & PEDIATRICS	30.00		0	33.18
33.19 UNWONTED SITUATIONS	A	-620	ADULTS & PEDIATRICS	30.00		0	33.19
33.20 UNWONTED SITUATIONS	A	-4,242	OPERATING ROOM	50.00		0	33.20
33.21 CARMEL REHAB START-UP	A	11,167	PHYSICAL THERAPY	66.00		0	33.21
33.22 CANCER CENTER PLANNING START-UP	A	618,933	OTHER ADMINISTRATIVE & GENERAL	5.05		0	33.22
33.23 CONTRIBUTION EXPENSE	A	1,400	OTHER ADMINISTRATIVE & GENERAL	5.05		0	33.23
33.24 CONTRIBUTION EXPENSE	A	303	PHARMACY	15.00		0	33.24
33.25 CONTRIBUTION EXPENSE	A	1,449	RADIOLOGY-DIAGNOSTIC	54.00		0	33.25
33.26 CONTRIBUTION EXPENSE	A	167	PHYSICAL THERAPY	66.00		0	33.26
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-2,651,767					50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 15-0161

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

Worksheet A-8-1

Date/Time Prepared: 5/26/2022 2:55 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE ALLOCATION	1,013,719	1,926,450 1.00
2.00	1.01	NEW CAP REL COSTS-INTEREST	HOME OFFICE ALLOCATION	11,306,535	0 2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE ALLOCATION	1,233,906	0 3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOCATION	12,553,477	0 3.01
3.02	5.02	DATA PROCESSING	HOME OFFICE ALLOCATION	10,098,608	0 3.02
4.00	5.03	PURCHASING RECEIVING AND STO	HOME OFFICE ALLOCATION	1,659,043	0 4.00
4.01	5.04	ADMINI TTING	HOME OFFICE ALLOCATION	2,196,716	0 4.01
4.02	5.05	OTHER ADMINI STRATIVE & GENER	HOME OFFICE ALLOCATION	23,471,057	28,401,499 4.02
4.03	0.00		HOME OFFICE ALLOCATION	0	0 4.03
4.04	4.00	EMPLOYEE BENEFITS DEPARTMENT	INTERCOMPANY	170,023	170,023 4.04
4.05	5.04	ADMINI TTING	INTERCOMPANY	107,663	107,663 4.05
4.06	5.05	OTHER ADMINI STRATIVE & GENER	INTERCOMPANY	30,875,834	30,875,834 4.06
4.07	6.00	MAINTENANCE & REPAIRS	INTERCOMPANY	0	172,143 4.07
4.08	17.00	SOCIAL SERVICE	INTERCOMPANY	133,900	133,900 4.08
4.09	30.00	ADULTS & PEDI ATRICS	INTERCOMPANY	5,658,050	5,658,050 4.09
4.10	34.02	PREMATURE INTENSIVE CARE UNI	INTERCOMPANY	701,833	701,833 4.10
4.11	50.00	OPERATING ROOM	INTERCOMPANY	485,127	485,127 4.11
4.12	52.00	DELIVERY ROOM & LABOR ROOM	INTERCOMPANY	1,585,817	1,585,817 4.12
4.13	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY	138,018	138,018 4.13
4.14	55.00	RADIOLOGY - THERAPEUTIC	INTERCOMPANY	1,264,644	1,264,644 4.14
4.15	60.00	LABORATORY	INTERCOMPANY	8,621,809	8,621,809 4.15
4.16	66.00	PHYSICAL THERAPY	INTERCOMPANY	8,985	8,985 4.16
4.17	67.00	OCCUPATIONAL THERAPY	INTERCOMPANY	46	46 4.17
4.18	69.00	ELECTROCARDIOLOGY	INTERCOMPANY	223,708	223,708 4.18
4.19	70.00	ELECTROENCEPHALOGRAPHY	INTERCOMPANY	261,525	261,525 4.19
4.20	75.01	CARDIAC CATHERIZATION LABORA	INTERCOMPANY	320,743	320,743 4.20
4.21	91.00	EMERGENCY	INTERCOMPANY	941,496	941,496 4.21
4.22	192.01	OTHER NON-REIMBURSABLE	INTERCOMPANY	9,597	9,597 4.22
4.23	192.02	CHILD BIRTH EDUCATION	INTERCOMPANY	27,400	27,400 4.23
4.24	192.05	PHYSICIAN PRACTICE	INTERCOMPANY	49,746	49,746 4.24
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			115,119,025	82,086,056 5.00

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

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

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

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

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

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

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

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

Provider CCN: 15-0161

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2022 2:55 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-912,731	9		1.00
2.00	11,306,535	9		2.00
3.00	1,233,906	9		3.00
3.01	12,553,477	0		3.01
3.02	10,098,608	0		3.02
4.00	1,659,043	0		4.00
4.01	2,196,716	0		4.01
4.02	-4,930,442	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	-172,143	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
4.20	0	0		4.20
4.21	0	0		4.21
4.22	0	0		4.22
4.23	0	0		4.23
4.24	0	0		4.24
5.00	33,032,969			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	HEALTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT			Provider CCN: 15-0161		Period: From 01/01/2021 To 12/31/2021		Worksheet A-8-2 Date/Time Prepared: 5/26/2022 2:55 pm	
-------------------------------------	--	--	-----------------------	--	---------------------------------------	--	--	--

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	OTHER ADMINISTRATIVE & GENERAL	401,435	401,435	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	5,598,065	5,598,065	0	0	0	2.00
3.00	34.02	PREMATURE INTENSIVE CARE UNIT	683,833	683,833	0	0	0	3.00
4.00	50.00	OPERATING ROOM	539,503	539,503	0	0	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	1,438,599	0	1,438,599	237,100	9,561	5.00
6.00	91.00	EMERGENCY	869,028	869,028	0	0	0	6.00
7.00	55.00	RADIOLOGY - THERAPEUTIC	443,846	443,846	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	223,708	223,708	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	2,174	2,174	0	0	0	9.00
10.00	15.00	PHARMACY	1,415	1,415	0	0	0	10.00
11.00	51.00	RECOVERY ROOM	551	551	0	0	0	11.00
12.00	13.00	NURSING ADMINISTRATION	52,250	52,250	0	0	0	12.00
13.00	75.01	CARDIAC CATHETERIZATION LABORATORY	130,400	130,400	0	0	0	13.00
200.00			10,384,807	8,946,208	1,438,599		9,561	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.05	OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	34.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	1,089,862	54,493	0	0	0	5.00
6.00	91.00	EMERGENCY	0	0	0	0	0	6.00
7.00	55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	9.00
10.00	15.00	PHARMACY	0	0	0	0	0	10.00
11.00	51.00	RECOVERY ROOM	0	0	0	0	0	11.00
12.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	12.00
13.00	75.01	CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	0	13.00
200.00			1,089,862	54,493	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.05	OTHER ADMINISTRATIVE & GENERAL	0	0	0	401,435	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	5,598,065	2.00
3.00	34.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	683,833	3.00
4.00	50.00	OPERATING ROOM	0	0	0	539,503	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	1,089,862	348,737	348,737	5.00
6.00	91.00	EMERGENCY	0	0	0	869,028	6.00
7.00	55.00	RADIOLOGY - THERAPEUTIC	0	0	0	443,846	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	223,708	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	2,174	9.00
10.00	15.00	PHARMACY	0	0	0	1,415	10.00
11.00	51.00	RECOVERY ROOM	0	0	0	551	11.00
12.00	13.00	NURSING ADMINISTRATION	0	0	0	52,250	12.00
13.00	75.01	CARDIAC CATHETERIZATION LABORATORY	0	0	0	130,400	13.00
200.00			0	1,089,862	348,737	9,294,945	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 2:55 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP	
		0	1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	9,142,224	9,142,224			1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	11,600,592	0	11,600,592		1.01
1.02	00102	MOB LEASED SPACE	770,068	0	0	770,068	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	11,359,565				11,359,565
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,154,491	24,885	31,577	12,026	1,390
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	0
5.02	00550	DATA PROCESSING	10,167,109	141,997	180,181	7,053	0
5.03	00560	PURCHASING RECEIVING AND STORES	1,659,043	0	0	0	0
5.04	00570	ADMINISTRATIVE	2,762,102	28,623	36,319	0	152
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	28,536,911	282,560	358,541	139,903	146,838
6.00	00600	MAINTENANCE & REPAIRS	5,990,459	1,333,645	1,692,266	16,989	132,199
7.00	00700	OPERATION OF PLANT	1,439,310	5,349	6,787	1,838	7,080
8.00	00800	LAUNDRY & LINEN SERVICE	198,825	0	0	0	0
9.00	00900	HOUSEKEEPING	5,767,985	110,541	140,265	4,302	1,896
10.00	01000	DIETARY	1,274,075	46,901	59,513	0	6,099
11.00	01100	CAFETERIA	1,557,596	281,232	356,856	0	42,323
13.00	01300	NURSING ADMINISTRATION	6,134,574	142,688	181,057	0	1,440,071
14.00	01400	CENTRAL SERVICES & SUPPLY	8,591,667	300,520	381,331	0	0
15.00	01500	PHARMACY	4,290,876	142,972	181,417	0	100,676
16.00	01600	MEDICAL RECORDS & LIBRARY	412	0	0	0	0
17.00	01700	SOCIAL SERVICE	1,492,906	177,917	225,760	0	0
18.00	01850	PATIENT TRANSPORTATION	233,164	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,760,940	1,716,506	2,178,082	0	240,525
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0
34.02	03402	PREMATURE INTENSIVE CARE UNIT	3,329,759	384,741	488,199	5,402	66,991
43.00	04300	NURSERY	1,151,687	156,486	198,565	0	8,839
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,105,934	1,064,759	1,351,075	0	3,301,713
51.00	05100	RECOVERY ROOM	2,900,304	163,447	207,398	0	33,132
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,856,666	497,000	630,644	0	163,903
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,928,083	257,356	326,559	192,850	3,085,313
55.00	05500	RADIOLOGY - THERAPEUTIC	4,821,012	860,167	1,091,468	0	1,221,588
56.00	05600	RADIOLOGY	291,268	18,527	23,509	0	21,563
60.00	06000	LABORATORY	10,177,052	208,081	264,034	0	0
65.00	06500	RESPIRATORY THERAPY	2,542,873	32,590	41,354	0	101,147
66.00	06600	PHYSICAL THERAPY	1,974,267	6,181	7,844	68,230	11,300
67.00	06700	OCCUPATIONAL THERAPY	537,480	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	316,434	0	0	0	1,742
69.00	06900	ELECTROCARDIOLOGY	512,477	37,337	47,377	0	148,205
70.00	07000	ELECTROENCEPHALOGRAPHY	514,150	12,558	15,935	0	49,586
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,095,119	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,928,885	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	41,950,018	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,978,099	230,735	292,780	0	915,565
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	5,075,495	202,360	256,775	0	48,725
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	263,871,956	8,868,661	11,253,468	448,593	11,298,561
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	628,906	8,449	10,720	0	51,473
192.02	19202	CHILD BIRTH EDUCATION	221,882	0	0	0	0
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	241,433	306,355	0	896
192.04	19204	PHYSICIANS' PRIVATE OFFICES	17,190	0	0	0	8,635
192.05	19205	PHYSICIAN PRACTICE	955,636	0	0	209,530	0
192.06	19206	TIPTON HOSPITAL	70,286	2,285	2,899	25,923	0
192.07	19207	WEST HOSPITAL	274,378	16,844	21,374	51,120	0
192.08	19208	SAXONY HOSPITAL	76,631	4,552	5,776	34,902	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	266,116,865	9,142,224	11,600,592	770,068	11,359,565

