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: 15-0011	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/29/2021 7:49 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically prepared cost report — Date: 11/29/2021 Time: 7:49 am
2. [ ] Manually prepared cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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 the Balance Sheet and Statement of Revenue and Expenses prepared by MARION GENERAL HOSPITAL (15-0011) for the cost reporting period beginning 07/01/2020 and ending 06/30/2021 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.

[X] I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) TONY ROBERTS
Officer or Administrator of Provider(s)

CFO
Title

(Dated when report is electronically signed.)
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-107,650	-4,939	0	-537,798	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	-33,987	0		-9,600	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	-141,637	-4,939	0	-547,398	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: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-2 Part I | Date/Time Prepared: 11/29/2021 7:49 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 441 WABASH AVENUE	PO Box:			1.00
2.00	City: MARION	State: IN	Zip Code: 46952-	County: GRANT	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	MARION GENERAL HOSPITAL	150011	99915	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	MARION GENERAL HOSPITAL REHAB	15T011	99915	5	07/01/2005	N	P	O	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)	07/01/2020	06/30/2021	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)	N	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 OMBdelineations 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.				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: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 7:49 am

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	418	78	0	26	3,765	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	11	0	0	0	96		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.	2		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.	2		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.	1		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.	07/01/2020	06/30/2021	36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y	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	N	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: 15-0011	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 7:49 am

		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 adjustement? 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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0011	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 7:49 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

		1.00	2.00	3.00	
	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.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N	87.00

		V	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	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
	Rural Providers			
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N	110.00

		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00

		1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112.00
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,655,031	0	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	N		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N		140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	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	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus 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)	0.00	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00

		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-2 Part II | Date/Time Prepared: 11/29/2021 7:49 am

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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 nursing school? 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 school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/06/2021	Y	10/06/2021	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: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-2 Part II Date/Time Prepared: 11/29/2021 7:49 am

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00

		1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31.00
	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.		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00

		1.00	2.00	
	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.	TINA	SEVERS	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE AND CO., LLC		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-713-7946	TSEVERS@BLUEANDCO.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-0011	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/29/2021 7:49 am

		3.00		
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER		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: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-3 Part I Date/Time Prepared: 11/29/2021 7:49 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	89	32,485	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)		89	32,485	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	21	7,665	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		110	40,150	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00	SUBPROVIDER - IRF	41.00	18	6,570		0	17.00
18.00	SUBPROVIDER	42.00	0	0		0	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)		128				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-3 Part I | Date/Time Prepared: 11/29/2021 7:49 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,576	418	11,472			1.00
2.00	HMO and other (see instructions)	3,689	3,869				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	311	96				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)	4,576	418	11,472			7.00
8.00	INTENSIVE CARE UNIT	955	0	3,597			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		0	1,570			13.00
14.00	Total (see instructions)	5,531	418	16,639	0.00	751.50	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	2,109	11	2,858	0.00	16.60	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	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)			149			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	768.10	27.00
28.00	Observation Bed Days		817	3,650			28.00
29.00	Ambulance Trips	1,177					29.00
30.00	Employee discount days (see instruction)			177			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			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: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-3 Part I Date/Time Prepared: 11/29/2021 7:49 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
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	1,415	88	4,129	1.00
2.00	HMO and other (see instructions)			809	962		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				12		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	1,415	88	4,129	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	206	2	273	17.00
18.00	SUBPROVIDER	0.00	0		0	0	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

		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	55,113,674	21,202,275	76,315,949	2,135,524.30	35.74	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		589,469	0	589,469	2,965.59	198.77	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		4,555,299	0	4,555,299	24,030.00	189.57	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		9,626,995	13,815,885	23,442,880	608,770.40	38.51	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,644,995	0	1,644,995	22,134.00	74.32	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		117,150	0	117,150	649.00	180.51	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		13,816,316	0	13,816,316			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		5,850,415	0	5,850,415			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		76,237	0	76,237			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		599,123	0	599,123			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION	Provider CCN: 15-0011	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part II Date/Time Prepared: 11/29/2021 7:49 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,102,610	76,923	1,179,533	30,272.60	38.96	26.00
27.00	Administrative & General	5.00	12,167,002	3,013,729	15,180,731	419,453.60	36.19	27.00
28.00	Administrative & General under contract (see inst.)		1,591,632	0	1,591,632	15,848.47	100.43	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	789,094	0	789,094	35,863.50	22.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		1,350,750	0	1,350,750	100,979.00	13.38	33.00
34.00	Dietary	10.00	19,403	0	19,403	313.00	61.99	34.00
35.00	Dietary under contract (see instructions)		350,077	0	350,077	22,678.52	15.44	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,613,149	-543,921	1,069,228	27,536.10	38.83	38.00
39.00	Central Services and Supply	14.00	140,717	0	140,717	7,484.50	18.80	39.00
40.00	Pharmacy	15.00	2,658,294	-7,894	2,650,400	65,617.00	40.39	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-3 Part III Date/Time Prepared: 11/29/2021 7:49 am

		Worksheet A Line Number	Amount Reported	Reclassification 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)		53,850,834	21,202,275	75,053,109	2,251,000.29	33.34	1.00
2.00	Excluded area salaries (see instructions)		9,626,995	13,815,885	23,442,880	608,770.40	38.51	2.00
3.00	Subtotal salaries (line 1 minus line 2)		44,223,839	7,386,390	51,610,229	1,642,229.89	31.43	3.00
4.00	Subtotal other wages & related costs (see inst.)		1,762,145	0	1,762,145	22,783.00	77.34	4.00
5.00	Subtotal wage-related costs (see inst.)		13,892,553	0	13,892,553	0.00	26.92	5.00
6.00	Total (sum of lines 3 thru 5)		59,878,537	7,386,390	67,264,927	1,665,012.89	40.40	6.00
7.00	Total overhead cost (see instructions)		21,782,728	2,538,837	24,321,565	726,046.29	33.50	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-3 Part IV Date/Time Prepared: 11/29/2021 7:49 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	1,499,370	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)	2,000,000	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	2,499,055	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)	8,328,511	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)	51,877	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)	373,639	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	376,450	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	4,960,694	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	57,014	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	195,479	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	20,342,089	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: 15-0011

Period: From 07/01/2020 To 06/30/2021

Worksheet S-3 Part V

Date/Time Prepared: 11/29/2021 7:49 am

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	1,644,995	20,342,089	1.00
2.00	Hospital	1,644,995	20,342,089	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			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: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet S-10 | Date/Time Prepared: 11/29/2021 7:49 am

		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)	0.247288	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	3,335,294	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?	N	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	87,628,303	6.00
7.00	Medicaid cost (line 1 times line 6)	21,669,428	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)	18,334,134	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)	18,334,134	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)	11,758,942	3,180,287	14,939,229	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,907,845	3,180,287	6,088,132	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	229	229	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,907,845	3,180,058	6,087,903	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)	8,136,534	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	425,122	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	654,033	27.01
28.00	Non-Medicare bad debt expense (see instructions)	7,482,501	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	2,079,244	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	8,167,147	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	26,501,281	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A | Date/Time Prepared: 11/29/2021 7:49 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		12,926,858	12,926,858	-1,214,807	11,712,051	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,102,610	18,118,860	19,221,470	76,923	19,298,393	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	12,167,002	30,427,021	42,594,023	332,759	42,926,782	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	CAFETERIA	0	0	0	1,624,857	1,624,857	6.01
6.02	00602	CAFETERIA	0	0	0	0	0	6.02
7.00	00700	OPERATION OF PLANT	789,094	4,656,504	5,445,598	367,039	5,812,637	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	320,907	320,907	8.00
9.00	00900	HOUSEKEEPING	0	3,013,379	3,013,379	-311,822	2,701,557	9.00
10.00	01000	DIETARY	19,403	2,282,395	2,301,798	-1,655,198	646,600	10.00
13.00	01300	NURSING ADMINISTRATION	1,613,149	75,899	1,689,048	-543,921	1,145,127	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	140,717	354,085	494,802	0	494,802	14.00
15.00	01500	PHARMACY	2,658,294	12,942,704	15,600,998	-11,987,112	3,613,886	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,542,938	1,481,454	8,024,392	-1,153,636	6,870,756	30.00
31.00	03100	INTENSIVE CARE UNIT	1,921,443	469,090	2,390,533	-76,923	2,313,610	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,045,084	809,818	1,854,902	0	1,854,902	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	1,462,633	1,462,633	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,039,178	6,551,829	9,591,007	287,484	9,878,491	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,161,484	2,758,123	5,919,607	-1,017,532	4,902,075	54.00
57.00	05700	CT SCAN	0	0	0	965,392	965,392	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	482,652	482,652	58.00
59.00	05900	CARDIAC CATHETERIZATION	638,196	1,641,862	2,280,058	32,784	2,312,842	59.00
60.00	06000	LABORATORY	2,232,964	5,965,057	8,198,021	12,386	8,210,407	60.00
60.01	06001	ONCOLOGY	1,015,079	678,821	1,693,900	0	1,693,900	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,346,001	887,981	2,233,982	10,645	2,244,627	65.00
66.00	06600	PHYSICAL THERAPY	2,022,437	153,593	2,176,030	28,969	2,204,999	66.00
69.00	06900	ELECTROCARDIOLOGY	778,409	196,861	975,270	89,612	1,064,882	69.00
69.01	06901	CARDIAC REHAB	142,467	34,875	177,342	31,387	208,729	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,987,112	11,987,112	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	300,367	729,734	1,030,101	56,635	1,086,736	90.00
91.00	09100	EMERGENCY	3,855,447	6,870,054	10,725,501	-60,851	10,664,650	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,027,863	201,305	1,229,168	30,769	1,259,937	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	47,559,626	114,228,162	161,787,788	179,143	161,966,931	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,647	5,647	21,538	27,185	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PACT REV PHYSICIANS	108,115	919,621	1,027,736	-394,173	633,563	192.01
192.02	19202	VISITOR MEALS	0	0	0	0	0	192.02
192.03	19203	GREAT BEGINNINGS/MATERNAL	78,412	2,897	81,309	8,432	89,741	192.03
192.04	19204	LIFELINE	0	0	0	0	0	192.04
192.05	19205	OWNED PROPERTIES	0	1,500,134	1,500,134	-1,081,174	418,960	192.05
192.06	19206	UROLOGY	341,938	936,657	1,278,595	41,883	1,320,478	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
192.08	19211	PARISH NURSING	54,662	13,065	67,727	8,106	75,833	192.08
192.09	19212	BIOTERRORISM GRANT	0	0	0	0	0	192.09
192.10	19214	BREAST PUMPS	0	0	0	0	0	192.10
192.11	19208	MGH EMERGENCY PHYSICIANS	0	0	0	0	0	192.11
192.12	19209	LUNG CENTER	118,931	677,906	796,837	29,357	826,194	192.12
192.13	19213	MGH EXPRESS	553,530	712,811	1,266,341	40,537	1,306,878	192.13
192.14	19210	MGH PHYS PRACT MGMT	1,338,512	709,697	2,048,209	44,608	2,092,817	192.14
192.15	19215	MGH MARION SURGEONS	417,504	1,433,760	1,851,264	75,571	1,926,835	192.15
192.16	19216	MGH MGH MED ONC	105	1,375,064	1,375,169	0	1,375,169	192.16
192.17	19217	MGH FMC SOUTH	701,252	1,664,429	2,365,681	360,990	2,726,671	192.17
192.18	19218	MGH FAIRM MED ASSOC	136,791	278,918	415,709	32,491	448,200	192.18
192.19	19219	MGH FMC MARION	372,564	834,503	1,207,067	64,856	1,271,923	192.19
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A | Date/Time Prepared: 11/29/2021 7:49 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
193.01	19301	MGH FMC NORTHWOOD	316,812	839,318	1,156,130	14,144	1,170,274	193.01
193.02	19302	MGH FMC GAS CITY	287,536	693,674	981,210	80,729	1,061,939	193.02
193.03	19303	MGH HOSPITALISTS	102,974	3,058,176	3,161,150	0	3,161,150	193.03
193.04	19304	MGH MAR FAM PRACT	1,057,572	2,478,490	3,536,062	50,893	3,586,955	193.04
193.05	19305	MGH FMC SWAYZEE	76,728	162,982	239,710	26,755	266,465	193.05
193.06	19306	MGH PEDIATRIC CTR	186,774	542,850	729,624	60,338	789,962	193.06
193.07	19307	MGH SPECIALTY PHYS	57,824	253,934	311,758	14,497	326,255	193.07
193.08	19308	MGH FMC CONVERSE	102,808	244,897	347,705	307	348,012	193.08
193.09	19309	MGH UPLAND HEALTH	55,230	29,421	84,651	1,629	86,280	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	0	0	193.11
193.12	19312	OB/GYN	526,837	2,358,264	2,885,101	73,421	2,958,522	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	0	0	193.15
193.16	19316	MGH NEONATOLOGY	0	888,000	888,000	0	888,000	193.16
193.18	19318	MGH WOUND CARE	0	25,455	25,455	0	25,455	193.18
194.00	07963	HEART FAILURE CLINIC	0	59,037	59,037	0	59,037	194.00
194.01	07950	MOW	0	0	0	0	0	194.01
194.02	07951	MENTAL HEALTH	0	0	0	0	0	194.02
194.03	07952	ADVERTISING	0	0	0	251,419	251,419	194.03
194.04	07953	MGH WORK SOLUTIONS	289,655	575,426	865,081	3,302	868,383	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	153	812	965	0	965	194.05
194.06	07955	OPIOID IMPL GRANT	60,565	227,546	288,111	7,023	295,134	194.06
194.07	07956	ASTHMA GRANT	2,697	476	3,173	0	3,173	194.07
194.08	07957	MGH SMMP BLDG	0	0	0	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	0	0	194.10
194.11	07960	FAIRMOUNT	0	0	0	0	0	194.11
194.12	07961	GAS CITY	0	0	0	0	0	194.12
194.13	07969	LYONS	0	0	0	0	0	194.13
194.14	07964	WABASH	0	0	0	0	0	194.14
194.15	07965	TOBACCO GRANT	42,338	7,365	49,703	4,443	54,146	194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	0	0	0	194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	0	0	0	194.17
194.18	07962	ECHO GRANT	3,153	48,842	51,995	0	51,995	194.18
194.19	07968	RURAL QI GRANT	40,459	128,883	169,342	0	169,342	194.19
194.20	07970	MGH DIABETES GRANT	0	0	0	0	0	194.20
194.21	07971	MGH MGH ORTHO	0	0	0	0	0	194.21
194.22	07972	MGH BELLA BLDG	0	0	0	0	0	194.22
194.23	07973	DIABETES GRANT	0	4,026	4,026	0	4,026	194.23
194.24	07974	MGH NORTHWOOD BLDG	0	0	0	0	0	194.24
194.25	07975	MGH MGH ORTHO	121,617	331,360	452,977	-21,065	431,912	194.25
200.00		TOTAL (SUM OF LINES 118 through 199)	55,113,674	138,252,505	193,366,179	0	193,366,179	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A | Date/Time Prepared: 11/29/2021 7:49 am

		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	-18,183	11,693,868	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,275,677	16,022,716	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-16,709,888	26,216,894	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
6.01	00601	CAFETERIA	-4,477	1,620,380	6.01
6.02	00602	CAFETERIA	0	0	6.02
7.00	00700	OPERATION OF PLANT	-172,972	5,639,665	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-3,483	317,424	8.00
9.00	00900	HOUSEKEEPING	-62	2,701,495	9.00
10.00	01000	DIETARY	-405	646,195	10.00
13.00	01300	NURSING ADMINISTRATION	0	1,145,127	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-366	494,436	14.00
15.00	01500	PHARMACY	-23,573	3,590,313	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	-9,777	6,860,979	30.00
31.00	03100	INTENSIVE CARE UNIT	-956	2,312,654	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	-70,111	1,784,791	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,462,633	43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	-1,461,717	8,416,774	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-184,579	4,717,496	54.00
57.00	05700	CT SCAN	0	965,392	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	482,652	58.00
59.00	05900	CARDIAC CATHETERIZATION	-169,265	2,143,577	59.00
60.00	06000	LABORATORY	-114,206	8,096,201	60.00
60.01	06001	ONCOLOGY	-4,637	1,689,263	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-1,314	2,243,313	65.00
66.00	06600	PHYSICAL THERAPY	-147	2,204,852	66.00
69.00	06900	ELECTROCARDIOLOGY	-53,950	1,010,932	69.00
69.01	06901	CARDIAC REHAB	-6	208,723	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,987,112	73.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	-1,226	1,085,510	90.00
91.00	09100	EMERGENCY	-5,099,169	5,565,481	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	-58,789	1,201,148	95.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-27,438,935	134,527,996	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	27,185	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	PACT REV PHYSICIANS	0	633,563	192.01
192.02	19202	VISITOR MEALS	0	0	192.02
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	89,741	192.03
192.04	19204	LIFELINE	0	0	192.04
192.05	19205	OWNED PROPERTIES	0	418,960	192.05
192.06	19206	UROLOGY	-60,686	1,259,792	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	192.07
192.08	19211	PARISH NURSING	0	75,833	192.08
192.09	19212	BIOTERRORISM GRANT	0	0	192.09
192.10	19214	BREAST PUMPS	0	0	192.10
192.11	19208	MGH EMERGENCY PHYSICIANS	0	0	192.11
192.12	19209	LUNG CENTER	-49,887	776,307	192.12
192.13	19213	MGH EXPRESS	0	1,306,878	192.13
192.14	19210	MGH PHYS PRACT MGMT	-66,167	2,026,650	192.14
192.15	19215	MGH MARION SURGEONS	-117,008	1,809,827	192.15
192.16	19216	MGH MGH MED ONC	0	1,375,169	192.16
192.17	19217	MGH FMC SOUTH	-350,410	2,376,261	192.17
192.18	19218	MGH FAIRM MED ASSOC	-28,067	420,133	192.18
192.19	19219	MGH FMC MARION	-94,562	1,177,361	192.19
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	-28,176	1,142,098	193.01
193.02	19302	MGH FMC GAS CITY	-149,966	911,973	193.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A | Date/Time Prepared: 11/29/2021 7:49 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
193.03	19303	MGH HOSPITALISTS	0	3,161,150	193.03
193.04	19304	MGH MAR FAM PRACT	-108,358	3,478,597	193.04
193.05	19305	MGH FMC SWAYZEE	-26,352	240,113	193.05
193.06	19306	MGH PEDIATRIC CTR	-69,178	720,784	193.06
193.07	19307	MGH SPECIALTY PHYS	-25,556	300,699	193.07
193.08	19308	MGH FMC CONVERSE	0	348,012	193.08
193.09	19309	MGH UPLAND HEALTH	0	86,280	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	193.11
193.12	19312	OB/GYN	-108,239	2,850,283	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	193.15
193.16	19316	MGH NEONATOLOGY	0	888,000	193.16
193.18	19318	MGH WOUND CARE	0	25,455	193.18
194.00	07963	HEART FAILURE CLINIC	0	59,037	194.00
194.01	07950	MOW	0	0	194.01
194.02	07951	MENTAL HEALTH	0	0	194.02
194.03	07952	ADVERTISING	0	251,419	194.03
194.04	07953	MGH WORK SOLUTIONS	0	868,383	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	0	965	194.05
194.06	07955	OPIOID IMPL GRANT	0	295,134	194.06
194.07	07956	ASTHMA GRANT	0	3,173	194.07
194.08	07957	MGH SMMP BLDG	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	194.10
194.11	07960	FAIRMOUNT	0	0	194.11
194.12	07961	GAS CITY	0	0	194.12
194.13	07969	LYONS	0	0	194.13
194.14	07964	WABASH	0	0	194.14
194.15	07965	TOBACCO GRANT	0	54,146	194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	194.17
194.18	07962	ECHO GRANT	0	51,995	194.18
194.19	07968	RURAL QI GRANT	0	169,342	194.19
194.20	07970	MGH DIABETES GRANT	0	0	194.20
194.21	07971	MGH MGH ORTHO	0	0	194.21
194.22	07972	MGH BELLA BLDG	0	0	194.22
194.23	07973	DIABETES GRANT	0	4,026	194.23
194.24	07974	MGH NORTHWOOD BLDG	0	0	194.24
194.25	07975	MGH MGH ORTHO	0	431,912	194.25
200.00		TOTAL (SUM OF LINES 118 through 199)	-28,721,547	164,644,632	200.00