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B Part I Date/Time Prepared: 5/26/2022 2:55 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	
		4.00	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,224,369				4.00
5.01	00540	NONPATIENT TELEPHONES	0	0			5.01
5.02	00550	DATA PROCESSING	0	10,496,340			5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	1,659,043		5.03
5.04	00570	ADMINISTRATIVE	62,215	95,950	2	2,985,363	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	567,951	380,078	5	0	5.05
6.00	00600	MAINTENANCE & REPAIRS	326,981	269,358	6,228	0	6.00
7.00	00700	OPERATION OF PLANT	183,384	223,185	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	279,008	478,703	1	0	9.00
10.00	01000	DIETARY	125,061	202,135	5	0	10.00
11.00	01100	CAFETERIA	190,361	297,503	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,047,131	247,144	716	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	46	0	24,295	0	14.00
15.00	01500	PHARMACY	647,054	444,859	4,484	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	76	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	235,160	159,102	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	43,167	73,969	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,024,718	2,315,010	43,991	300,953	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	512,896	364,377	5,567	51,968	34.02
43.00	04300	NURSERY	183,640	0	0	16,981	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,073,321	1,030,444	424,519	571,335	50.00
51.00	05100	RECOVERY ROOM	471,658	374,844	7,190	82,503	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	639,991	451,139	20,641	100,395	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	801,920	592,680	29,844	194,359	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	589,216	528,248	7,799	178,284	55.00
56.00	05600	RADIOISOTOPE	46,066	30,355	0	23,237	56.00
60.00	06000	LABORATORY	158,219	395,314	502	132,193	60.00
65.00	06500	RESPIRATORY THERAPY	444,251	332,743	17,764	34,929	65.00
66.00	06600	PHYSICAL THERAPY	339,663	248,888	1,002	21,409	66.00
67.00	06700	OCCUPATIONAL THERAPY	94,479	67,339	428	7,376	67.00
68.00	06800	SPEECH PATHOLOGY	63,424	43,381	560	3,897	68.00
69.00	06900	ELECTROCARDIOLOGY	79,622	59,198	5	36,994	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,634	23,958	83	8,346	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	279,287	97,008	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	745,355	228,101	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	572,863	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	209,974	162,708	24,792	76,412	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	547,788	419,621	13,707	245,820	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)	13,019,075	10,312,233	1,658,772	2,985,363	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	16,434	23,144	0	0	192.01
192.02	19202	CHILD BIRTH EDUCATION	15,593	14,887	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	2,814	1,628	198	0	192.04
192.05	19205	PHYSICIAN PRACTICE	115,640	108,394	73	0	192.05
192.06	19206	TIPTON HOSPITAL	10,237	6,048	0	0	192.06
192.07	19207	WEST HOSPITAL	34,854	23,609	0	0	192.07
192.08	19208	SAXONY HOSPITAL	9,722	6,397	0	0	192.08
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	13,224,369	10,496,340	1,659,043	2,985,363	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 2:55 pm

Cost Center Description		Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE		
		5A.04	5.05	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01	
1.02	00102	MOB LEASED SPACE					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	30,412,787	30,412,787			5.05	
6.00	00600	MAINTENANCE & REPAIRS	9,768,125	1,260,381	11,028,506		6.00	
7.00	00700	OPERATION OF PLANT	1,866,933	240,890	8,047	2,115,870	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	198,825	25,654	0	224,479	8.00	
9.00	00900	HOUSEKEEPING	6,782,701	875,172	166,305	31,930	9.00	
10.00	01000	DIETARY	1,713,789	221,130	70,562	13,547	10.00	
11.00	01100	CAFETERIA	2,725,871	351,719	423,103	81,234	11.00	
13.00	01300	NURSING ADMINISTRATION	9,193,381	1,186,222	214,669	41,215	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	9,297,859	1,199,703	452,122	86,805	14.00	
15.00	01500	PHARMACY	5,812,338	749,966	215,096	41,297	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	488	63	0	0	16.00	
17.00	01700	SOCIAL SERVICE	2,290,845	295,588	267,671	51,391	17.00	
18.00	01850	PATIENT TRANSPORTATION	350,300	45,199	0	0	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,580,725	4,203,891	2,582,428	495,813	172,496	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	5,209,900	672,233	578,829	111,132	26,004	34.02
43.00	04300	NURSERY	1,716,198	221,441	235,427	45,201	25,979	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,923,100	2,570,678	1,601,893	307,555	0	50.00
51.00	05100	RECOVERY ROOM	4,240,476	547,149	245,900	47,211	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,360,379	1,078,740	747,719	143,558	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,408,964	1,343,069	387,183	74,337	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	9,297,782	1,199,693	1,294,092	248,459	0	55.00
56.00	05600	RADIOISOTOPE	454,525	58,647	27,873	5,351	0	56.00
60.00	06000	LABORATORY	11,335,395	1,462,606	313,051	60,104	0	60.00
65.00	06500	RESPIRATORY THERAPY	3,547,651	457,753	49,031	9,414	0	65.00
66.00	06600	PHYSICAL THERAPY	2,678,784	345,643	9,300	1,786	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	707,102	91,237	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	429,438	55,410	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	921,215	118,864	56,172	10,785	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	655,250	84,547	18,893	3,627	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,471,414	576,947	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,902,341	1,535,759	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,522,881	5,486,618	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	3,891,065	502,064	347,132	66,648	0	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,810,291	878,732	304,444	58,452	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	262,479,118	29,943,408	10,616,942	2,036,852	224,479	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	739,126	95,369	12,711	2,440	0	192.01
192.02	19202	CHILDBIRTH EDUCATION	252,362	32,562	0	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	548,684	70,797	363,227	69,738	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	30,465	3,931	0	0	0	192.04
192.05	19205	PHYSICIAN PRACTICE	1,389,273	179,258	0	0	0	192.05
192.06	19206	TIPTON HOSPITAL	117,678	15,184	3,437	660	0	192.06
192.07	19207	WEST HOSPITAL	422,179	54,474	25,341	4,865	0	192.07
192.08	19208	SAXONY HOSPITAL	137,980	17,804	6,848	1,315	0	192.08
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	266,116,865	30,412,787	11,028,506	2,115,870	224,479	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 2:55 pm

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	7,856,108				9.00
10.00	01000	DIETARY	51,072	2,070,100			10.00
11.00	01100	CAFETERIA	306,237	0	3,888,164		11.00
13.00	01300	NURSING ADMINISTRATION	155,375	0	112,398	10,903,260	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	327,241	0	0	11,363,730	14.00
15.00	01500	PHARMACY	155,684	0	202,316	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	31,300	16.00
17.00	01700	SOCIAL SERVICE	193,737	0	72,358	0	17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	33,640	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,869,130	1,913,680	1,052,834	4,424,989	307,108
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0
34.02	03402	PREMATURE INTENSIVE CARE UNIT	418,950	0	165,714	875,937	38,862
43.00	04300	NURSERY	170,400	0	0	315,222	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,159,431	0	468,632	1,222,006	2,963,609
51.00	05100	RECOVERY ROOM	177,979	13,575	170,474	880,114	50,194
52.00	05200	DELIVERY ROOM & LABOR ROOM	541,190	98,192	205,172	993,864	144,096
54.00	05400	RADIOLOGY-DIAGNOSTIC	280,238	0	269,543	151,345	208,342
55.00	05500	RADIOLOGY - THERAPEUTIC	936,648	0	240,240	795,284	54,447
56.00	05600	RADIOISOTOPE	20,174	0	13,805	0	0
60.00	06000	LABORATORY	226,582	0	179,783	259,632	3,508
65.00	06500	RESPIRATORY THERAPY	35,488	0	151,327	0	124,015
66.00	06600	PHYSICAL THERAPY	6,731	0	113,191	6,105	6,998
67.00	06700	OCCUPATIONAL THERAPY	0	0	30,625	0	2,990
68.00	06800	SPEECH PATHOLOGY	0	0	19,729	0	3,910
69.00	06900	ELECTROCARDIOLOGY	40,657	0	26,923	0	32
70.00	07000	ELECTROENCEPHALOGRAPHY	13,674	0	10,896	0	580
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,949,731
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	5,203,351
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	251,250	41,535	73,997	258,347	173,077
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	220,353	3,118	190,838	705,634	95,688
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,558,221	2,070,100	3,804,435	10,888,479	11,361,838
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	9,200	0	10,526	0	0
192.02	19202	CHILD BIRTH EDUCATION	0	0	6,770	0	0
192.03	19203	PHYSICIANS' PRIVATE OFFICES	262,900	0	0	4,499	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	0	741	321	1,379
192.05	19205	PHYSICIAN PRACTICE	0	0	49,296	9,961	513
192.06	19206	TIPTON HOSPITAL	2,488	0	2,750	0	0
192.07	19207	WEST HOSPITAL	18,342	0	10,737	0	0
192.08	19208	SAXONY HOSPITAL	4,957	0	2,909	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	7,556,108	2,070,100	3,888,164	10,903,260	11,363,730