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - SATELLITE OFFICE RECLASS				
1.00	RADIOLOGY-DIAGNOSTIC	54.00	59,161	8,980	1.00
2.00	ELECTROCARDIOLOGY	69.00	5,858	1,582	2.00
	TOTALS		65,019	10,562	
	B - CAFETERIA RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	58,968	1.00
2.00	CAFETERIA	6.01	0	1,624,857	2.00
	TOTALS		0	1,683,825	
	C - ADMIN DIRECTOR RECLASS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	76,923	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	308,997	0	2.00
3.00	OPERATING ROOM	50.00	111,747	0	3.00
4.00	CARDIAC CATHETERIZATION	59.00	32,784	0	4.00
5.00	ELECTROCARDIOLOGY	69.00	65,569	0	5.00
6.00	CARDIAC REHAB	69.01	16,392	0	6.00
7.00	AMBULANCE SERVICES	95.00	30,769	0	7.00
8.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	21,538	0	8.00
9.00	GREAT BEGINNINGS/MATERNAL	192.03	8,432	0	9.00
10.00	PARISH NURSING	192.08	4,149	0	10.00
11.00	MGH EXPRESS	192.13	30,082	0	11.00
	TOTALS		707,382	0	
	D - ADVERTISING RECLASS				
1.00	ADVERTISING	194.03	182,948	68,471	1.00
	TOTALS		182,948	68,471	
	E - LEASED PROPERTY RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	119,605	1.00
2.00	OPERATION OF PLANT	7.00	0	365,392	2.00
3.00	HOUSEKEEPING	9.00	0	8,724	3.00
4.00	DIETARY	10.00	0	28,016	4.00
5.00	OPERATING ROOM	50.00	0	175,737	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	292,198	6.00
7.00	CT SCAN	57.00	0	20,685	7.00
8.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	23,326	8.00
9.00	LABORATORY	60.00	0	85,093	9.00
10.00	RESPIRATORY THERAPY	65.00	0	10,645	10.00
11.00	PHYSICAL THERAPY	66.00	0	28,969	11.00
12.00	ELECTROCARDIOLOGY	69.00	0	16,603	12.00
13.00	CARDIAC REHAB	69.01	0	14,995	13.00
14.00	CLINIC	90.00	0	56,635	14.00
15.00	UROLOGY	192.06	0	41,883	15.00
16.00	PARISH NURSING	192.08	0	3,957	16.00
17.00	LUNG CENTER	192.12	0	29,357	17.00
18.00	MGH EXPRESS	192.13	0	10,455	18.00
19.00	MGH PHYS PRACT MGMT	192.14	0	44,608	19.00
20.00	MGH MARION SURGEONS	192.15	0	75,571	20.00
21.00	MGH FMC SOUTH	192.17	0	335,556	21.00
22.00	MGH FAIRM MED ASSOC	192.18	0	32,491	22.00
23.00	MGH FMC MARION	192.19	0	64,856	23.00
24.00	MGH FMC NORTHWOOD	193.01	0	14,144	24.00
25.00	MGH FMC GAS CITY	193.02	0	80,729	25.00
26.00	MGH MAR FAM PRACT	193.04	0	50,893	26.00
27.00	MGH FMC SWAYZEE	193.05	0	26,755	27.00
28.00	MGH PEDIATRIC CTR	193.06	0	60,338	28.00
29.00	MGH SPECIALTY PHYS	193.07	0	14,497	29.00
30.00	MGH FMC CONVERSE	193.08	0	307	30.00
31.00	MGH UPLAND HEALTH	193.09	0	1,629	31.00
32.00	OB/GYN	193.12	0	73,421	32.00
33.00	MGH WORK SOLUTIONS	194.04	0	3,302	33.00
34.00	TOBACCO GRANT	194.15	0	4,443	34.00
35.00	OPIOID IMPL GRANT	194.06	0	7,023	35.00
	TOTALS		0	2,222,838	
	F - PHARMACY RECLASS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,987,112	1.00
	TOTALS		0	11,987,112	
	G - CT/MRI RECLASS				
1.00	CT SCAN	57.00	503,691	439,427	1.00
2.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	244,355	213,179	2.00
	TOTALS		748,046	652,606	

RECLASSIFICATIONS | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-6 | Date/Time Prepared: 11/29/2021 7:49 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	H - SHORT TERM DISABILITY RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,219	1.00
2.00	PHARMACY	15.00	0	7,894	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	674	3.00
4.00	OPERATING ROOM	50.00	0	4,102	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	4,315	5.00
6.00	LABORATORY	60.00	0	20,692	6.00
7.00	ELECTROCARDIOLOGY	69.00	0	4,937	7.00
	TOTALS		0	47,833	
	I - NURSERY RECLASS				
1.00	NURSERY	43.00	1,171,198	291,435	1.00
	TOTALS		1,171,198	291,435	
	J - SMMP HOUSEKEEPING RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	16,054	1.00
2.00	OPERATION OF PLANT	7.00	0	1,647	2.00
3.00	HOUSEKEEPING	9.00	0	361	3.00
4.00	DIETARY	10.00	0	611	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	22,781	5.00
6.00	CT SCAN	57.00	0	1,589	6.00
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,792	7.00
8.00	LABORATORY	60.00	0	2,874	8.00
9.00	MGH FMC SOUTH	192.17	0	25,434	9.00
	TOTALS		0	73,143	
	K - LAUNDRY RECLASS				
1.00	LAUNDRY & LINEN SERVICE	8.00		320,907	1.00
	TOTALS		0	320,907	
	L - PHYSICIAN MEDICAL DIRECTOR RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	394,173	0	1.00
	TOTALS		394,173	0	
	M - PHYSICIAN SALARIES RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	2,833,410	0	1.00
2.00	SUBPROVIDER - IRF	41.00	60,125	0	2.00
3.00	RESPIRATORY THERAPY	65.00	5,478	0	3.00
4.00	PHYSICAL THERAPY	66.00	3,145	0	4.00
5.00	CARDIAC REHAB	69.01	15,406	0	5.00
6.00	EMERGENCY	91.00	4,460,529	0	6.00
7.00	PACT REV PHYSICIANS	192.01	771,186	0	7.00
8.00	UROLOGY	192.06	503,681	0	8.00
9.00	LUNG CENTER	192.12	522,789	0	9.00
10.00	MGH EXPRESS	192.13	434,407	0	10.00
11.00	MGH MARION SURGEONS	192.15	1,095,588	0	11.00
12.00	MGH MGH MED ONC	192.16	1,173,875	0	12.00
13.00	MGH FMC SOUTH	192.17	947,313	0	13.00
14.00	MGH FAIRM MED ASSOC	192.18	165,729	0	14.00
15.00	MGH FMC MARION	192.19	536,866	0	15.00
16.00	MGH FMC NORTHWOOD	193.01	597,119	0	16.00
17.00	MGH FMC GAS CITY	193.02	348,185	0	17.00
18.00	MGH HOSPITALISTS	193.03	2,600,978	0	18.00
19.00	MGH MAR FAM PRACT	193.04	1,551,991	0	19.00
20.00	MGH FMC SWAYZEE	193.05	91,938	0	20.00
21.00	MGH PEDIATRIC CTR	193.06	263,807	0	21.00
22.00	MGH SPECIALTY PHYS	193.07	181,036	0	22.00
23.00	MGH FMC CONVERSE	193.08	111,218	0	23.00
24.00	MGH UPLAND HEALTH	193.09	5,336	0	24.00
25.00	OB/GYN	193.12	1,470,185	0	25.00
26.00	MGH WOUND CARE	193.18	21,787	0	26.00
27.00	HEART FAILURE CLINIC	194.00	34,481	0	27.00
28.00	MGH WORK SOLUTIONS	194.04	213,912	0	28.00
29.00	MGH MGH ORTHO	194.25	228,608	0	29.00
	TOTALS		21,250,108	0	
	N - LIABILITY INSURANCE RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	21,065	1.00
	TOTALS		0	21,065	
500.00	Grand Total: Increases		24,518,874	17,379,797	500.00

RECLASSIFICATIONS	Provider CCN: 15-0011	Period: From 07/01/2020 To 06/30/2021	Worksheet A-6 Date/Time Prepared: 11/29/2021 7:49 am

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - SATELLITE OFFICE RECLASS					
1.00	LABORATORY	60.00	65,019	10,562	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		65,019	10,562		
	B - CAFETERIA RECLASS					
1.00	DIETARY	10.00	0	1,683,825	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	1,683,825		
	C - ADMIN DIRECTOR RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	25,687	0	0	1.00
2.00	NURSING ADMINISTRATION	13.00	543,921	0	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	76,923	0	0	3.00
4.00	EMERGENCY	91.00	60,851	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
	TOTALS		707,382	0		
	D - ADVERTISING RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	182,948	68,471	0	1.00
	TOTALS		182,948	68,471		
	E - LEASED PROPERTY RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,214,807	10	1.00
2.00	OWNED PROPERTIES	192.05	0	1,008,031	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
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
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
	TOTALS		0	2,222,838		
	F - PHARMACY RECLASS					
1.00	PHARMACY	15.00	0	11,987,112	0	1.00
	TOTALS		0	11,987,112		
	G - CT/MRI RECLASS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	748,046	652,606	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		748,046	652,606		
	H - SHORT TERM DISABILITY RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	5,219	0	0	1.00
2.00	PHARMACY	15.00	7,894	0	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	674	0	0	3.00
4.00	OPERATING ROOM	50.00	4,102	0	0	4.00

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
5.00	CARDIAC CATHETERIZATION	59.00	4,315	0	0	5.00
6.00	LABORATORY	60.00	20,692	0	0	6.00
7.00	ELECTROCARDIOLOGY	69.00	4,937	0	0	7.00
	TOTALS		47,833	0		
	I - NURSERY RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	1,171,198	291,435	0	1.00
	TOTALS		1,171,198	291,435		
	J - SMMP HOUSEKEEPING RECLASS					
1.00	OWNED PROPERTIES	192.05	0	73,143	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
	TOTALS		0	73,143		
	K - LAUNDRY RECLASS					
1.00	HOUSEKEEPING	9.00		320,907	0	1.00
	TOTALS		0	320,907		
	L - PHYSICIAN MEDICAL DIRECTOR RECLASS					
1.00	PACT REV PHYSICIANS	192.01	394,173	0	0	1.00
	TOTALS		394,173	0		
	M - PHYSICIAN SALARIES RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,833,410	0	1.00
2.00	SUBPROVIDER - IRF	41.00	0	60,125	0	2.00
3.00	RESPIRATORY THERAPY	65.00	0	5,478	0	3.00
4.00	PHYSICAL THERAPY	66.00	0	3,145	0	4.00
5.00	CARDIAC REHAB	69.01	0	15,406	0	5.00
6.00	EMERGENCY	91.00	0	4,460,529	0	6.00
7.00	PACT REV PHYSICIANS	192.01	0	771,186	0	7.00
8.00	UROLOGY	192.06	0	503,681	0	8.00
9.00	LUNG CENTER	192.12	0	522,789	0	9.00
10.00	MGH EXPRESS	192.13	0	434,407	0	10.00
11.00	MGH MARION SURGEONS	192.15	0	1,095,588	0	11.00
12.00	MGH MGH MED ONC	192.16	0	1,173,875	0	12.00
13.00	MGH FMC SOUTH	192.17	0	947,313	0	13.00
14.00	MGH FAIRM MED ASSOC	192.18	0	165,729	0	14.00
15.00	MGH FMC MARION	192.19	0	536,866	0	15.00
16.00	MGH FMC NORTHWOOD	193.01	0	597,119	0	16.00
17.00	MGH FMC GAS CITY	193.02	0	348,185	0	17.00
18.00	MGH HOSPITALISTS	193.03	0	2,600,978	0	18.00
19.00	MGH MAR FAM PRACT	193.04	0	1,551,991	0	19.00
20.00	MGH FMC SWAYZEE	193.05	0	91,938	0	20.00
21.00	MGH PEDIATRIC CTR	193.06	0	263,807	0	21.00
22.00	MGH SPECIALTY PHYS	193.07	0	181,036	0	22.00
23.00	MGH FMC CONVERSE	193.08	0	111,218	0	23.00
24.00	MGH UPLAND HEALTH	193.09	0	5,336	0	24.00
25.00	OB/GYN	193.12	0	1,470,185	0	25.00
26.00	MGH WOUND CARE	193.18	0	21,787	0	26.00
27.00	HEART FAILURE CLINIC	194.00	0	34,481	0	27.00
28.00	MGH WORK SOLUTIONS	194.04	0	213,912	0	28.00
29.00	MGH MGH ORTHO	194.25	0	228,608	0	29.00
	TOTALS		0	21,250,108		
	N - LIABILITY INSURANCE RECLASS					
1.00	MGH MGH ORTHO	194.25	0	21,065	0	1.00
	TOTALS		0	21,065		
500.00	Grand Total: Decreases		3,316,599	38,582,072		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-7 Part I | Date/Time Prepared: 11/29/2021 7:49 am

		Beginning Balances	Acquisitions Purchases	Donation	Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,191,830	3,852,814	0	3,852,814	0	1.00
2.00	Land Improvements	3,353,531	10,909	0	10,909	0	2.00
3.00	Buildings and Fixtures	142,659,238	7,816,669	0	7,816,669	0	3.00
4.00	Building Improvements	3,756,061	6,287	0	6,287	1,281,008	4.00
5.00	Fixed Equipment	3,509,530	0	0	0	0	5.00
6.00	Movable Equipment	74,450,537	3,658,835	0	3,658,835	-1,179,199	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	232,920,727	15,345,514	0	15,345,514	101,809	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	232,920,727	15,345,514	0	15,345,514	101,809	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	9,044,644	0	1.00
2.00	Land Improvements	3,364,440	0	2.00
3.00	Buildings and Fixtures	150,475,907	0	3.00
4.00	Building Improvements	2,481,340	0	4.00
5.00	Fixed Equipment	3,509,530	0	5.00
6.00	Movable Equipment	79,288,571	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	248,164,432	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	248,164,432	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-7 Part II | Date/Time Prepared: 11/29/2021 7:49 am

	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	12,926,858	0	0	0	0	1.00
3.00	Total (sum of lines 1-2)	12,926,858	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	12,926,858	1.00
3.00	Total (sum of lines 1-2)	0	12,926,858	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-7 Part III Date/Time Prepared: 11/29/2021 7:49 am

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	241,655,996	0	241,655,996	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	241,655,996	0	241,655,996	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	12,926,858	-1,214,807	1.00
3.00	Total (sum of lines 1-2)	0	0	0	12,926,858	-1,214,807	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	-18,183	0	0	0	11,693,868	1.00
3.00	Total (sum of lines 1-2)	-18,183	0	0	0	11,693,868	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-8 | Date/Time Prepared: 11/29/2021 7:49 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
				Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	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	-6,849,014			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	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,835	CAFETERIA	6.01	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-8 | Date/Time Prepared: 11/29/2021 7:49 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.00	FINANCE BANK SERVICE CHARGES	A	-212,165	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	FINANCE DISCOUNT PAYMENTS	A	22,173	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	GAIN ON DISPOSAL	A	40,344	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	XIX ASSESSMENT FEE A/C	A	-12,368,341	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	SELF INSURANCE EXPENSE	A	-3,275,667	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.04
33.05	DEPOSITION-OTHER	B	-2,000	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06	RETURNED CHECK FEE	B	-900	ADMINISTRATIVE & GENERAL	5.00	0	33.06
33.07	PHYSICIAN PRIV APPLICATION	B	-2,650	ADMINISTRATIVE & GENERAL	5.00	0	33.07
33.08	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-49,999	ADMINISTRATIVE & GENERAL	5.00	0	33.08
33.09	CHILD SEAT SAFETY INSPECTION	B	-100	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	HEALTH SCREENING FEES - LAB	B	-40,293	LABORATORY	60.00	0	33.10
33.11	HEALTH SCREENING FEES - RAD	B	-21,062	RADIOLOGY-DIAGNOSTIC	54.00	0	33.11
33.12	MED STAFF OTHER SCREENING - MED STAF	B	855	ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13	HEALTH SCREENS	B	-7,623	LABORATORY	60.00	0	33.13
33.14	HEALTH SCREENS	B	710	LABORATORY	60.00	0	33.14
33.15	REBATE	B	-2,672	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.16	REBATE	B	-85,123	ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.17	RENTAL OF PROVIDER SPACE BY SUPPLIER	B	-1,200	ADMINISTRATIVE & GENERAL	5.00	0	33.17
33.18	RENT SPACE UPLAND	B	-1,390	LABORATORY	60.00	0	33.18
33.19	PAGER RENTAL	B	-900	ADMINISTRATIVE & GENERAL	5.00	0	33.19
33.20	SALE OF SCRAP, WASTE, ETC.	B	-1,219	ADMINISTRATIVE & GENERAL	5.00	0	33.20
33.21	PCC MARKETING AG	B	-2,500	ADMINISTRATIVE & GENERAL	5.00	0	33.21
33.22	EDUCATIONAL WORKSHOP	B	-639	ADMINISTRATIVE & GENERAL	5.00	0	33.22
33.23	OPT HEALTH LINEN SEV	B	-3,483	LAUNDRY & LINEN SERVICE	8.00	0	33.23
33.24	AMBULANCE SVC - ASSISTS	B	-53,375	AMBULANCE SERVICES	95.00	0	33.24
33.25	AMBULANCE SVC - CORONER SVC	B	0	AMBULANCE SERVICES	95.00	0	33.25
33.26	AMBULANCE SVC - LINEN SERVICES	B	-4,608	AMBULANCE SERVICES	95.00	0	33.26
33.27	AMBULANCE SVC - COMMUNITY	B	-474	AMBULANCE SERVICES	95.00	0	33.27
33.28	CONTRACT ARU OTH ARU MEDICAL DIRECTO	B	-61,190	SUBPROVIDER - IRF	41.00	0	33.28
33.29	MGH UNCLAIMED OTH 125 MED/CHILD	B	0	ADMINISTRATIVE & GENERAL	5.00	0	33.29
33.30	SCHOOL PHYS OTHER SCHOOL PHYS	B	-6,000	ADMINISTRATIVE & GENERAL	5.00	0	33.30
33.31	PHLEBOTOMY	B	-11,930	LABORATORY	60.00	0	33.31
33.32	CPR TRAIN OTH AHA COMMUNITY	B	-16,015	ADMINISTRATIVE & GENERAL	5.00	0	33.32
33.33	CLINICAL STUDY - OTHER	B	-3,403	ONCOLOGY	60.01	0	33.33
33.34	SICK CHILD CARE PROGRAM	B	-591	ADULTS & PEDIATRICS	30.00	0	33.34
33.35	ONC. QUAL	B	-1,000	ADMINISTRATIVE & GENERAL	5.00	0	33.35
33.36	SETTLEMENTS	B	-1,396	ADMINISTRATIVE & GENERAL	5.00	0	33.36
33.37	UNCLAIMED OTHER MONIES RECOVERED	B	-426	ADMINISTRATIVE & GENERAL	5.00	0	33.37
33.38	VENDING MACHINES	B	-2,642	CAFETERIA	6.01	0	33.38
33.39	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	33.39
33.40	TELEVISION AND RADIO SERVICE	A	-53,772	OPERATION OF PLANT	7.00	0	33.40
33.41	TELEPHONE SERVICES	A	-119,062	OPERATION OF PLANT	7.00	0	33.41
33.42	OPERATING INTEREST INCOME	B	-18,183	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	33.42
33.43	LOBBYING COSTS	A	-23,797	ADMINISTRATIVE & GENERAL	5.00	0	33.43
33.44	LOBBYING COSTS	A	-403	PHARMACY	15.00	0	33.44
33.45	LOBBYING COSTS	A	-3	RADIOLOGY-DIAGNOSTIC	54.00	0	33.45
33.46	LOBBYING COSTS	A	-614	ONCOLOGY	60.01	0	33.46
33.47	ELIMINATING ENTRIES	A	-66,167	MGH PHYS PRACT MGMT	192.14	0	33.47
33.48	ELIMINATING ENTRIES	A	0	MGH WORK SOLUTIONS	194.04	0	33.48
33.49	ELIMINATING ENTRIES	A	-49,887	LUNG CENTER	192.12	0	33.49
33.50	ELIMINATING ENTRIES	A	-117,008	MGH MARION SURGEONS	192.15	0	33.50
33.51	ELIMINATING ENTRIES	A	-350,410	MGH FMC SOUTH	192.17	0	33.51
33.52	ELIMINATING ENTRIES	A	-28,067	MGH FAIRM MED ASSOC	192.18	0	33.52
33.53	ELIMINATING ENTRIES	A	-94,562	MGH FMC MARION	192.19	0	33.53
33.54	ELIMINATING ENTRIES	A	-149,966	MGH FMC GAS CITY	193.02	0	33.54
33.55	ELIMINATING ENTRIES	A	-26,352	MGH FMC SWAYZEE	193.05	0	33.55
33.56	ELIMINATING ENTRIES	A	-69,178	MGH PEDIATRIC CTR	193.06	0	33.56
33.57	ELIMINATING ENTRIES	A	-60,686	UROLOGY	192.06	0	33.57
33.58	ELIMINATING ENTRIES	A	-25,556	MGH SPECIALTY PHYS	193.07	0	33.58
33.59	ELIMINATING ENTRIES	A	-28,176	MGH FMC NORTHWOOD	193.01	0	33.59
33.60	ELIMINATING ENTRIES	A	-108,358	MGH MAR FAM PRACT	193.04	0	33.60