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 2:55 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	Subtotal		
	15.00	16.00	17.00	18.00			24.00
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
1.01 00101 NEW CAP REL COSTS-INTEREST						1.01	
1.02 00102 MOB LEASED SPACE						1.02	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 00540 NONPATIENT TELEPHONES						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.03 00560 PURCHASING RECEIVING AND STORES						5.03	
5.04 00570 ADMITTING						5.04	
5.05 00590 OTHER ADMINISTRATIVE & GENERAL						5.05	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00	
15.00 01500 PHARMACY	7,207,997					15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	551				16.00	
17.00 01700 SOCIAL SERVICE	0	551	3,172,141			17.00	
18.00 01850 PATIENT TRANSPORTATION	0	0	0	429,139		18.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	22,154	0	2,437,560	43,231	52,106,039	30.00	
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01	
34.02 03402 PREMATURE INTENSIVE CARE UNIT	3,412	0	367,463	7,465	8,475,901	34.02	
43.00 04300 NURSERY	0	0	367,118	2,439	3,099,425	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	11,719	0	0	82,070	30,310,693	50.00	
51.00 05100 RECOVERY ROOM	15,712	0	0	11,851	6,400,635	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	9,125	0	0	14,421	12,336,456	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	9,616	0	0	27,919	13,160,556	54.00	
55.00 05500 RADIOLOGY - THERAPEUTIC	9,684	0	0	25,610	14,101,939	55.00	
56.00 05600 RADIOISOTOPE	56	0	0	3,338	583,769	56.00	
60.00 06000 LABORATORY	2	0	0	18,989	13,859,652	60.00	
65.00 06500 RESPIRATORY THERAPY	12	0	0	5,017	4,379,708	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	3,075	3,171,613	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,060	833,014	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	560	509,047	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	5,314	1,179,962	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	1,199	788,666	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,935	7,012,027	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	32,766	18,674,217	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	7,089,243	0	0	82,593	55,181,335	73.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	14,580	0	0	10,976	5,630,671	75.01	
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	22,232	0	0	35,311	9,325,093	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)	7,207,547	551	3,172,141	429,139	261,120,418	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0	0	869,372	192.01	
192.02 19202 CHILD BIRTH EDUCATION	0	0	0	0	291,694	192.02	
192.03 19203 PHYSICIANS' PRIVATE OFFICES	450	0	0	0	1,320,295	192.03	
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	36,837	192.04	
192.05 19205 PHYSICIAN PRACTICE	0	0	0	0	1,628,301	192.05	
192.06 19206 TIPTON HOSPITAL	0	0	0	0	142,197	192.06	
192.07 19207 WEST HOSPITAL	0	0	0	0	535,938	192.07	
192.08 19208 SAXONY HOSPITAL	0	0	0	0	171,813	192.08	
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	7,207,997	551	3,172,141	429,139	266,116,865	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 2:55 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		1.01
1.02	00102	MOB LEASED SPACE		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	PATIENT TRANSPORTATION		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	52,106,039	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	8,475,901	34.02
43.00	04300	NURSERY	3,099,425	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	30,310,693	50.00
51.00	05100	RECOVERY ROOM	6,400,635	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,336,456	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,160,556	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	14,101,939	55.00
56.00	05600	RADIOISOTOPE	583,769	56.00
60.00	06000	LABORATORY	13,859,652	60.00
65.00	06500	RESPIRATORY THERAPY	4,379,708	65.00
66.00	06600	PHYSICAL THERAPY	3,171,613	66.00
67.00	06700	OCCUPATIONAL THERAPY	833,014	67.00
68.00	06800	SPEECH PATHOLOGY	509,047	68.00
69.00	06900	ELECTROCARDIOLOGY	1,179,962	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	788,666	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,012,027	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	18,674,217	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,181,335	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	5,630,671	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	9,325,093	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)	261,120,418	118.00
NONREIMBURSABLE COST CENTERS				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	869,372	192.01
192.02	19202	CHILD BIRTH EDUCATION	291,694	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	1,320,295	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	36,837	192.04
192.05	19205	PHYSICIAN PRACTICE	1,628,301	192.05
192.06	19206	TIPTON HOSPITAL	142,197	192.06
192.07	19207	WEST HOSPITAL	535,938	192.07
192.08	19208	SAXONY HOSPITAL	171,813	192.08
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	266,116,865	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2022 2:55 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP	
			1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS		0					
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400	0	24,885	31,577	12,026	1,390	4.00
5.01	00540	0	0	0	0	0	5.01
5.02	00550	0	141,997	180,181	7,053	0	5.02
5.03	00560	0	0	0	0	0	5.03
5.04	00570	0	28,623	36,319	0	152	5.04
5.05	00590	0	282,560	358,541	139,903	146,838	5.05
6.00	00600	0	1,333,645	1,692,266	16,989	132,199	6.00
7.00	00700	0	5,349	6,787	1,838	7,080	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	0	110,541	140,265	4,302	1,896	9.00
10.00	01000	0	46,901	59,513	0	6,099	10.00
11.00	01100	0	281,232	356,856	0	42,323	11.00
13.00	01300	0	142,688	181,057	0	1,440,071	13.00
14.00	01400	0	300,520	381,331	0	0	14.00
15.00	01500	0	142,972	181,417	0	100,676	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	177,917	225,760	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	1,716,506	2,178,082	0	240,525	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	0	0	0	0	0	34.01
34.02	03402	0	384,741	488,199	5,402	66,991	34.02
43.00	04300	0	156,486	198,565	0	8,839	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	1,064,759	1,351,075	0	3,301,713	50.00
51.00	05100	0	163,447	207,398	0	33,132	51.00
52.00	05200	0	497,000	630,644	0	163,903	52.00
54.00	05400	0	257,356	326,559	192,850	3,085,313	54.00
55.00	05500	0	860,167	1,091,468	0	1,221,588	55.00
56.00	05600	0	18,527	23,509	0	21,563	56.00
60.00	06000	0	208,081	264,034	0	0	60.00
65.00	06500	0	32,590	41,354	0	101,147	65.00
66.00	06600	0	6,181	7,844	68,230	11,300	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	1,742	68.00
69.00	06900	0	37,337	47,377	0	148,205	69.00
70.00	07000	0	12,558	15,935	0	49,586	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	230,735	292,780	0	915,565	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	0	202,360	256,775	0	48,725	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		0	8,868,661	11,253,468	448,593	11,298,561	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	8,449	10,720	0	51,473	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	241,433	306,355	0	896	192.03
192.04	19204	0	0	0	0	8,635	192.04
192.05	19205	0	0	0	209,530	0	192.05
192.06	19206	0	2,285	2,899	25,923	0	192.06
192.07	19207	0	16,844	21,374	51,120	0	192.07
192.08	19208	0	4,552	5,776	34,902	0	192.08
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		0	9,142,224	11,600,592	770,068	11,359,565	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/26/2022 2:55 pm		
Cost Center	Description	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES
		2A	4.00	5.01	5.02	5.03
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-INTEREST				1.01
1.02	00102	MOB LEASED SPACE				1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	69,878	69,878		4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	5.01
5.02	00550	DATA PROCESSING	329,231	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	329,231	5.03
5.04	00570	ADMINITTING	65,094	329	0	5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	927,842	3,001	3,010	5.05
6.00	00600	MAINTENANCE & REPAIRS	3,175,099	1,728	0	6.00
7.00	00700	OPERATION OF PLANT	21,054	969	7,000	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	8.00
9.00	00900	HOUSEKEEPING	257,004	1,474	15,015	9.00
10.00	01000	DIETARY	112,513	661	6,340	10.00
11.00	01100	CAFETERIA	680,411	1,006	9,332	11.00
13.00	01300	NURSING ADMINISTRATION	1,763,816	5,533	7,752	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	681,851	0	0	14.00
15.00	01500	PHARMACY	425,065	3,419	13,954	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	403,677	1,243	4,990	17.00
18.00	01850	PATIENT TRANSPORTATION	0	228	2,320	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,135,113	15,987	72,611	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	945,333	2,710	11,429	34.02
43.00	04300	NURSERY	363,890	970	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,717,547	5,671	32,321	50.00
51.00	05100	RECOVERY ROOM	403,977	2,492	11,757	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,291,547	3,382	14,151	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,862,078	4,237	18,590	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	3,173,223	3,113	16,569	55.00
56.00	05600	RADIOISOTOPE	63,599	243	952	56.00
60.00	06000	LABORATORY	472,115	836	12,400	60.00
65.00	06500	RESPIRATORY THERAPY	175,091	2,347	10,437	65.00
66.00	06600	PHYSICAL THERAPY	93,555	1,795	7,807	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	499	2,112	67.00
68.00	06800	SPEECH PATHOLOGY	1,742	335	1,361	68.00
69.00	06900	ELECTROCARDIOLOGY	232,919	421	1,857	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	78,079	162	751	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,439,080	1,109	5,104	75.01
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	507,860	2,894	13,162	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)	31,869,283	68,794	323,455	118.00
NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	70,642	87	726	192.01
192.02	19202	CHILD BIRTH EDUCATION	0	82	467	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	548,684	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	8,635	15	51	192.04
192.05	19205	PHYSICIAN PRACTICE	209,530	611	3,400	192.05
192.06	19206	TIPTON HOSPITAL	31,107	54	190	192.06
192.07	19207	WEST HOSPITAL	89,338	184	741	192.07
192.08	19208	SAXONY HOSPITAL	45,230	51	201	192.08
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)	32,872,449	69,878	329,231	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2022 2:55 pm

Cost Center Description		ADMINISTRATIVE	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.04	5.05	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE	68,433				5.04
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	0	942,765			5.05
6.00	00600	MAINTENANCE & REPAIRS	0	39,073	3,224,349		6.00
7.00	00700	OPERATION OF PLANT	0	7,468	2,353	38,844	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	795	0	795	8.00
9.00	00900	HOUSEKEEPING	0	27,131	48,622	586	9.00
10.00	01000	DIETARY	0	6,855	20,630	249	10.00
11.00	01100	CAFETERIA	0	10,903	123,701	1,491	11.00
13.00	01300	NURSING ADMINISTRATION	0	36,774	62,762	757	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	37,191	132,185	1,594	14.00
15.00	01500	PHARMACY	0	23,249	62,886	758	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	9,163	78,257	943	17.00
18.00	01850	PATIENT TRANSPORTATION	0	1,401	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,907	130,323	755,011	9,102	611
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0
34.02	03402	PREMATURE INTENSIVE CARE UNIT	1,193	20,840	169,229	2,040	92
43.00	04300	NURSERY	390	6,865	68,831	830	92
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	13,112	79,692	468,337	5,646	0
51.00	05100	RECOVERY ROOM	1,893	16,962	71,892	867	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,304	33,442	218,607	2,636	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,460	41,636	113,199	1,365	0
55.00	05500	RADIOLOGY - THERAPEUTIC	4,092	37,191	378,347	4,561	0
56.00	05600	RADIOISOTOPE	533	1,818	8,149	98	0
60.00	06000	LABORATORY	3,034	45,342	91,525	1,103	0
65.00	06500	RESPIRATORY THERAPY	802	14,191	14,335	173	0
66.00	06600	PHYSICAL THERAPY	491	10,715	2,719	33	0
67.00	06700	OCCUPATIONAL THERAPY	169	2,828	0	0	0
68.00	06800	SPEECH PATHOLOGY	89	1,718	0	0	0
69.00	06900	ELECTROCARDIOLOGY	849	3,685	16,423	198	0
70.00	07000	ELECTROENCEPHALOGRAPHY	192	2,621	5,524	67	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,226	17,886	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,235	47,609	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	13,067	170,039	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,754	15,564	101,489	1,224	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	5,641	27,241	89,009	1,073	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	68,433	928,213	3,104,022	37,394	795
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	0	2,957	3,716	45	0
192.02	19202	CHILD BIRTH EDUCATION	0	1,009	0	0	0
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	2,195	106,195	1,280	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	122	0	0	0
192.05	19205	PHYSICIAN PRACTICE	0	5,557	0	0	0
192.06	19206	TIPTON HOSPITAL	0	471	1,005	12	0
192.07	19207	WEST HOSPITAL	0	1,689	7,409	89	0
192.08	19208	SAXONY HOSPITAL	0	552	2,002	24	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	68,433	942,765	3,224,349	38,844	795

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/26/2022 2:55 pm				
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		9.00	10.00	11.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01	
1.02	00102	MOB LEASED SPACE					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00590	OTHER ADMINISTRATIVE & GENERAL					5.05	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING	349,832				9.00	
10.00	01000	DIETARY	2,274	149,522			10.00	
11.00	01100	CAFETERIA	13,637	0	840,481		11.00	
13.00	01300	NURSING ADMINISTRATION	6,919	0	24,296	1,908,609	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	14,572	0	0	867,393	14.00	
15.00	01500	PHARMACY	6,933	0	43,733	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,389	16.00	
17.00	01700	SOCIAL SERVICE	8,627	0	15,641	0	17.00	
18.00	01850	PATIENT TRANSPORTATION	0	0	7,272	0	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	83,232	138,224	227,587	774,594	23,441	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	18,656	0	35,821	153,332	2,966	34.02
43.00	04300	NURSERY	7,588	0	0	55,179	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	51,629	0	101,301	213,911	226,209	50.00
51.00	05100	RECOVERY ROOM	7,925	981	36,850	154,063	3,831	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,099	7,092	44,351	173,975	10,999	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,479	0	58,265	26,493	15,903	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	41,709	0	51,931	139,214	4,156	55.00
56.00	05600	RADIOISOTOPE	898	0	2,984	0	0	56.00
60.00	06000	LABORATORY	10,090	0	38,863	45,448	268	60.00
65.00	06500	RESPIRATORY THERAPY	1,580	0	32,711	0	9,466	65.00
66.00	06600	PHYSICAL THERAPY	300	0	24,468	1,069	534	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	6,620	0	228	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	4,265	0	298	68.00
69.00	06900	ELECTROCARDIOLOGY	1,810	0	5,820	0	2	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	609	0	2,355	0	44	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	148,821	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	397,179	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	11,188	3,000	15,996	45,223	13,211	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	9,812	225	41,252	123,521	7,304	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)	336,566	149,522	822,382	1,906,022	867,249	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	410	0	2,275	0	0	192.01
192.02	19202	CHILD BIRTH EDUCATION	0	0	1,463	0	0	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	11,707	0	0	787	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	0	160	56	105	192.04
192.05	19205	PHYSICIAN PRACTICE	0	0	10,656	1,744	39	192.05
192.06	19206	TIPTON HOSPITAL	111	0	595	0	0	192.06
192.07	19207	WEST HOSPITAL	817	0	2,321	0	0	192.07
192.08	19208	SAXONY HOSPITAL	221	0	629	0	0	192.08
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)	349,832	149,522	840,481	1,908,609	867,393	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2022 2:55 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal		
				PATIENT TRANSPORTATION			
	15.00	16.00	17.00	18.00	24.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
1.01 00101 NEW CAP REL COSTS-INTEREST						1.01	
1.02 00102 MOB LEASED SPACE						1.02	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 00540 NONPATIENT TELEPHONES						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.03 00560 PURCHASING RECEIVING AND STORES						5.03	
5.04 00570 ADMITTING						5.04	
5.05 00590 OTHER ADMINISTRATIVE & GENERAL						5.05	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00	
15.00 01500 PHARMACY	582,386					15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	2				16.00	
17.00 01700 SOCIAL SERVICE	0	2	522,543			17.00	
18.00 01850 PATIENT TRANSPORTATION	0	0	0	11,221		18.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	1,790	0	401,536	1,151	6,777,220	30.00	
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01	
34.02 03402 PREMATURE INTENSIVE CARE UNIT	276	0	60,532	199	1,424,648	34.02	
43.00 04300 NURSERY	0	0	60,475	65	565,175	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	947	0	0	2,185	6,918,508	50.00	
51.00 05100 RECOVERY ROOM	1,269	0	0	316	715,075	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	737	0	0	384	1,827,706	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	777	0	0	743	4,160,225	54.00	
55.00 05500 RADIOLOGY - THERAPEUTIC	782	0	0	682	3,855,570	55.00	
56.00 05600 RADIOISOTOPE	5	0	0	89	79,368	56.00	
60.00 06000 LABORATORY	0	0	0	506	721,530	60.00	
65.00 06500 RESPIRATORY THERAPY	1	0	0	134	261,268	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	82	143,568	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	28	12,484	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	15	9,823	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	141	264,125	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	32	90,436	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	371	169,304	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	872	450,895	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	572,792	0	0	1,994	757,892	73.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	1,178	0	0	292	1,655,412	75.01	
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	1,796	0	0	940	831,730	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)	582,350	2	522,543	11,221	31,691,962	118.00
NONREIMBURSABLE COST CENTERS							
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0	0	80,858	192.01	
192.02 19202 CHILD BIRTH EDUCATION	0	0	0	0	3,021	192.02	
192.03 19203 PHYSICIANS' PRIVATE OFFICES	36	0	0	0	670,884	192.03	
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	9,144	192.04	
192.05 19205 PHYSICIAN PRACTICE	0	0	0	0	231,537	192.05	
192.06 19206 TIPTON HOSPITAL	0	0	0	0	33,545	192.06	
192.07 19207 WEST HOSPITAL	0	0	0	0	102,588	192.07	
192.08 19208 SAXONY HOSPITAL	0	0	0	0	48,910	192.08	
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	582,386	2	522,543	11,221	32,872,449	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/26/2022 2:55 pm
-------------------------------------	--	-----------------------	---	--

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00	
1.01	00101	NEW CAP REL COSTS-INTEREST		1.01	
1.02	00102	MOB LEASED SPACE		1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00	
5.01	00540	NONPATIENT TELEPHONES		5.01	
5.02	00550	DATA PROCESSING		5.02	
5.03	00560	PURCHASING RECEIVING AND STORES		5.03	
5.04	00570	ADMITTING		5.04	
5.05	00590	OTHER ADMINISTRATIVE & GENERAL		5.05	
6.00	00600	MAINTENANCE & REPAIRS		6.00	
7.00	00700	OPERATION OF PLANT		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE		8.00	
9.00	00900	HOUSEKEEPING		9.00	
10.00	01000	DIETARY		10.00	
11.00	01100	CAFETERIA		11.00	
13.00	01300	NURSING ADMINISTRATION		13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00	
15.00	01500	PHARMACY		15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00	
17.00	01700	SOCIAL SERVICE		17.00	
18.00	01850	PATIENT TRANSPORTATION		18.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	6,777,220	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	1,424,648	34.02
43.00	04300	NURSERY	0	565,175	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	6,918,508	50.00
51.00	05100	RECOVERY ROOM	0	715,075	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,827,706	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,160,225	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	3,855,570	55.00
56.00	05600	RADIOISOTOPE	0	79,368	56.00
60.00	06000	LABORATORY	0	721,530	60.00
65.00	06500	RESPIRATORY THERAPY	0	261,268	65.00
66.00	06600	PHYSICAL THERAPY	0	143,568	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	12,484	67.00
68.00	06800	SPEECH PATHOLOGY	0	9,823	68.00
69.00	06900	ELECTROCARDIOLOGY	0	264,125	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	90,436	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	169,304	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	450,895	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	757,892	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	1,655,412	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	831,730	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	31,691,962	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	80,858	192.01
192.02	19202	CHILD BIRTH EDUCATION	0	3,021	192.02
192.03	19203	PHYSICIANS' PRIVATE OFFICES	0	670,884	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	9,144	192.04
192.05	19205	PHYSICIAN PRACTICE	0	231,537	192.05
192.06	19206	TIPTON HOSPITAL	0	33,545	192.06
192.07	19207	WEST HOSPITAL	0	102,588	192.07
192.08	19208	SAXONY HOSPITAL	0	48,910	192.08
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)	0	32,872,449	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 2:55 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	MOB LEASED SPACE (MOB SQ FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	516,159				1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	0	516,159			1.01
1.02	00102	MOB LEASED SPACE	0	0	69,987		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				10,612,588	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,405	1,405	1,093	1,299	69,253,307
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	8,017	8,017	641	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMINISTRATIVE	1,616	1,616	0	142	325,808
5.05	00590	OTHER ADMINISTRATIVE & GENERAL	15,953	15,953	12,715	137,182	2,974,248
6.00	00600	MAINTENANCE & REPAIRS	75,296	75,296	1,544	123,506	1,712,339
7.00	00700	OPERATION OF PLANT	302	302	167	6,614	960,347
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	6,241	6,241	391	1,771	1,461,114
10.00	01000	DIETARY	2,648	2,648	0	5,698	654,923
11.00	01100	CAFETERIA	15,878	15,878	0	39,540	996,885
13.00	01300	NURSING ADMINISTRATION	8,056	8,056	0	1,345,375	5,483,627
14.00	01400	CENTRAL SERVICES & SUPPLY	16,967	16,967	0	0	243
15.00	01500	PHARMACY	8,072	8,072	0	94,056	3,388,496
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	400
17.00	01700	SOCIAL SERVICE	10,045	10,045	0	0	1,231,488
18.00	01850	PATIENT TRANSPORTATION	0	0	0	0	226,056
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	96,912	96,912	0	224,709	15,839,666
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0
34.02	03402	PREMATURE INTENSIVE CARE UNIT	21,722	21,722	491	62,586	2,685,939
43.00	04300	NURSERY	8,835	8,835	0	8,258	961,686
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	60,115	60,115	0	3,084,603	5,620,778
51.00	05100	RECOVERY ROOM	9,228	9,228	0	30,953	2,469,983
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,060	28,060	0	153,125	3,351,512
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,530	14,530	17,527	2,882,430	4,199,502
55.00	05500	RADIOLOGY - THERAPEUTIC	48,564	48,564	0	1,141,259	3,085,611
56.00	05600	RADIOISOTOPE	1,046	1,046	0	20,145	241,239
60.00	06000	LABORATORY	11,748	11,748	0	0	828,560
65.00	06500	RESPIRATORY THERAPY	1,840	1,840	0	94,496	2,326,460
66.00	06600	PHYSICAL THERAPY	349	349	6,201	10,557	1,778,752
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	494,770
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,627	332,138
69.00	06900	ELECTROCARDIOLOGY	2,108	2,108	0	138,459	416,965
70.00	07000	ELECTROENCEPHALOGRAPHY	709	709	0	46,325	160,427
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	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	13,027	13,027	0	855,360	1,099,596
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	11,425	11,425	0	45,521	2,868,662
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	500,714	500,714	40,770	10,555,596	68,178,220
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	477	477	0	48,088	86,063
192.02	19202	CHILD BIRTH EDUCATION	0	0	0	0	81,658
192.03	19203	PHYSICIANS' PRIVATE OFFICES	13,631	13,631	0	837	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	0	0	8,067	14,737
192.05	19205	PHYSICIAN PRACTICE	0	0	19,043	0	605,583
192.06	19206	TIPTON HOSPITAL	129	129	2,356	0	53,611
192.07	19207	WEST HOSPITAL	951	951	4,646	0	182,524
192.08	19208	SAXONY HOSPITAL	257	257	3,172	0	50,911
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	9,142,224	11,600,592	770,068	11,359,565	13,224,369
203.00		Unit cost multiplier (Wkst. B, Part I)	17.712031	22.474842	11.003015	1.070386	0.190956

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 2:55 pm

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	MOB LEASED SPACE (MOB SQ FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
	1.00	1.01	1.02	2.00		
204.00	Cost to be allocated (per Wkst. B, Part II)				69,878	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.001009	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: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 2:55 pm

Cost Center Description		NONPATIENT TELEPHONES (FTEs)	DATA PROCESSING (FTEs)	PURCHASING RECEIVING AND STORES (COSTED REQUISITIONS)	ADMITTING (GROSS CHARGES)	Reconciliation	
		5.01	5.02	5.03	5.04	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540	90,250					5.01
5.02	00550	0	90,250				5.02
5.03	00560	0	0	24,326,084			5.03
5.04	00570	825	825	27	1,268,571,551		5.04
5.05	00590	3,268	3,268	75	0	-30,412,787	5.05
6.00	00600	2,316	2,316	91,317	0	0	6.00
7.00	00700	1,919	1,919	0	0	0	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	4,116	4,116	20	0	0	9.00
10.00	01000	1,738	1,738	73	0	0	10.00
11.00	01100	2,558	2,558	0	0	0	11.00
13.00	01300	2,125	2,125	10,505	0	0	13.00
14.00	01400	0	0	356,229	0	0	14.00
15.00	01500	3,825	3,825	65,741	0	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	1,368	1,368	0	0	0	17.00
18.00	01850	636	636	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	19,905	19,905	645,034	127,902,023	0	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	0	0	0	0	0	34.01
34.02	03402	3,133	3,133	81,624	22,085,751	0	34.02
43.00	04300	0	0	0	7,216,646	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	8,860	8,860	6,224,618	242,811,210	0	50.00
51.00	05100	3,223	3,223	105,425	35,062,861	0	51.00
52.00	05200	3,879	3,879	302,653	42,666,929	0	52.00
54.00	05400	5,096	5,096	437,592	82,600,299	0	54.00
55.00	05500	4,542	4,542	114,357	75,768,763	0	55.00
56.00	05600	261	261	0	9,875,660	0	56.00
60.00	06000	3,399	3,399	7,367	56,180,778	0	60.00
65.00	06500	2,861	2,861	260,475	14,844,457	0	65.00
66.00	06600	2,140	2,140	14,698	9,098,505	0	66.00
67.00	06700	579	579	6,279	3,134,893	0	67.00
68.00	06800	373	373	8,212	1,656,211	0	68.00
69.00	06900	509	509	68	15,722,086	0	69.00
70.00	07000	206	206	1,218	3,546,845	0	70.00
71.00	07100	0	0	4,095,118	41,227,409	0	71.00
72.00	07200	0	0	10,928,885	96,940,448	0	72.00
73.00	07300	0	0	0	243,284,585	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	1,399	1,399	363,522	32,474,225	0	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	3,608	3,608	200,978	104,470,967	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		88,667	88,667	24,322,110	1,268,571,551	-30,412,787	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	199	199	0	0	0	192.01
192.02	19202	128	128	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	14	14	2,897	0	0	192.04
192.05	19205	932	932	1,077	0	0	192.05
192.06	19206	52	52	0	0	0	192.06
192.07	19207	203	203	0	0	0	192.07
192.08	19208	55	55	0	0	0	192.08
200.00							200.00
201.00							201.00
202.00		0	10,496,340	1,659,043	2,985,363		202.00
203.00		0.000000	116.302936	0.068200	0.002353		203.00
204.00		0	329,231	0	68,433		204.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0161			Period: From 01/01/2021 To 12/31/2021	Worksheet B-1 Date/Time Prepared: 5/26/2022 2:55 pm
Cost Center Description		NONPATIENT TELEPHONES (FTEs)	DATA PROCESSING (FTEs)	PURCHASING RECEIVING AND STORES (COSTED REQUISITIONS)	ADMITTING (GROSS CHARGES)	Reconciliation
		5.01	5.02	5.03	5.04	5A.05
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	3.647989	0.000000	0.000054	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: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 2:55 pm