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-8 | Date/Time Prepared: 11/29/2021 7:49 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.61	ELIMINATING ENTRIES	A	-108,239	OB/GYN	193.12	0	33.61
33.62	PHYSICIAN RECRUITMENT	A	-1,141,918	ADMINISTRATIVE & GENERAL	5.00	0	33.62
33.63	ENTERTAINMENT EXP	A	0	ADMINISTRATIVE & GENERAL	5.00	0	33.63
33.64	EMPLOYEE USE OF AUTO	A	-1,948	ADMINISTRATIVE & GENERAL	5.00	0	33.64
33.65	DONATIONS	A	-269,481	ADMINISTRATIVE & GENERAL	5.00	0	33.65
33.66	VHA OPPORTUNITY	A	-10	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.66
33.67	VHA OPPORTUNITY	A	-13,725	ADMINISTRATIVE & GENERAL	5.00	0	33.67
33.68	VHA OPPORTUNITY	A	-138	OPERATION OF PLANT	7.00	0	33.68
33.69	VHA OPPORTUNITY	A	0	ADMINISTRATIVE & GENERAL	5.00	0	33.69
33.70	VHA OPPORTUNITY	A	-62	HOUSEKEEPING	9.00	0	33.70
33.71	VHA OPPORTUNITY	A	-405	DIETARY	10.00	0	33.71
33.72	VHA OPPORTUNITY	A	-366	CENTRAL SERVICES & SUPPLY	14.00	0	33.72
33.73	VHA OPPORTUNITY	A	-23,170	PHARMACY	15.00	0	33.73
33.74	VHA OPPORTUNITY	A	-9,186	ADULTS & PEDIATRICS	30.00	0	33.74
33.75	VHA OPPORTUNITY	A	-956	INTENSIVE CARE UNIT	31.00	0	33.75
33.76	VHA OPPORTUNITY	A	-189	SUBPROVIDER - IRF	41.00	0	33.76
33.77	VHA OPPORTUNITY	A	-30,350	OPERATING ROOM	50.00	0	33.77
33.78	VHA OPPORTUNITY	A	-48,081	RADIOLOGY-DIAGNOSTIC	54.00	0	33.78
33.79	VHA OPPORTUNITY	A	-34,273	CARDIAC CATHETERIZATION	59.00	0	33.79
33.80	VHA OPPORTUNITY	A	-39,384	LABORATORY	60.00	0	33.80
33.81	VHA OPPORTUNITY	A	-620	ONCOLOGY	60.01	0	33.81
33.82	VHA OPPORTUNITY	A	-1,314	RESPIRATORY THERAPY	65.00	0	33.82
33.83	VHA OPPORTUNITY	A	-147	PHYSICAL THERAPY	66.00	0	33.83
33.84	VHA OPPORTUNITY	A	-295	ELECTROCARDIOLOGY	69.00	0	33.84
33.85	VHA OPPORTUNITY	A	-6	CARDIAC REHAB	69.01	0	33.85
33.86	VHA OPPORTUNITY	A	-1,226	CLINIC	90.00	0	33.86
33.87	VHA OPPORTUNITY	A	-1,984	EMERGENCY	91.00	0	33.87
33.88	VHA OPPORTUNITY	A	-332	AMBULANCE SERVICES	95.00	0	33.88
33.89	ED ON CALL SVC A/C 7000.2512	A	-2,126,899	ADMINISTRATIVE & GENERAL	5.00	0	33.89
33.90	MISC REV	B	-435	LABORATORY	60.00	0	33.90
33.91	COVID OTHER REVENUE	B	-438,898	ADMINISTRATIVE & GENERAL	5.00	0	33.91
33.92	DIABETES OTHER REVENUE	B	-2,761	LABORATORY	60.00	0	33.92
33.93	RENT BILLB OTHER REVENUE	B	-1,200	ADMINISTRATIVE & GENERAL	5.00	0	33.93
33.94	STAT RADIOLOGY OTHER REVENUE	B	-3,450	RADIOLOGY-DIAGNOSTIC	54.00	0	33.94
33.95	MISC REV	B	-149	ADMINISTRATIVE & GENERAL	5.00	0	33.95
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-28,721,547				50.00

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet A-8-2 | Date/Time Prepared: 11/29/2021 7:49 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	41.00	SUBPROVIDER - IRF	8,732	8,732	0	0	0	1.00
2.00	50.00	OPERATING ROOM	1,431,367	1,431,367	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	111,983	111,983	0	0	0	3.00
4.00	59.00	CARDIAC CATHETERIZATION	134,992	134,992	0	0	0	4.00
5.00	60.00	LABORATORY	11,100	11,100	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	53,655	53,655	0	0	0	6.00
7.00	91.00	EMERGENCY	5,097,185	5,097,185	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			6,849,014	6,849,014	0		0	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	41.00	SUBPROVIDER - IRF	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	3.00
4.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	4.00
5.00	60.00	LABORATORY	0	0	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	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	41.00	SUBPROVIDER - IRF	0	0	0	8,732		1.00
2.00	50.00	OPERATING ROOM	0	0	0	1,431,367		2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	111,983		3.00
4.00	59.00	CARDIAC CATHETERIZATION	0	0	0	134,992		4.00
5.00	60.00	LABORATORY	0	0	0	11,100		5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	53,655		6.00
7.00	91.00	EMERGENCY	0	0	0	5,097,185		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	6,849,014		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/29/2021 7:49 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			0	1.00	4.00	4A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	11,693,868	11,693,868				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	16,022,716	283,076	16,305,792			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	26,216,894	3,606,728	3,294,447	33,118,069	33,118,069	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	CAFETERIA	1,620,380	126,906	0	1,747,286	439,963	6.01
6.02	00602	CAFETERIA	0	0	0	0	0	6.02
7.00	00700	OPERATION OF PLANT	5,639,665	2,377,825	171,246	8,188,736	2,061,907	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	317,424	55,210	0	372,634	93,828	8.00
9.00	00900	HOUSEKEEPING	2,701,495	85,179	0	2,786,674	701,679	9.00
10.00	01000	DIETARY	646,195	174,852	4,211	825,258	207,798	10.00
13.00	01300	NURSING ADMINISTRATION	1,145,127	18,185	232,040	1,395,352	351,347	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	494,436	62,264	30,538	587,238	147,865	14.00
15.00	01500	PHARMACY	3,590,313	80,215	575,179	4,245,707	1,069,061	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,860,979	1,105,079	1,232,665	9,198,723	2,316,220	30.00
31.00	03100	INTENSIVE CARE UNIT	2,312,654	285,428	400,290	2,998,372	754,984	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,784,791	250,442	239,848	2,275,081	572,861	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,462,633	0	254,169	1,716,802	432,287	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,416,774	900,206	682,911	9,999,891	2,517,953	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,717,496	540,494	536,594	5,794,584	1,459,065	54.00
57.00	05700	CT SCAN	965,392	39,323	109,309	1,114,024	280,509	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	482,652	46,613	53,029	582,294	146,620	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,143,577	131,688	144,677	2,419,942	609,337	59.00
60.00	06000	LABORATORY	8,096,201	377,531	465,988	8,939,720	2,251,004	60.00
60.01	06001	ONCOLOGY	1,689,263	0	220,288	1,909,551	480,821	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,243,313	175,113	293,293	2,711,719	682,805	65.00
66.00	06600	PHYSICAL THERAPY	2,204,852	169,496	439,584	2,813,932	708,542	66.00
69.00	06900	ELECTROCARDIOLOGY	1,010,932	207,826	183,357	1,402,115	353,050	69.00
69.01	06901	CARDIAC REHAB	208,723	33,863	37,818	280,404	70,605	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,987,112	0	0	11,987,112	3,018,276	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,085,510	127,899	65,184	1,278,593	321,947	90.00
91.00	09100	EMERGENCY	5,565,481	289,269	1,791,494	7,646,244	1,925,309	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,201,148	108,433	229,740	1,539,321	387,598	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	134,527,996	11,659,143	11,687,899	129,875,378	24,363,241	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	27,185	34,725	4,674	66,584	16,766	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PACT REV PHYSICIANS	633,563	0	105,281	738,844	186,039	192.01
192.02	19202	VISITOR MEALS	0	0	0	0	0	192.02
192.03	19203	GREAT BEGINNINGS/MATERNAL	89,741	0	18,847	108,588	27,342	192.03
192.04	19204	LIFELINE	0	0	0	0	0	192.04
192.05	19205	OWNED PROPERTIES	418,960	0	0	418,960	105,493	192.05
192.06	19206	UROLOGY	1,259,792	0	183,513	1,443,305	363,421	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
192.08	19211	PARISH NURSING	75,833	0	12,763	88,596	22,308	192.08
192.09	19212	BIOTERRORISM GRANT	0	0	0	0	0	192.09
192.10	19214	BREAST PUMPS	0	0	0	0	0	192.10
192.11	19208	MGH EMERGENCY PHYSICIANS	0	0	0	0	0	192.11
192.12	19209	LUNG CENTER	776,307	0	139,264	915,571	230,539	192.12
192.13	19213	MGH EXPRESS	1,306,878	0	220,926	1,527,804	384,698	192.13
192.14	19210	MGH PHYS PRACT MGMT	2,026,650	0	290,479	2,317,129	583,448	192.14
192.15	19215	MGH MARION SURGEONS	1,809,827	0	328,365	2,138,192	538,392	192.15
192.16	19216	MGH MGH MED ONC	1,375,169	0	254,772	1,629,941	410,416	192.16
192.17	19217	MGH FMC SOUTH	2,376,261	0	357,765	2,734,026	688,422	192.17