Cost Center Description		OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		5.05	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00590	235,704,078					5.05
6.00	00600	9,768,125	413,872				6.00
7.00	00700	1,866,933	302	413,570			7.00
8.00	00800	198,825	0	0	36,766		8.00
9.00	00900	6,782,701	6,241	6,241	0	407,329	9.00
10.00	01000	1,713,789	2,648	2,648	0	2,648	10.00
11.00	01100	2,725,871	15,878	15,878	0	15,878	11.00
13.00	01300	9,193,381	8,056	8,056	0	8,056	13.00
14.00	01400	9,297,859	16,967	16,967	0	16,967	14.00
15.00	01500	5,812,338	8,072	8,072	0	8,072	15.00
16.00	01600	488	0	0	0	0	16.00
17.00	01700	2,290,845	10,045	10,045	0	10,045	17.00
18.00	01850	350,300	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	32,580,725	96,912	96,912	28,252	96,912	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	0	0	0	0	0	34.01
34.02	03402	5,209,900	21,722	21,722	4,259	21,722	34.02
43.00	04300	1,716,198	8,835	8,835	4,255	8,835	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	19,923,100	60,115	60,115	0	60,115	50.00
51.00	05100	4,240,476	9,228	9,228	0	9,228	51.00
52.00	05200	8,360,379	28,060	28,060	0	28,060	52.00
54.00	05400	10,408,964	14,530	14,530	0	14,530	54.00
55.00	05500	9,297,782	48,564	48,564	0	48,564	55.00
56.00	05600	454,525	1,046	1,046	0	1,046	56.00
60.00	06000	11,335,395	11,748	11,748	0	11,748	60.00
65.00	06500	3,547,651	1,840	1,840	0	1,840	65.00
66.00	06600	2,678,784	349	349	0	349	66.00
67.00	06700	707,102	0	0	0	0	67.00
68.00	06800	429,438	0	0	0	0	68.00
69.00	06900	921,215	2,108	2,108	0	2,108	69.00
70.00	07000	655,250	709	709	0	709	70.00
71.00	07100	4,471,414	0	0	0	0	71.00
72.00	07200	11,902,341	0	0	0	0	72.00
73.00	07300	42,522,881	0	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	3,891,065	13,027	13,027	0	13,027	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	6,810,291	11,425	11,425	0	11,425	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		232,066,331	398,427	398,125	36,766	391,884	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	739,126	477	477	0	477	192.01
192.02	19202	252,362	0	0	0	0	192.02
192.03	19203	548,684	13,631	13,631	0	13,631	192.03
192.04	19204	30,465	0	0	0	0	192.04
192.05	19205	1,389,273	0	0	0	0	192.05
192.06	19206	117,678	129	129	0	129	192.06
192.07	19207	422,179	951	951	0	951	192.07
192.08	19208	137,980	257	257	0	257	192.08
200.00							200.00
201.00							201.00
202.00		30,412,787	11,028,506	2,115,870	224,479	7,856,108	202.00
203.00		0.129030	26.647142	5.116111	6.105614	19.286886	203.00
204.00		942,765	3,224,349	38,844	795	349,832	204.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0161			Period: From 01/01/2021 To 12/31/2021		Worksheet B-1 Date/Time Prepared: 5/26/2022 2:55 pm	
Cost Center Description		OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)		
		5.05	6.00	7.00	8.00	9.00		
205.00	Unit cost multiplier (Wkst. B, Part II)	0.004000	7.790691	0.093924	0.021623	0.858844	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: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 2:55 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	NURSING ADMINISTRATIVE (NURSING FTEs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	84,329					10.00
11.00	01100	0	73,510				11.00
13.00	01300	0	2,125	33,932			13.00
14.00	01400	0	0	0	23,867,838		14.00
15.00	01500	0	3,825	0	65,741	42,652,741	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	1,368	0	0	0	17.00
18.00	01850	0	636	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	77,957	19,905	13,771	645,034	131,096	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	0	0	0	0	0	34.01
34.02	03402	0	3,133	2,726	81,624	20,191	34.02
43.00	04300	0	0	981	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	8,860	3,803	6,224,618	69,346	50.00
51.00	05100	553	3,223	2,739	105,425	92,974	51.00
52.00	05200	4,000	3,879	3,093	302,653	53,999	52.00
54.00	05400	0	5,096	471	437,592	56,901	54.00
55.00	05500	0	4,542	2,475	114,357	57,305	55.00
56.00	05600	0	261	0	0	333	56.00
60.00	06000	0	3,399	808	7,367	11	60.00
65.00	06500	0	2,861	0	260,475	71	65.00
66.00	06600	0	2,140	19	14,698	0	66.00
67.00	06700	0	579	0	6,279	0	67.00
68.00	06800	0	373	0	8,212	0	68.00
69.00	06900	0	509	0	68	1	69.00
70.00	07000	0	206	0	1,218	0	70.00
71.00	07100	0	0	0	4,095,118	0	71.00
72.00	07200	0	0	0	10,928,885	0	72.00
73.00	07300	0	0	0	0	41,950,017	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	1,692	1,399	804	363,522	86,275	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	127	3,608	2,196	200,978	131,557	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		84,329	71,927	33,886	23,863,864	42,650,077	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	199	0	0	0	192.01
192.02	19202	0	128	0	0	0	192.02
192.03	19203	0	0	14	0	2,664	192.03
192.04	19204	0	14	1	2,897	0	192.04
192.05	19205	0	932	31	1,077	0	192.05
192.06	19206	0	52	0	0	0	192.06
192.07	19207	0	203	0	0	0	192.07
192.08	19208	0	55	0	0	0	192.08
200.00							200.00
201.00							201.00
202.00		2,070,100	3,888,164	10,903,260	11,363,730	7,207,997	202.00
203.00		24.547902	52.892994	321.326771	0.476111	0.168993	203.00
204.00		149,522	840,481	1,908,609	867,393	582,386	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 2:55 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	NURSING ADMINISTRATION (NURSING FTEs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	1.773079	11.433560	56.248055	0.036341	0.013654	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: 15-0161

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

Worksheet B-1
Date/Time Prepared:
5/26/2022 2:55 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE		
			PATIENT TRANSPORTATION (GROSS CHARGES)		
	16.00	17.00	18.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT				1.00	
1.01 00101 NEW CAP REL COSTS-INTEREST				1.01	
1.02 00102 MOB LEASED SPACE				1.02	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP				2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.01 00540 NONPATIENT TELEPHONES				5.01	
5.02 00550 DATA PROCESSING				5.02	
5.03 00560 PURCHASING RECEIVING AND STORES				5.03	
5.04 00570 ADMITTING				5.04	
5.05 00590 OTHER ADMINISTRATIVE & GENERAL				5.05	
6.00 00600 MAINTENANCE & REPAIRS				6.00	
7.00 00700 OPERATION OF PLANT				7.00	
8.00 00800 LAUNDRY & LINEN SERVICE				8.00	
9.00 00900 HOUSEKEEPING				9.00	
10.00 01000 DIETARY				10.00	
11.00 01100 CAFETERIA				11.00	
13.00 01300 NURSING ADMINISTRATION				13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY				14.00	
15.00 01500 PHARMACY				15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	1,268,571,551			16.00	
17.00 01700 SOCIAL SERVICE	0	36,766		17.00	
18.00 01850 PATIENT TRANSPORTATION	0	0	1,268,571,551	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	127,902,023	28,252	127,902,023	30.00	
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00	
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	0	0	34.01	
34.02 03402 PREMATURE INTENSIVE CARE UNIT	22,085,751	4,259	22,085,751	34.02	
43.00 04300 NURSERY	7,216,646	4,255	7,216,646	43.00	
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	242,811,210	0	242,811,210	50.00	
51.00 05100 RECOVERY ROOM	35,062,861	0	35,062,861	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	42,666,929	0	42,666,929	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	82,600,299	0	82,600,299	54.00	
55.00 05500 RADIOLOGY - THERAPEUTIC	75,768,763	0	75,768,763	55.00	
56.00 05600 RADIO SOTOPE	9,875,660	0	9,875,660	56.00	
60.00 06000 LABORATORY	56,180,778	0	56,180,778	60.00	
65.00 06500 RESPIRATORY THERAPY	14,844,457	0	14,844,457	65.00	
66.00 06600 PHYSICAL THERAPY	9,098,505	0	9,098,505	66.00	
67.00 06700 OCCUPATIONAL THERAPY	3,134,893	0	3,134,893	67.00	
68.00 06800 SPEECH PATHOLOGY	1,656,211	0	1,656,211	68.00	
69.00 06900 ELECTROCARDIOLOGY	15,722,086	0	15,722,086	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	3,546,845	0	3,546,845	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	41,227,409	0	41,227,409	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	96,940,448	0	96,940,448	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	243,284,585	0	243,284,585	73.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00	
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	32,474,225	0	32,474,225	75.01	
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	104,470,967	0	104,470,967	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)	1,268,571,551	36,766	1,268,571,551	118.00
NONREIMBURSABLE COST CENTERS					
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00	
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0	192.01	
192.02 19202 CHILD BIRTH EDUCATION	0	0	0	192.02	
192.03 19203 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.03	
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.04	
192.05 19205 PHYSICIAN PRACTICE	0	0	0	192.05	
192.06 19206 Tipton Hospital	0	0	0	192.06	
192.07 19207 West Hospital	0	0	0	192.07	
192.08 19208 Saxony Hospital	0	0	0	192.08	
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)	551	3,172,141	429,139	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	86.279198	0.000338	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1
Date/Time Prepared:
5/26/2022 2:55 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE		
			PATIENT TRANSPORTATION (GROSS CHARGES)		
	16.00	17.00	18.00		
204.00 Cost to be allocated (per Wkst. B, Part II)	2	522,543	11,221		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	14.212669	0.000009		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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0161

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2022 2:55 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	52,106,039		52,106,039	0	52,106,039	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0		0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	8,475,901		8,475,901	0	8,475,901	34.02
43.00	04300	NURSERY	3,099,425		3,099,425	0	3,099,425	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,310,693		30,310,693	0	30,310,693	50.00
51.00	05100	RECOVERY ROOM	6,400,635		6,400,635	0	6,400,635	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,336,456		12,336,456	348,737	12,685,193	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,160,556		13,160,556	0	13,160,556	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	14,101,939		14,101,939	0	14,101,939	55.00
56.00	05600	RADIOISOTOPE	583,769		583,769	0	583,769	56.00
60.00	06000	LABORATORY	13,859,652		13,859,652	0	13,859,652	60.00
65.00	06500	RESPIRATORY THERAPY	4,379,708	0	4,379,708	0	4,379,708	65.00
66.00	06600	PHYSICAL THERAPY	3,171,613	0	3,171,613	0	3,171,613	66.00
67.00	06700	OCCUPATIONAL THERAPY	833,014	0	833,014	0	833,014	67.00
68.00	06800	SPEECH PATHOLOGY	509,047	0	509,047	0	509,047	68.00
69.00	06900	ELECTROCARDIOLOGY	1,179,962		1,179,962	0	1,179,962	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	788,666		788,666	0	788,666	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,012,027		7,012,027	0	7,012,027	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	18,674,217		18,674,217	0	18,674,217	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,181,335		55,181,335	0	55,181,335	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	5,630,671		5,630,671	0	5,630,671	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	9,325,093		9,325,093	0	9,325,093	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,692,359		4,692,359		4,692,359	92.00
200.00		Subtotal (see instructions)	265,812,777	0	265,812,777	348,737	266,161,514	200.00
201.00		Less Observation Beds	4,692,359		4,692,359		4,692,359	201.00
202.00		Total (see instructions)	261,120,418	0	261,120,418	348,737	261,469,155	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/26/2022 2:55 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	109,420,507		109,420,507	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0		0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	22,085,751		22,085,751	34.02
43.00	04300	NURSERY	7,216,646		7,216,646	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	60,438,937	182,372,273	242,811,210	50.00
51.00	05100	RECOVERY ROOM	4,310,646	30,752,215	35,062,861	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	34,952,078	7,714,851	42,666,929	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,451,224	69,149,075	82,600,299	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	711,887	75,056,876	75,768,763	55.00
56.00	05600	RADIOISOTOPE	892,368	8,983,292	9,875,660	56.00
60.00	06000	LABORATORY	25,750,243	30,430,535	56,180,778	60.00
65.00	06500	RESPIRATORY THERAPY	10,514,746	4,329,711	14,844,457	65.00
66.00	06600	PHYSICAL THERAPY	4,305,695	4,792,810	9,098,505	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,892,790	1,242,103	3,134,893	67.00
68.00	06800	SPEECH PATHOLOGY	663,963	992,248	1,656,211	68.00
69.00	06900	ELECTROCARDIOLOGY	5,551,429	10,170,657	15,722,086	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,409,071	2,137,774	3,546,845	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,556,698	27,670,711	41,227,409	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	33,936,087	63,004,361	96,940,448	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,706,434	194,578,151	243,284,585	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	13,471,072	19,003,153	32,474,225	75.01
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	26,434,051	78,036,916	104,470,967	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	251,493	18,230,023	18,481,516	92.00
200.00		Subtotal (see instructions)	439,923,816	828,647,735	1,268,571,551	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	439,923,816	828,647,735	1,268,571,551	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/26/2022 2:55 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT			34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT			34.02
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.124832		50.00
51.00	05100 RECOVERY ROOM	0.182547		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.297307		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.159328		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.186118		55.00
56.00	05600 RADIOISOTOPE	0.059112		56.00
60.00	06000 LABORATORY	0.246697		60.00
65.00	06500 RESPIRATORY THERAPY	0.295040		65.00
66.00	06600 PHYSICAL THERAPY	0.348586		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.265723		67.00
68.00	06800 SPEECH PATHOLOGY	0.307356		68.00
69.00	06900 ELECTROCARDIOLOGY	0.075051		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.222357		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.170082		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.192636		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.226818		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.173389		75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.089260		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.253895		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: 15-0161

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2022 2:55 pm

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		52,106,039	0	52,106,039	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		8,475,901	0	8,475,901	34.02
43.00	04300	NURSERY		3,099,425	0	3,099,425	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		30,310,693	0	30,310,693	50.00
51.00	05100	RECOVERY ROOM		6,400,635	0	6,400,635	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		12,336,456	348,737	12,685,193	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		13,160,556	0	13,160,556	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC		14,101,939	0	14,101,939	55.00
56.00	05600	RADIOISOTOPE		583,769	0	583,769	56.00
60.00	06000	LABORATORY		13,859,652	0	13,859,652	60.00
65.00	06500	RESPIRATORY THERAPY	0	4,379,708	0	4,379,708	65.00
66.00	06600	PHYSICAL THERAPY	0	3,171,613	0	3,171,613	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	833,014	0	833,014	67.00
68.00	06800	SPEECH PATHOLOGY	0	509,047	0	509,047	68.00
69.00	06900	ELECTROCARDIOLOGY		1,179,962	0	1,179,962	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		788,666	0	788,666	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		7,012,027	0	7,012,027	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		18,674,217	0	18,674,217	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		55,181,335	0	55,181,335	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY		5,630,671	0	5,630,671	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY		9,325,093	0	9,325,093	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		4,692,359		4,692,359	92.00
200.00		Subtotal (see instructions)	0	265,812,777	348,737	266,161,514	200.00
201.00		Less Observation Beds		4,692,359		4,692,359	201.00
202.00		Total (see instructions)	0	261,120,418	348,737	261,469,155	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0161

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2022 2:55 pm

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
Title XIX Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	109,420,507		109,420,507		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0		0		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	22,085,751		22,085,751		34.02
43.00	04300	NURSERY	7,216,646		7,216,646		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	60,438,937	182,372,273	242,811,210	0.124832	50.00
51.00	05100	RECOVERY ROOM	4,310,646	30,752,215	35,062,861	0.182547	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	34,952,078	7,714,851	42,666,929	0.289134	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,451,224	69,149,075	82,600,299	0.159328	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	711,887	75,056,876	75,768,763	0.186118	55.00
56.00	05600	RADIOISOTOPE	892,368	8,983,292	9,875,660	0.059112	56.00
60.00	06000	LABORATORY	25,750,243	30,430,535	56,180,778	0.246697	60.00
65.00	06500	RESPIRATORY THERAPY	10,514,746	4,329,711	14,844,457	0.295040	65.00
66.00	06600	PHYSICAL THERAPY	4,305,695	4,792,810	9,098,505	0.348586	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,892,790	1,242,103	3,134,893	0.265723	67.00
68.00	06800	SPEECH PATHOLOGY	663,963	992,248	1,656,211	0.307356	68.00
69.00	06900	ELECTROCARDIOLOGY	5,551,429	10,170,657	15,722,086	0.075051	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,409,071	2,137,774	3,546,845	0.222357	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,556,698	27,670,711	41,227,409	0.170082	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	33,936,087	63,004,361	96,940,448	0.192636	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,706,434	194,578,151	243,284,585	0.226818	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	13,471,072	19,003,153	32,474,225	0.173389	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	26,434,051	78,036,916	104,470,967	0.089260	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	251,493	18,230,023	18,481,516	0.253895	92.00
200.00		Subtotal (see instructions)	439,923,816	828,647,735	1,268,571,551		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	439,923,816	828,647,735	1,268,571,551		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/26/2022 2:55 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		34.02
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.124832	50.00
51.00	05100	RECOVERY ROOM	0.182547	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.297307	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.159328	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.186118	55.00
56.00	05600	RADIOISOTOPE	0.059112	56.00
60.00	06000	LABORATORY	0.246697	60.00
65.00	06500	RESPIRATORY THERAPY	0.295040	65.00
66.00	06600	PHYSICAL THERAPY	0.348586	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.265723	67.00
68.00	06800	SPEECH PATHOLOGY	0.307356	68.00
69.00	06900	ELECTROCARDIOLOGY	0.075051	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.222357	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.170082	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.192636	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.226818	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.173389	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.089260	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.253895	92.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

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

Provider CCN: 15-0161

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

Worksheet C
Part II
Date/Time Prepared:
5/26/2022 2:55 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	30,310,693	6,918,508	23,392,185	0	0	0	50.00
51.00	05100 RECOVERY ROOM	6,400,635	715,075	5,685,560	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	12,336,456	1,827,706	10,508,750	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,160,556	4,160,225	9,000,331	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	14,101,939	3,855,570	10,246,369	0	0	0	55.00
56.00	05600 RADIOISOTOPE	583,769	79,368	504,401	0	0	0	56.00
60.00	06000 LABORATORY	13,859,652	721,530	13,138,122	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	4,379,708	261,268	4,118,440	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	3,171,613	143,568	3,028,045	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	833,014	12,484	820,530	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	509,047	9,823	499,224	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,179,962	264,125	915,837	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	788,666	90,436	698,230	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,012,027	169,304	6,842,723	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	18,674,217	450,895	18,223,322	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	55,181,335	757,892	54,423,443	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	5,630,671	1,655,412	3,975,259	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100 EMERGENCY	9,325,093	831,730	8,493,363	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,692,359	610,316	4,082,043	0	0	0	92.00
200.00	Subtotal (sum of lines 50 thru 199)	202,131,412	23,535,235	178,596,177	0	0	0	200.00
201.00	Less Observation Beds	4,692,359	610,316	4,082,043	0	0	0	201.00
202.00	Total (line 200 minus line 201)	197,439,053	22,924,919	174,514,134	0	0	0	202.00

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

Provider CCN: 15-0161

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

Worksheet C Part II Date/Time Prepared: 5/26/2022 2:55 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	30,310,693	242,811,210	0.124832		50.00
51.00	05100 RECOVERY ROOM	6,400,635	35,062,861	0.182547		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	12,336,456	42,666,929	0.289134		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	13,160,556	82,600,299	0.159328		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	14,101,939	75,768,763	0.186118		55.00
56.00	05600 RADIOISOTOPE	583,769	9,875,660	0.059112		56.00
60.00	06000 LABORATORY	13,859,652	56,180,778	0.246697		60.00
65.00	06500 RESPIRATORY THERAPY	4,379,708	14,844,457	0.295040		65.00
66.00	06600 PHYSICAL THERAPY	3,171,613	9,098,505	0.348586		66.00
67.00	06700 OCCUPATIONAL THERAPY	833,014	3,134,893	0.265723		67.00
68.00	06800 SPEECH PATHOLOGY	509,047	1,656,211	0.307356		68.00
69.00	06900 ELECTROCARDIOLOGY	1,179,962	15,722,086	0.075051		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	788,666	3,546,845	0.222357		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,012,027	41,227,409	0.170082		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	18,674,217	96,940,448	0.192636		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	55,181,335	243,284,585	0.226818		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	5,630,671	32,474,225	0.173389		75.01
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	9,325,093	104,470,967	0.089260		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,692,359	18,481,516	0.253895		92.00
200.00	Subtotal (sum of lines 50 thru 199)	202,131,412	1,129,848,647			200.00
201.00	Less Observation Beds	4,692,359	0			201.00
202.00	Total (line 200 minus line 201)	197,439,053	1,129,848,647			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 5/26/2022 2:55 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)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,777,220	0	6,777,220	31,048	218.28	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	0		0	0	0.00	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	1,424,648		1,424,648	4,259	334.50	34.02
43.00	NURSERY	565,175		565,175	4,255	132.83	43.00
200.00	Total (lines 30 through 199)	8,767,043		8,767,043	39,562		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	8,423	1,838,572				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0				
34.02	PREMATURE INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	8,423	1,838,572				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/26/2022 2:55 pm
--	-----------------------	---	--