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I | Date/Time Prepared: 11/29/2021 7:49 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			0	1.00	4.00	4A	5.00	
192.18	19218	MGH FAIRM MED ASSOC	420,133	0	65,652	485,785	122,320	192.18
192.19	19219	MGH FMC MARION	1,177,361	0	197,361	1,374,722	346,152	192.19
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	1,142,098	0	198,338	1,340,436	337,519	193.01
193.02	19302	MGH FMC GAS CITY	911,973	0	137,962	1,049,935	264,372	193.02
193.03	19303	MGH HOSPITALISTS	3,161,150	0	586,801	3,747,951	943,727	193.03
193.04	19304	MGH MAR FAM PRACT	3,478,597	0	566,317	4,044,914	1,018,501	193.04
193.05	19305	MGH FMC SWAYZEE	240,113	0	36,603	276,716	69,677	193.05
193.06	19306	MGH PEDIATRIC CTR	720,784	0	97,783	818,567	206,114	193.06
193.07	19307	MGH SPECIALTY PHYS	300,699	0	51,836	352,535	88,768	193.07
193.08	19308	MGH FMC CONVERSE	348,012	0	46,447	394,459	99,324	193.08
193.09	19309	MGH UPLAND HEALTH	86,280	0	13,144	99,424	25,035	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	0	0	193.11
193.12	19312	OB/GYN	2,850,283	0	433,386	3,283,669	826,821	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	0	0	193.15
193.16	19316	MGH NEONATOLOGY	888,000	0	0	888,000	223,597	193.16
193.18	19318	MGH WOUND CARE	25,455	0	4,728	30,183	7,600	193.18
194.00	07963	HEART FAILURE CLINIC	59,037	0	7,483	66,520	16,750	194.00
194.01	07950	MOW	0	0	0	0	0	194.01
194.02	07951	MENTAL HEALTH	0	0	0	0	0	194.02
194.03	07952	ADVERTISING	251,419	0	39,703	291,122	73,304	194.03
194.04	07953	MGH WORK SOLUTIONS	868,383	0	109,282	977,665	246,174	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	965	0	33	998	251	194.05
194.06	07955	OPIOID IMPL GRANT	295,134	0	13,144	308,278	77,624	194.06
194.07	07956	ASTHMA GRANT	3,173	0	585	3,758	946	194.07
194.08	07957	MGH SMMP BLDG	0	0	0	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	0	0	194.10
194.11	07960	FAIRMOUNT	0	0	0	0	0	194.11
194.12	07961	GAS CITY	0	0	0	0	0	194.12
194.13	07969	LYONS	0	0	0	0	0	194.13
194.14	07964	WABASH	0	0	0	0	0	194.14
194.15	07965	TOBACCO GRANT	54,146	0	9,188	63,334	15,947	194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	0	0	0	194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	0	0	0	194.17
194.18	07962	ECHO GRANT	51,995	0	684	52,679	13,264	194.18
194.19	07968	RURAL QI GRANT	169,342	0	8,780	178,122	44,851	194.19
194.20	07970	MGH DIABETES GRANT	0	0	0	0	0	194.20
194.21	07971	MGH MGH ORTHO	0	0	0	0	0	194.21
194.22	07972	MGH BELLA BLDG	0	0	0	0	0	194.22
194.23	07973	DIABETES GRANT	4,026	0	0	4,026	1,014	194.23
194.24	07974	MGH NORTHWOOD BLDG	0	0	0	0	0	194.24
194.25	07975	MGH MGH ORTHO	431,912	0	76,004	507,916	127,892	194.25
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	164,644,632	11,693,868	16,305,792	164,644,632	33,118,069	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/29/2021 7:49 am

		Cost Center Description	MAINTENANCE & REPAIRS	CAFETERIA	CAFETERIA	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			6.00	6.01	6.02	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
6.01	00601	CAFETERIA	0	2,187,249				6.01
6.02	00602	CAFETERIA	0	2,163,401	2,163,401			6.02
7.00	00700	OPERATION OF PLANT	0	0	61,869	10,312,512		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	107,438	573,900	8.00
9.00	00900	HOUSEKEEPING	0	0	0	165,758	0	9.00
10.00	01000	DIETARY	0	0	540	340,262	0	10.00
13.00	01300	NURSING ADMINISTRATION	0	0	47,502	35,389	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	12,912	121,166	87	14.00
15.00	01500	PHARMACY	0	0	113,195	156,098	0	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	303,367	2,150,486	135,207	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	95,811	555,443	31,954	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	59,995	487,360	13,118	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	59,647	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	181,314	1,751,802	68,068	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	146,536	1,051,803	35,932	54.00
57.00	05700	CT SCAN	0	0	32,100	76,523	20,090	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	15,572	90,710	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	35,954	256,265	5,425	59.00
60.00	06000	LABORATORY	0	0	149,135	734,676	0	60.00
60.01	06001	ONCOLOGY	0	0	0	0	2,174	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	64,361	340,771	3,856	65.00
66.00	06600	PHYSICAL THERAPY	0	0	46,329	329,839	14,161	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	55,946	404,430	5,036	69.00
69.01	06901	CARDIAC REHAB	0	0	8,948	65,897	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	19,231	248,892	1,217	90.00
91.00	09100	EMERGENCY	0	0	259,579	562,918	217,224	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	78,785	211,011	18,015	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,163,401	1,848,628	10,244,937	571,564	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	67,575	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PACT REV PHYSICIANS	0	0	0	0	0	192.01
192.02	19202	VISITOR MEALS	0	23,848	0	0	0	192.02
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	0	0	0	0	192.03
192.04	19204	LIFELINE	0	0	0	0	0	192.04
192.05	19205	OWNED PROPERTIES	0	0	0	0	0	192.05
192.06	19206	UROLOGY	0	0	39,327	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
192.08	19211	PARISH NURSING	0	0	3,709	0	0	192.08
192.09	19212	BIOTERRORISM GRANT	0	0	0	0	0	192.09
192.10	19214	BREAST PUMPS	0	0	0	0	0	192.10
192.11	19208	MGH EMERGENCY PHYSICIANS	0	0	0	0	0	192.11
192.12	19209	LUNG CENTER	0	0	18,571	0	0	192.12
192.13	19213	MGH EXPRESS	0	0	0	0	756	192.13
192.14	19210	MGH PHYS PRACT MGMT	0	0	109,548	0	0	192.14
192.15	19215	MGH MARION SURGEONS	0	0	48,584	0	0	192.15
192.16	19216	MGH MGH MED ONC	0	0	0	0	0	192.16
192.17	19217	MGH FMC SOUTH	0	0	0	0	237	192.17
192.18	19218	MGH FAIRM MED ASSOC	0	0	0	0	10	192.18
192.19	19219	MGH FMC MARION	0	0	46,689	0	19	192.19
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	0	0	0	0	112	193.01
193.02	19302	MGH FMC GAS CITY	0	0	0	0	345	193.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/29/2021 7:49 am

		Cost Center Description	MAINTENANCE & REPAIRS	CAFETERIA	CAFETERIA	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			6.00	6.01	6.02	7.00	8.00	
193.03	19303	MGH HOSPITALISTS	0	0	0	0	0	193.03
193.04	19304	MGH MAR FAM PRACT	0	0	0	0	490	193.04
193.05	19305	MGH FMC SWAYZEE	0	0	0	0	0	193.05
193.06	19306	MGH PEDIATRIC CTR	0	0	22,826	0	10	193.06
193.07	19307	MGH SPECIALTY PHYS	0	0	10,482	0	0	193.07
193.08	19308	MGH FMC CONVERSE	0	0	0	0	51	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	0	0	243	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	0	0	193.11
193.12	19312	OB/GYN	0	0	0	0	0	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	0	0	193.15
193.16	19316	MGH NEONATOLOGY	0	0	0	0	0	193.16
193.18	19318	MGH WOUND CARE	0	0	0	0	0	193.18
194.00	07963	HEART FAILURE CLINIC	0	0	0	0	0	194.00
194.01	07950	MOW	0	0	0	0	0	194.01
194.02	07951	MENTAL HEALTH	0	0	0	0	0	194.02
194.03	07952	ADVERTISING	0	0	0	0	0	194.03
194.04	07953	MGH WORK SOLUTIONS	0	0	0	0	63	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	0	0	0	0	0	194.05
194.06	07955	OPIOID IMPL GRANT	0	0	6,780	0	0	194.06
194.07	07956	ASTHMA GRANT	0	0	150	0	0	194.07
194.08	07957	MGH SMMP BLDG	0	0	0	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	0	0	194.10
194.11	07960	FAIRMOUNT	0	0	0	0	0	194.11
194.12	07961	GAS CITY	0	0	0	0	0	194.12
194.13	07969	LYONS	0	0	0	0	0	194.13
194.14	07964	WABASH	0	0	0	0	0	194.14
194.15	07965	TOBACCO GRANT	0	0	3,359	0	0	194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	0	0	0	194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	0	0	0	194.17
194.18	07962	ECHO GRANT	0	0	266	0	0	194.18
194.19	07968	RURAL QI GRANT	0	0	4,482	0	0	194.19
194.20	07970	MGH DIABETES GRANT	0	0	0	0	0	194.20
194.21	07971	MGH MGH ORTHO	0	0	0	0	0	194.21
194.22	07972	MGH BELLA BLDG	0	0	0	0	0	194.22
194.23	07973	DIABETES GRANT	0	0	0	0	0	194.23
194.24	07974	MGH NORTHWOOD BLDG	0	0	0	0	0	194.24
194.25	07975	MGH MGH ORTHO	0	0	0	0	0	194.25
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)	0	2,187,249	2,163,401	10,312,512	573,900	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/29/2021 7:49 am

		Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			9.00	10.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	CAFETERIA						6.01
6.02	00602	CAFETERIA						6.02
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	3,654,111					9.00
10.00	01000	DIETARY	52,342	1,426,200				10.00
13.00	01300	NURSING ADMINISTRATION	16,357	0	1,845,947			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	81,784	0	0	951,052		14.00
15.00	01500	PHARMACY	45,799	0	0	0	5,629,860	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	968,323	804,900	444,075	104,616	0	30.00
31.00	03100	INTENSIVE CARE UNIT	183,196	146,060	140,250	28,532	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	157,025	137,117	87,822	9,511	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	87,312	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	484,162	0	169,987	123,637	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	207,731	0	0	19,021	0	54.00
57.00	05700	CT SCAN	11,450	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	65,427	0	52,630	38,042	0	59.00
60.00	06000	LABORATORY	183,196	0	0	57,063	0	60.00
60.01	06001	ONCOLOGY	0	0	0	0	0	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	137,397	0	94,213	19,021	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	67,817	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	88,327	0	81,895	28,532	0	69.00
69.01	06901	CARDIAC REHAB	98,141	0	13,098	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,629,860	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	65,427	0	28,151	0	0	90.00
91.00	09100	EMERGENCY	732,785	20,899	379,976	47,553	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	22,900	0	115,326	9,511	0	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,601,769	1,108,976	1,762,552	485,039	5,629,860	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,543	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PACT REV PHYSICIANS	0	0	0	0	0	192.01
192.02	19202	VISITOR MEALS	0	0	0	0	0	192.02
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	0	6,424	0	0	192.03
192.04	19204	LIFELINE	0	0	0	0	0	192.04
192.05	19205	OWNED PROPERTIES	0	0	0	0	0	192.05
192.06	19206	UROLOGY	0	0	0	38,042	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	13,085	0	0	0	0	192.07
192.08	19211	PARISH NURSING	6,543	0	0	0	0	192.08
192.09	19212	BIOTERRORISM GRANT	0	0	0	0	0	192.09
192.10	19214	BREAST PUMPS	0	0	0	0	0	192.10
192.11	19208	MGH EMERGENCY PHYSICIANS	0	0	0	0	0	192.11
192.12	19209	LUNG CENTER	0	0	0	0	0	192.12
192.13	19213	MGH EXPRESS	0	0	76,971	19,021	0	192.13
192.14	19210	MGH PHYS PRACT MGMT	26,171	0	0	0	0	192.14
192.15	19215	MGH MARION SURGEONS	0	0	0	57,063	0	192.15
192.16	19216	MGH MGH MED ONC	0	0	0	0	0	192.16
192.17	19217	MGH FMC SOUTH	0	0	0	38,042	0	192.17
192.18	19218	MGH FAIRM MED ASSOC	0	0	0	0	0	192.18
192.19	19219	MGH FMC MARION	0	0	0	28,532	0	192.19
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	0	0	0	9,511	0	193.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I | Date/Time Prepared: 11/29/2021 7:49 am

		Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			9.00	10.00	13.00	14.00	15.00	
193.02	19302	MGH FMC GAS CITY	0	0	0	9,511	0	193.02
193.03	19303	MGH HOSPITALISTS	0	0	0	0	0	193.03
193.04	19304	MGH MAR FAM PRACT	0	0	0	57,063	0	193.04
193.05	19305	MGH FMC SWAYZEE	0	0	0	9,511	0	193.05
193.06	19306	MGH PEDIATRIC CTR	0	0	0	9,511	0	193.06
193.07	19307	MGH SPECIALTY PHYS	0	0	0	0	0	193.07
193.08	19308	MGH FMC CONVERSE	0	0	0	9,511	0	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	0	19,021	0	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	0	0	193.11
193.12	19312	OB/GYN	0	0	0	142,653	0	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	0	0	193.15
193.16	19316	MGH NEONATOLOGY	0	0	0	0	0	193.16
193.18	19318	MGH WOUND CARE	0	0	0	0	0	193.18
194.00	07963	HEART FAILURE CLINIC	0	0	0	0	0	194.00
194.01	07950	MOW	0	171,694	0	0	0	194.01
194.02	07951	MENTAL HEALTH	0	145,530	0	0	0	194.02
194.03	07952	ADVERTISING	0	0	0	0	0	194.03
194.04	07953	MGH WORK SOLUTIONS	0	0	0	19,021	0	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	0	0	0	0	0	194.05
194.06	07955	OPIOID IMPL GRANT	0	0	0	0	0	194.06
194.07	07956	ASTHMA GRANT	0	0	0	0	0	194.07
194.08	07957	MGH SMMP BLDG	0	0	0	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	0	0	194.10
194.11	07960	FAIRMOUNT	0	0	0	0	0	194.11
194.12	07961	GAS CITY	0	0	0	0	0	194.12
194.13	07969	LYONS	0	0	0	0	0	194.13
194.14	07964	WABASH	0	0	0	0	0	194.14
194.15	07965	TOBACCO GRANT	0	0	0	0	0	194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	0	0	0	194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	0	0	0	194.17
194.18	07962	ECHO GRANT	0	0	0	0	0	194.18
194.19	07968	RURAL QI GRANT	0	0	0	0	0	194.19
194.20	07970	MGH DIABETES GRANT	0	0	0	0	0	194.20
194.21	07971	MGH MGH ORTHO	0	0	0	0	0	194.21
194.22	07972	MGH BELLA BLDG	0	0	0	0	0	194.22
194.23	07973	DIABETES GRANT	0	0	0	0	0	194.23
194.24	07974	MGH NORTHWOOD BLDG	0	0	0	0	0	194.24
194.25	07975	MGH MGH ORTHO	0	0	0	0	0	194.25
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,654,111	1,426,200	1,845,947	951,052	5,629,860	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I | Date/Time Prepared: 11/29/2021 7:49 am

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	CAFETERIA					6.01
6.02	00602	CAFETERIA					6.02
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
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	16,425,917	0	16,425,917		30.00
31.00	03100	INTENSIVE CARE UNIT	4,934,602	0	4,934,602		31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	3,799,890	0	3,799,890		41.00
42.00	04200	SUBPROVIDER	0	0	0		42.00
43.00	04300	NURSERY	2,296,048	0	2,296,048		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	15,296,814	0	15,296,814		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,714,672	0	8,714,672		54.00
57.00	05700	CT SCAN	1,534,696	0	1,534,696		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	835,196	0	835,196		58.00
59.00	05900	CARDIAC CATHETERIZATION	3,483,022	0	3,483,022		59.00
60.00	06000	LABORATORY	12,314,794	0	12,314,794		60.00
60.01	06001	ONCOLOGY	2,392,546	0	2,392,546		60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0		60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	4,054,143	0	4,054,143		65.00
66.00	06600	PHYSICAL THERAPY	3,980,620	0	3,980,620		66.00
69.00	06900	ELECTROCARDIOLOGY	2,419,331	0	2,419,331		69.00
69.01	06901	CARDIAC REHAB	537,093	0	537,093		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,635,248	0	20,635,248		73.00
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1,963,458	0	1,963,458		90.00
91.00	09100	EMERGENCY	11,792,487	0	11,792,487		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	2,382,467	0	2,382,467		95.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	119,793,044	0	119,793,044		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	157,468	0	157,468		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.01	19201	PACT REV PHYSICIANS	924,883	0	924,883		192.01
192.02	19202	VISITOR MEALS	23,848	0	23,848		192.02
192.03	19203	GREAT BEGINNINGS/MATERNAL	142,354	0	142,354		192.03
192.04	19204	LIFELINE	0	0	0		192.04
192.05	19205	OWNED PROPERTIES	524,453	0	524,453		192.05
192.06	19206	UROLOGY	1,884,095	0	1,884,095		192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	13,085	0	13,085		192.07
192.08	19211	PARISH NURSING	121,156	0	121,156		192.08
192.09	19212	BIOTERRORISM GRANT	0	0	0		192.09
192.10	19214	BREAST PUMPS	0	0	0		192.10
192.11	19208	MGH EMERGENCY PHYSICIANS	0	0	0		192.11
192.12	19209	LUNG CENTER	1,164,681	0	1,164,681		192.12
192.13	19213	MGH EXPRESS	2,009,250	0	2,009,250		192.13
192.14	19210	MGH PHYS PRACT MGMT	3,036,296	0	3,036,296		192.14
192.15	19215	MGH MARION SURGEONS	2,782,231	0	2,782,231		192.15
192.16	19216	MGH MGH MED ONC	2,040,357	0	2,040,357		192.16
192.17	19217	MGH FMC SOUTH	3,460,727	0	3,460,727		192.17
192.18	19218	MGH FAIRM MED ASSOC	608,115	0	608,115		192.18
192.19	19219	MGH FMC MARION	1,796,114	0	1,796,114		192.19

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part I Date/Time Prepared: 11/29/2021 7:49 am

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	1,687,578	0	1,687,578	193.01
193.02	19302	MGH FMC GAS CITY	1,324,163	0	1,324,163	193.02
193.03	19303	MGH HOSPITALISTS	4,691,678	0	4,691,678	193.03
193.04	19304	MGH MAR FAM PRACT	5,120,968	0	5,120,968	193.04
193.05	19305	MGH FMC SWAYZEE	355,904	0	355,904	193.05
193.06	19306	MGH PEDIATRIC CTR	1,057,028	0	1,057,028	193.06
193.07	19307	MGH SPECIALTY PHYS	451,785	0	451,785	193.07
193.08	19308	MGH FMC CONVERSE	503,345	0	503,345	193.08
193.09	19309	MGH UPLAND HEALTH	143,723	0	143,723	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	193.11
193.12	19312	OB/GYN	4,253,143	0	4,253,143	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	193.15
193.16	19316	MGH NEONATOLOGY	1,111,597	0	1,111,597	193.16
193.18	19318	MGH WOUND CARE	37,783	0	37,783	193.18
194.00	07963	HEART FAILURE CLINIC	83,270	0	83,270	194.00
194.01	07950	MOW	171,694	0	171,694	194.01
194.02	07951	MENTAL HEALTH	145,530	0	145,530	194.02
194.03	07952	ADVERTISING	364,426	0	364,426	194.03
194.04	07953	MGH WORK SOLUTIONS	1,242,923	0	1,242,923	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	1,249	0	1,249	194.05
194.06	07955	OPIOID IMPL GRANT	392,682	0	392,682	194.06
194.07	07956	ASTHMA GRANT	4,854	0	4,854	194.07
194.08	07957	MGH SMMP BLDG	0	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	194.10
194.11	07960	FAIRMOUNT	0	0	0	194.11
194.12	07961	GAS CITY	0	0	0	194.12
194.13	07969	LYONS	0	0	0	194.13
194.14	07964	WABASH	0	0	0	194.14
194.15	07965	TOBACCO GRANT	82,640	0	82,640	194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	0	194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	0	194.17
194.18	07962	ECHO GRANT	66,209	0	66,209	194.18
194.19	07968	RURAL QI GRANT	227,455	0	227,455	194.19
194.20	07970	MGH DIABETES GRANT	0	0	0	194.20
194.21	07971	MGH MGH ORTHO	0	0	0	194.21
194.22	07972	MGH BELLA BLDG	0	0	0	194.22
194.23	07973	DIABETES GRANT	5,040	0	5,040	194.23
194.24	07974	MGH NORTHWOOD BLDG	0	0	0	194.24
194.25	07975	MGH MGH ORTHO	635,808	0	635,808	194.25
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	164,644,632	0	164,644,632	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II | Date/Time Prepared: 11/29/2021 7:49 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
			0	1.00	2A	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	283,076	283,076	283,076		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	3,606,728	3,606,728	57,227	3,663,955	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	CAFETERIA	0	126,906	126,906	0	48,674	6.01
6.02	00602	CAFETERIA	0	0	0	0	0	6.02
7.00	00700	OPERATION OF PLANT	0	2,377,825	2,377,825	2,973	228,114	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	55,210	55,210	0	10,380	8.00
9.00	00900	HOUSEKEEPING	0	85,179	85,179	0	77,628	9.00
10.00	01000	DIETARY	0	174,852	174,852	73	22,989	10.00
13.00	01300	NURSING ADMINISTRATION	0	18,185	18,185	4,028	38,870	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	62,264	62,264	530	16,359	14.00
15.00	01500	PHARMACY	0	80,215	80,215	9,984	118,273	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,105,079	1,105,079	21,397	256,249	30.00
31.00	03100	INTENSIVE CARE UNIT	0	285,428	285,428	6,948	83,526	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	250,442	250,442	4,163	63,377	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	4,412	47,825	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	900,206	900,206	11,854	278,567	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	540,494	540,494	9,314	161,420	54.00
57.00	05700	CT SCAN	0	39,323	39,323	1,897	31,033	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	46,613	46,613	920	16,221	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	131,688	131,688	2,511	67,412	59.00
60.00	06000	LABORATORY	0	377,531	377,531	8,089	249,034	60.00
60.01	06001	ONCOLOGY	0	0	0	3,824	53,194	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	175,113	175,113	5,091	75,540	65.00
66.00	06600	PHYSICAL THERAPY	0	169,496	169,496	7,630	78,388	66.00
69.00	06900	ELECTROCARDIOLOGY	0	207,826	207,826	3,183	39,059	69.00
69.01	06901	CARDIAC REHAB	0	33,863	33,863	656	7,811	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	333,943	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	127,899	127,899	1,131	35,618	90.00
91.00	09100	EMERGENCY	0	289,269	289,269	31,097	213,001	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	108,433	108,433	3,988	42,881	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	11,659,143	11,659,143	202,920	2,695,386	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	34,725	34,725	81	1,855	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PACT REV PHYSICIANS	0	0	0	1,827	20,582	192.01
192.02	19202	VISITOR MEALS	0	0	0	0	0	192.02
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	0	0	327	3,025	192.03
192.04	19204	LIFELINE	0	0	0	0	0	192.04
192.05	19205	OWNED PROPERTIES	0	0	0	0	11,671	192.05
192.06	19206	UROLOGY	0	0	0	3,185	40,206	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
192.08	19211	PARISH NURSING	0	0	0	222	2,468	192.08
192.09	19212	BIOTERRORISM GRANT	0	0	0	0	0	192.09
192.10	19214	BREAST PUMPS	0	0	0	0	0	192.10
192.11	19208	MGH EMERGENCY PHYSICIANS	0	0	0	0	0	192.11
192.12	19209	LUNG CENTER	0	0	0	2,417	25,505	192.12
192.13	19213	MGH EXPRESS	0	0	0	3,835	42,560	192.13
192.14	19210	MGH PHYS PRACT MGMT	0	0	0	5,042	64,548	192.14
192.15	19215	MGH MARION SURGEONS	0	0	0	5,700	59,564	192.15
192.16	19216	MGH MGH MED ONC	0	0	0	4,422	45,405	192.16
192.17	19217	MGH FMC SOUTH	0	0	0	6,210	76,162	192.17
192.18	19218	MGH FAIRM MED ASSOC	0	0	0	1,140	13,533	192.18