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	6,918,508	242,811,210	0.028493	18,210,322	518,867	50.00
51.00	05100 RECOVERY ROOM	715,075	35,062,861	0.020394	1,566,635	31,950	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,827,706	42,666,929	0.042837	122,500	5,248	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,160,225	82,600,299	0.050366	5,175,310	260,660	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	3,855,570	75,768,763	0.050886	576,746	29,348	55.00
56.00	05600 RADIOISOTOPE	79,368	9,875,660	0.008037	400,415	3,218	56.00
60.00	06000 LABORATORY	721,530	56,180,778	0.012843	6,916,330	88,826	60.00
65.00	06500 RESPIRATORY THERAPY	261,268	14,844,457	0.017600	1,801,785	31,711	65.00
66.00	06600 PHYSICAL THERAPY	143,568	9,098,505	0.015779	1,437,515	22,683	66.00
67.00	06700 OCCUPATIONAL THERAPY	12,484	3,134,893	0.003982	733,272	2,920	67.00
68.00	06800 SPEECH PATHOLOGY	9,823	1,656,211	0.005931	297,060	1,762	68.00
69.00	06900 ELECTROCARDIOLOGY	264,125	15,722,086	0.016800	2,250,842	37,814	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	90,436	3,546,845	0.025498	214,345	5,465	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	169,304	41,227,409	0.004107	3,873,502	15,908	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	450,895	96,940,448	0.004651	9,819,397	45,670	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	757,892	243,284,585	0.003115	13,205,163	41,134	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	1,655,412	32,474,225	0.050976	5,206,229	265,393	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	831,730	104,470,967	0.007961	10,321,242	82,167	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	610,316	18,481,516	0.033023	66,306	2,190	92.00
200.00	Total (lines 50 through 199)	23,535,235	1,129,848,647		82,194,916	1,492,934	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/26/2022 2:55 pm
---	-----------------------	---	---

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	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01	
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	34.02	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	31,048	0.00	8,423	30.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		0	0	0.00	0	34.01	
34.02	03402	PREMATURE INTENSIVE CARE UNIT		0	4,259	0.00	0	34.02	
43.00	04300	NURSERY		0	4,255	0.00	0	43.00	
200.00		Total (lines 30 through 199)		0	39,562		8,423	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
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0						34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0						34.02
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 2:55 pm
--	-----------------------	---	--

Cost Center Description		Title XVIII				Hospital		
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS	
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 2:55 pm
--	-----------------------	---------------------------------------	---

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	242,811,210	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	35,062,861	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	42,666,929	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	82,600,299	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	75,768,763	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	9,875,660	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	56,180,778	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,844,457	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,098,505	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,134,893	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,656,211	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	15,722,086	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,546,845	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	41,227,409	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	96,940,448	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	243,284,585	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	32,474,225	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	104,470,967	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	18,481,516	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,129,848,647		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 2:55 pm
--	-----------------------	---	--

Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	18,210,322	0	29,981,840	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,566,635	0	5,673,808	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	122,500	0	47,121	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	5,175,310	0	11,569,021	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	576,746	0	20,114,198	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	400,415	0	3,000,028	0	56.00
60.00	06000 LABORATORY	0.000000	6,916,330	0	3,566,631	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,801,785	0	1,000,250	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,437,515	0	71,766	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	733,272	0	64,730	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	297,060	0	7,351	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,250,842	0	2,473,334	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	214,345	0	162,462	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	3,873,502	0	6,102,370	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	9,819,397	0	16,982,921	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	13,205,163	0	66,146,789	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.000000	5,206,229	0	5,868,916	0	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.000000	10,321,242	0	9,183,881	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	66,306	0	1,567,261	0	92.00
200.00	Total (lines 50 through 199)		82,194,916	0	183,584,678	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/26/2022 2:55 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	0.124832	29,981,840	0	0	3,742,693	50.00
51.00	05100	RECOVERY ROOM	0.182547	5,673,808	0	0	1,035,737	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.289134	47,121	0	0	13,624	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.159328	11,569,021	0	0	1,843,269	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.186118	20,114,198	0	0	3,743,614	55.00
56.00	05600	RADIOISOTOPE	0.059112	3,000,028	0	0	177,338	56.00
60.00	06000	LABORATORY	0.246697	3,566,631	0	0	879,877	60.00
65.00	06500	RESPIRATORY THERAPY	0.295040	1,000,250	0	0	295,114	65.00
66.00	06600	PHYSICAL THERAPY	0.348586	71,766	0	0	25,017	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.265723	64,730	0	0	17,200	67.00
68.00	06800	SPEECH PATHOLOGY	0.307356	7,351	0	0	2,259	68.00
69.00	06900	ELECTROCARDIOLOGY	0.075051	2,473,334	0	0	185,626	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.222357	162,462	0	0	36,125	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.170082	6,102,370	0	0	1,037,903	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.192636	16,982,921	0	0	3,271,522	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.226818	66,146,789	2,560	26,809	15,003,282	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.173389	5,868,916	0	0	1,017,605	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.089260	9,183,881	0	0	819,753	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.253895	1,567,261	0	0	397,920	92.00
200.00		Subtotal (see instructions)		183,584,678	2,560	26,809	33,545,478	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		183,584,678	2,560	26,809	33,545,478	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/26/2022 2:55 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
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
60.00 06000 LABORATORY	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	581	6,081		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	0	0		75.01
OUTPATIENT SERVICE COST CENTERS				
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)	581	6,081		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	581	6,081		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 5/26/2022 2:55 pm
		Title XIX		Hospital
				PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,777,220	0	6,777,220	31,048	218.28	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	0		0	0	0.00	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	1,424,648		1,424,648	4,259	334.50	34.02
43.00	NURSERY	565,175		565,175	4,255	132.83	43.00
200.00	Total (lines 30 through 199)	8,767,043		8,767,043	39,562		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	752	164,147				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0				
34.02	PREMATURE INTENSIVE CARE UNIT	133	44,489				
43.00	NURSERY	956	126,985				
200.00	Total (lines 30 through 199)	1,841	335,621				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/26/2022 2:55 pm
--	-----------------------	---	--

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XIX							
Hospital							
PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	6,918,508	242,811,210	0.028493	355,385	10,126	50.00
51.00	05100 RECOVERY ROOM	715,075	35,062,861	0.020394	22,274	454	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,827,706	42,666,929	0.042837	94,542	4,050	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,160,225	82,600,299	0.050366	196,310	9,887	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	3,855,570	75,768,763	0.050886	34,560	1,759	55.00
56.00	05600 RADIOISOTOPE	79,368	9,875,660	0.008037	3,990	32	56.00
60.00	06000 LABORATORY	721,530	56,180,778	0.012843	475,080	6,101	60.00
65.00	06500 RESPIRATORY THERAPY	261,268	14,844,457	0.017600	839,894	14,782	65.00
66.00	06600 PHYSICAL THERAPY	143,568	9,098,505	0.015779	52,642	831	66.00
67.00	06700 OCCUPATIONAL THERAPY	12,484	3,134,893	0.003982	28,916	115	67.00
68.00	06800 SPEECH PATHOLOGY	9,823	1,656,211	0.005931	8,974	53	68.00
69.00	06900 ELECTROCARDIOLOGY	264,125	15,722,086	0.016800	70,690	1,188	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	90,436	3,546,845	0.025498	15,817	403	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	169,304	41,227,409	0.004107	324,736	1,334	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	450,895	96,940,448	0.004651	140,822	655	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	757,892	243,284,585	0.003115	1,125,072	3,505	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	1,655,412	32,474,225	0.050976	72,059	3,673	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	831,730	104,470,967	0.007961	331,597	2,640	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	610,316	18,481,516	0.033023	1,820	60	92.00
200.00	Total (lines 50 through 199)	23,535,235	1,129,848,647		4,195,180	61,648	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/26/2022 2:55 pm
---	-----------------------	---	---

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	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01	
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	34.02	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	31,048	0.00	752	30.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		0	0	0.00	0	34.01	
34.02	03402	PREMATURE INTENSIVE CARE UNIT		0	4,259	0.00	133	34.02	
43.00	04300	NURSERY		0	4,255	0.00	956	43.00	
200.00		Total (lines 30 through 199)		0	39,562		1,841	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
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0						34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0						34.02
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 2:55 pm
--	-----------------------	---	--

Cost Center Description	Title XIX				Hospital			
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS		
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 2:55 pm
--	-----------------------	---------------------------------------	---

Cost Center Description	Title XIX			Hospital	PPS			
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	242,811,210	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	35,062,861	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	42,666,929	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	82,600,299	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	75,768,763	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	9,875,660	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	56,180,778	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,844,457	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,098,505	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,134,893	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,656,211	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	15,722,086	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,546,845	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	41,227,409	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	96,940,448	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	243,284,585	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	32,474,225	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	104,470,967	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	18,481,516	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,129,848,647		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 2:55 pm
--	-----------------------	---	--

Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	355,385	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	22,274	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	94,542	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	196,310	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	34,560	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	3,990	0	0	0	56.00
60.00	06000 LABORATORY	0.000000	475,080	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	839,894	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	52,642	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	28,916	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	8,974	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	70,690	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	15,817	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	324,736	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	140,822	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	1,125,072	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.000000	72,059	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.000000	331,597	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,820	0	0	0	92.00
200.00	Total (lines 50 through 199)		4,195,180	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/26/2022 2:55 pm
	Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.124832	0	1,103,779	0	0
51.00 05100 RECOVERY ROOM	0.182547	0	204,678	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.289134	0	34,213	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.159328	0	472,922	0	0
55.00 05500 RADIOLOGY - THERAPEUTIC	0.186118	0	430,941	0	0
56.00 05600 RADIOISOTOPE	0.059112	0	26,064	0	0
60.00 06000 LABORATORY	0.246697	0	250,007	0	0
65.00 06500 RESPIRATORY THERAPY	0.295040	0	35,206	0	0
66.00 06600 PHYSICAL THERAPY	0.348586	0	74,856	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.265723	0	36,865	0	0
68.00 06800 SPEECH PATHOLOGY	0.307356	0	28,292	0	0
69.00 06900 ELECTROCARDIOLOGY	0.075051	0	36,589	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.222357	0	54,943	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.170082	0	138,519	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.192636	0	429,894	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.226818	0	1,267,328	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	0.173389	0	126,956	0	0
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	0.089260	0	1,012,057	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.253895	0	302,359	0	0
200.00 Subtotal (see instructions)		0	6,066,468	0	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 - line 201)		0	6,066,468	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/26/2022 2:55 pm
		Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	137,787	0	50.00
51.00	05100 RECOVERY ROOM	37,363	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,892	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	75,350	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	80,206	0	55.00
56.00	05600 RADIOISOTOPE	1,541	0	56.00
60.00	06000 LABORATORY	61,676	0	60.00
65.00	06500 RESPIRATORY THERAPY	10,387	0	65.00
66.00	06600 PHYSICAL THERAPY	26,094	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	9,796	0	67.00
68.00	06800 SPEECH PATHOLOGY	8,696	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,746	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	12,217	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	23,560	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	82,813	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	287,453	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	22,013	0	75.01
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	90,336	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	76,767	0	92.00
200.00	Subtotal (see instructions)	1,056,693	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	1,056,693	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/26/2022 2:55 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)		31,048	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		31,048	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)		28,252	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)		8,423	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)		52,106,039	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)		52,106,039	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)		52,106,039	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)		1,678.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,135,816	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)		14,135,816	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 2:55 pm	
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						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	46.01
46.02 PREMATURE INTENSIVE CARE UNIT	8,475,901	4,259	1,990.12	0	0	46.02
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)					14,179,257	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					28,315,073	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)					1,838,572	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,492,934	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,331,506	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					24,983,567	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)					2,796	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,678.24	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,692,359	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/26/2022 2:55 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,777,220	52,106,039	0.130066	4,692,359	610,316	90.00
91.00	Nursing Program cost	0	52,106,039	0.000000	4,692,359	0	91.00
92.00	Allied health cost	0	52,106,039	0.000000	4,692,359	0	92.00
93.00	All other Medical Education	0	52,106,039	0.000000	4,692,359	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/26/2022 2:55 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)		31,048	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		31,048	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)		28,252	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)		752	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		4,255	15.00
16.00	Nursery days (title V or XIX only)		956	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)		52,106,039	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)		52,106,039	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)		52,106,039	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)		1,678.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,262,036	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)		1,262,036	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 2:55 pm	
			Title XIX	Hospital	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	3,099,425	4,255	728.42	956	696,370	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	46.01
46.02 PREMATURE INTENSIVE CARE UNIT	8,475,901	4,259	1,990.12	133	264,686	46.02
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)					897,200	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,120,292	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)					335,621	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					61,648	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					397,269	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,723,023	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)					2,796	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,678.24	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,692,359	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/26/2022 2:55 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,777,220	52,106,039	0.130066	4,692,359	610,316	90.00
91.00	Nursing Program cost	0	52,106,039	0.000000	4,692,359	0	91.00
92.00	Allied health cost	0	52,106,039	0.000000	4,692,359	0	92.00
93.00	All other Medical Education	0	52,106,039	0.000000	4,692,359	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/26/2022 2:55 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		29,639,312	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		0	34.02
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.124832	18,210,322	50.00
51.00	05100	RECOVERY ROOM	0.182547	1,566,635	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.297307	122,500	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.159328	5,175,310	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.186118	576,746	55.00
56.00	05600	RADIOISOTOPE	0.059112	400,415	56.00
60.00	06000	LABORATORY	0.246697	6,916,330	60.00
65.00	06500	RESPIRATORY THERAPY	0.295040	1,801,785	65.00
66.00	06600	PHYSICAL THERAPY	0.348586	1,437,515	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.265723	733,272	67.00
68.00	06800	SPEECH PATHOLOGY	0.307356	297,060	68.00
69.00	06900	ELECTROCARDIOLOGY	0.075051	2,250,842	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.222357	214,345	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.170082	3,873,502	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.192636	9,819,397	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.226818	13,205,163	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.173389	5,206,229	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.089260	10,321,242	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.253895	66,306	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		82,194,916	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)		82,194,916	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/26/2022 2:55 pm
--	--	-----------------------	---	---

Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		2,304,804		30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT		0		34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT		1,224,241		34.02
43.00	04300 NURSERY		143,838		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.124832	355,385	44,363	50.00
51.00	05100 RECOVERY ROOM	0.182547	22,274	4,066	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.297307	94,542	28,108	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.159328	196,310	31,278	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.186118	34,560	6,432	55.00
56.00	05600 RADIOISOTOPE	0.059112	3,990	236	56.00
60.00	06000 LABORATORY	0.246697	475,080	117,201	60.00
65.00	06500 RESPIRATORY THERAPY	0.295040	839,894	247,802	65.00
66.00	06600 PHYSICAL THERAPY	0.348586	52,642	18,350	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.265723	28,916	7,684	67.00
68.00	06800 SPEECH PATHOLOGY	0.307356	8,974	2,758	68.00
69.00	06900 ELECTROCARDIOLOGY	0.075051	70,690	5,305	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.222357	15,817	3,517	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.170082	324,736	55,232	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.192636	140,822	27,127	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.226818	1,125,072	255,187	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.173389	72,059	12,494	75.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.089260	331,597	29,598	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.253895	1,820	462	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		4,195,180	897,200	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		4,195,180		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 2:55 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)		11,687,897	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,251,549	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)		664,220	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		296,021	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)		152.77	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)		2.08	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.44	31.00
32.00	Sum of lines 30 and 31		23.52	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.62	33.00
34.00	Disproportionate share adjustment (see instructions)		343,495	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 2:55 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,290,014,521	7,192,008,710	35.00
35.01	Factor 3 (see instructions)	0.000131680	0.000112614	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,091,625	809,921	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	816,475	204,145	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,020,620		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	18,263,802	0	46.00
47.00	Subtotal (see instructions)		0	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		18,263,802	49.00
50.00	Payment for inpatient program capital (From Wkst. L, Pt. I and Pt. II, as applicable)		1,530,680	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		260,840	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		20,055,322	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		20,055,322	61.00
62.00	Deductibles billed to program beneficiaries		1,860,520	62.00
63.00	Coinurance billed to program beneficiaries		125,769	63.00
64.00	Allowable bad debts (see instructions)		64,815	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		42,130	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		7,598	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		18,111,163	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)		92,315	70.93
70.94	HRR adjustment amount (see instructions)		-1,285	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 2:55 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			18,202,193	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			18,166,668	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)			35,525	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			281,986	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	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	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: 15-0161

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2022 2:55 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	11,687,897	0	11,687,897	11,687,897	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,251,549	0	4,251,549	4,251,549	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	664,220	0	664,220	664,220	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	296,021	0	296,021	296,021	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	0.0862	0.0862	0.0862	0.0862	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	343,495	0	251,874	91,621	11.00	
11.01	Uncompensated care payments	36.00	1,020,620	0	816,475	204,145	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	18,263,802	0	13,420,466	4,843,336	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	18,263,802	0	13,420,466	4,843,336	15.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0161

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2022 2:55 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	1,530,680	0	1,110,892	419,788	1,530,680	16.00
17.00	Special add-on payments for new technologies	54.00	260,840	0	229,049	31,791	260,840	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	14,760,407	5,294,915	20,055,322	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	1,221,644	0	899,010	322,634	1,221,644	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	249,420	0	168,011	81,409	249,420	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	0.0488	0.0488	0.0488	0.0488		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	59,616	0	43,871	15,745	59,616	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,530,680	0	1,110,892	419,788	1,530,680	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: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2022 2:55 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	11,687,897	11,687,897		11,687,897	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,251,549		4,251,549	4,251,549	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	664,220	664,220		664,220	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	296,021		296,021	296,021	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		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		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	0.0862	0.0862	0.0862		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	343,495	251,874	91,621	343,495	11.00
11.01	Uncompensated care payments	36.00	1,020,620	816,475	204,145	1,020,620	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	18,263,802	13,420,466	4,843,336	18,263,802	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	18,263,802	13,420,466	4,843,336	18,263,802	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,530,680	1,110,892	419,788	1,530,680	16.00
17.00	Special add-on payments for new technologies	54.00	260,840	229,049	31,791	260,840	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			14,760,407	5,294,915	20,055,322	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2022 2:55 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	1,221,644	899,010	322,634	1,221,644	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	249,420	168,011	81,409	249,420	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	0.0488	0.0488	0.0488		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	59,616	43,871	15,745	59,616	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,530,680	1,110,892	419,788	1,530,680	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	92,315	92,315	0	92,315	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	-1,285	0	-1,285	-1,285	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	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/26/2022 2:55 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		6,662	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		33,545,478	2.00
3.00	OPPS payments		26,618,836	3.00
4.00	Outlier payment (see instructions)		172,258	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		6,662	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		29,369	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)		29,369	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)		29,369	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		22,707	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)		6,662	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)		26,791,094	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)		4,492,606	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)		22,305,150	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)		22,305,150	30.00
31.00	Primary payer payments		6,104	31.00
32.00	Subtotal (line 30 minus line 31)		22,299,046	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)		199,801	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		129,871	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		136,799	36.00
37.00	Subtotal (see instructions)		22,428,917	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-161	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)		26,954	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		22,429,078	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		22,398,073	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)		31,005	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		5,169	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: 15-0161

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

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2022 2:55 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		18,166,668		22,398,073	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		18,166,668		22,398,073	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		35,525		31,005	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		18,202,193		22,429,078	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/26/2022 2:55 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

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

Provider CCN: 15-0161

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

Worksheet G
Date/Time Prepared:
5/26/2022 2:55 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	395,675,403	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	66,974,397	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-14,349,097	0	0	0	6.00
7.00	Inventory	6,050,068	0	0	0	7.00
8.00	Prepaid expenses	816,187	0	0	0	8.00
9.00	Other current assets	383,253	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)	455,550,211	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	12,041,302	0	0	0	13.00
14.00	Accumulated depreciation	-11,957,918	0	0	0	14.00
15.00	Buildings	208,575,164	0	0	0	15.00
16.00	Accumulated depreciation	-68,955,768	0	0	0	16.00
17.00	Leasehold improvements	740,541	0	0	0	17.00
18.00	Accumulated depreciation	-594,905	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	183,263	0	0	0	21.00
22.00	Accumulated depreciation	-145,358	0	0	0	22.00
23.00	Major movable equipment	112,587,780	0	0	0	23.00
24.00	Accumulated depreciation	-77,107,559	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)	175,366,542	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	7,980,477	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	7,980,477	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	638,897,230	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	19,315,409	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,651,170	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	6,181,119	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	2,718,972	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	31,866,670	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,812,563	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,812,563	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	33,679,233	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	605,217,997	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	605,217,997	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	638,897,230	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0161

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

Worksheet G-1

Date/Time Prepared:
5/26/2022 2:55 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		491,725,383		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		113,492,621				2.00
3.00	Total (sum of line 1 and line 2)		605,218,004		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)		605,218,004		0		11.00
12.00	ROUNDING	7		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)		7		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		605,217,997		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	ROUNDING		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: 15-0161

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2022 2:55 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	116,637,153		116,637,153	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	116,637,153		116,637,153	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	PEDIATRIC INTENSIVE CARE UNIT	0		0	14.01
14.02	PREMATURE INTENSIVE CARE UNIT	22,085,751		22,085,751	14.02
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	22,085,751		22,085,751	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	138,722,904		138,722,904	17.00
18.00	Ancillary services	274,515,368	732,380,795	1,006,896,163	18.00
19.00	Outpatient services	26,685,544	96,266,939	122,952,483	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	NONALLOWABLE REVENUE	0	1,524,933	1,524,933	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	439,923,816	830,172,667	1,270,096,483	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		268,768,632		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)		268,768,632		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0161

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

Worksheet G-3

Date/Time Prepared:
5/26/2022 2:55 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,270,096,483	1.00
2.00	Less contractual allowances and discounts on patients' accounts	893,294,069	2.00
3.00	Net patient revenues (line 1 minus line 2)	376,802,414	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	268,768,632	4.00
5.00	Net income from service to patients (line 3 minus line 4)	108,033,782	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	4,317,530	24.00
24.50	COVID-19 PHE Funding	1,141,309	24.50
25.00	Total other income (sum of lines 6-24)	5,458,839	25.00
26.00	Total (line 5 plus line 25)	113,492,621	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	113,492,621	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0161	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/26/2022 2:55 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,221,644	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		249,420	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)		94.53	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)		2.08	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		21.44	8.00
9.00	Sum of lines 7 and 8		23.52	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.88	10.00
11.00	Disproportionate share adjustment (see instructions)		59,616	11.00
12.00	Total prospective capital payments (see instructions)		1,530,680	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