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II | Date/Time Prepared: 11/29/2021 7:49 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
			0	1.00	2A	4.00	5.00	
192.19	19219	MGH FMC MARION	0	0	0	3,426	38,296	192.19
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	0	0	0	3,443	37,341	193.01
193.02	19302	MGH FMC GAS CITY	0	0	0	2,395	29,248	193.02
193.03	19303	MGH HOSPITALISTS	0	0	0	10,186	104,407	193.03
193.04	19304	MGH MAR FAM PRACT	0	0	0	9,830	112,679	193.04
193.05	19305	MGH FMC SWAYZEE	0	0	0	635	7,708	193.05
193.06	19306	MGH PEDIATRIC CTR	0	0	0	1,697	22,803	193.06
193.07	19307	MGH SPECIALTY PHYS	0	0	0	900	9,821	193.07
193.08	19308	MGH FMC CONVERSE	0	0	0	806	10,988	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	0	228	2,770	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	0	0	193.11
193.12	19312	OB/GYN	0	0	0	7,523	91,473	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	0	0	193.15
193.16	19316	MGH NEONATOLOGY	0	0	0	0	24,737	193.16
193.18	19318	MGH WOUND CARE	0	0	0	82	841	193.18
194.00	07963	HEART FAILURE CLINIC	0	0	0	130	1,853	194.00
194.01	07950	MOW	0	0	0	0	0	194.01
194.02	07951	MENTAL HEALTH	0	0	0	0	0	194.02
194.03	07952	ADVERTISING	0	0	0	689	8,110	194.03
194.04	07953	MGH WORK SOLUTIONS	0	0	0	1,897	27,235	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	0	0	0	1	28	194.05
194.06	07955	OPIOID IMPL GRANT	0	0	0	228	8,588	194.06
194.07	07956	ASTHMA GRANT	0	0	0	10	105	194.07
194.08	07957	MGH SMMP BLDG	0	0	0	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	0	0	194.10
194.11	07960	FAIRMOUNT	0	0	0	0	0	194.11
194.12	07961	GAS CITY	0	0	0	0	0	194.12
194.13	07969	LYONS	0	0	0	0	0	194.13
194.14	07964	WABASH	0	0	0	0	0	194.14
194.15	07965	TOBACCO GRANT	0	0	0	159	1,764	194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	0	0	0	194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	0	0	0	194.17
194.18	07962	ECHO GRANT	0	0	0	12	1,467	194.18
194.19	07968	RURAL QI GRANT	0	0	0	152	4,962	194.19
194.20	07970	MGH DIABETES GRANT	0	0	0	0	0	194.20
194.21	07971	MGH MGH ORTHO	0	0	0	0	0	194.21
194.22	07972	MGH BELLA BLDG	0	0	0	0	0	194.22
194.23	07973	DIABETES GRANT	0	0	0	0	112	194.23
194.24	07974	MGH NORTHWOOD BLDG	0	0	0	0	0	194.24
194.25	07975	MGH MGH ORTHO	0	0	0	1,319	14,149	194.25
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	11,693,868	11,693,868	283,076	3,663,955	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II Date/Time Prepared: 11/29/2021 7:49 am

		Cost Center Description	MAINTENANCE & REPAIRS	CAFETERIA	CAFETERIA	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			6.00	6.01	6.02	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
6.01	00601	CAFETERIA	0	175,580				6.01
6.02	00602	CAFETERIA	0	173,666	173,666			6.02
7.00	00700	OPERATION OF PLANT	0	0	4,966	2,613,878		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	27,232	92,822	8.00
9.00	00900	HOUSEKEEPING	0	0	0	42,014	0	9.00
10.00	01000	DIETARY	0	0	43	86,245	0	10.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,813	8,970	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,037	30,712	14	14.00
15.00	01500	PHARMACY	0	0	9,087	39,566	0	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	24,353	545,075	21,868	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	7,691	140,786	5,168	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	4,816	123,530	2,122	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	4,788	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	14,555	444,023	11,009	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	11,763	266,597	5,812	54.00
57.00	05700	CT SCAN	0	0	2,577	19,396	3,249	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,250	22,992	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,886	64,955	877	59.00
60.00	06000	LABORATORY	0	0	11,972	186,216	0	60.00
60.01	06001	ONCOLOGY	0	0	0	0	352	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	5,167	86,374	624	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,719	83,603	2,290	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	4,491	102,510	815	69.00
69.01	06901	CARDIAC REHAB	0	0	718	16,703	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	1,544	63,086	197	90.00
91.00	09100	EMERGENCY	0	0	20,838	142,681	35,134	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	6,324	53,484	2,914	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	173,666	148,398	2,596,750	92,445	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	17,128	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PACT REV PHYSICIANS	0	0	0	0	0	192.01
192.02	19202	VISITOR MEALS	0	1,914	0	0	0	192.02
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	0	0	0	0	192.03
192.04	19204	LIFELINE	0	0	0	0	0	192.04
192.05	19205	OWNED PROPERTIES	0	0	0	0	0	192.05
192.06	19206	UROLOGY	0	0	3,157	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
192.08	19211	PARISH NURSING	0	0	298	0	0	192.08
192.09	19212	BIOTERRORISM GRANT	0	0	0	0	0	192.09
192.10	19214	BREAST PUMPS	0	0	0	0	0	192.10
192.11	19208	MGH EMERGENCY PHYSICIANS	0	0	0	0	0	192.11
192.12	19209	LUNG CENTER	0	0	1,491	0	0	192.12
192.13	19213	MGH EXPRESS	0	0	0	0	122	192.13
192.14	19210	MGH PHYS PRACT MGMT	0	0	8,794	0	0	192.14
192.15	19215	MGH MARION SURGEONS	0	0	3,900	0	0	192.15
192.16	19216	MGH MGH MED ONC	0	0	0	0	0	192.16
192.17	19217	MGH FMC SOUTH	0	0	0	0	38	192.17
192.18	19218	MGH FAIRM MED ASSOC	0	0	0	0	2	192.18
192.19	19219	MGH FMC MARION	0	0	3,748	0	3	192.19
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	0	0	0	0	18	193.01
193.02	19302	MGH FMC GAS CITY	0	0	0	0	56	193.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II | Date/Time Prepared: 11/29/2021 7:49 am

		Cost Center Description	MAINTENANCE & REPAIRS	CAFETERIA	CAFETERIA	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			6.00	6.01	6.02	7.00	8.00	
193.03	19303	MGH HOSPITALISTS	0	0	0	0	0	193.03
193.04	19304	MGH MAR FAM PRACT	0	0	0	0	79	193.04
193.05	19305	MGH FMC SWAYZEE	0	0	0	0	0	193.05
193.06	19306	MGH PEDIATRIC CTR	0	0	1,832	0	2	193.06
193.07	19307	MGH SPECIALTY PHYS	0	0	841	0	0	193.07
193.08	19308	MGH FMC CONVERSE	0	0	0	0	8	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	0	0	39	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	0	0	193.11
193.12	19312	OB/GYN	0	0	0	0	0	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	0	0	193.15
193.16	19316	MGH NEONATOLOGY	0	0	0	0	0	193.16
193.18	19318	MGH WOUND CARE	0	0	0	0	0	193.18
194.00	07963	HEART FAILURE CLINIC	0	0	0	0	0	194.00
194.01	07950	MOW	0	0	0	0	0	194.01
194.02	07951	MENTAL HEALTH	0	0	0	0	0	194.02
194.03	07952	ADVERTISING	0	0	0	0	0	194.03
194.04	07953	MGH WORK SOLUTIONS	0	0	0	0	10	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	0	0	0	0	0	194.05
194.06	07955	OPIOID IMPL GRANT	0	0	544	0	0	194.06
194.07	07956	ASTHMA GRANT	0	0	12	0	0	194.07
194.08	07957	MGH SMMP BLDG	0	0	0	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	0	0	194.10
194.11	07960	FAIRMOUNT	0	0	0	0	0	194.11
194.12	07961	GAS CITY	0	0	0	0	0	194.12
194.13	07969	LYONS	0	0	0	0	0	194.13
194.14	07964	WABASH	0	0	0	0	0	194.14
194.15	07965	TOBACCO GRANT	0	0	270	0	0	194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	0	0	0	194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	0	0	0	194.17
194.18	07962	ECHO GRANT	0	0	21	0	0	194.18
194.19	07968	RURAL QI GRANT	0	0	360	0	0	194.19
194.20	07970	MGH DIABETES GRANT	0	0	0	0	0	194.20
194.21	07971	MGH MGH ORTHO	0	0	0	0	0	194.21
194.22	07972	MGH BELLA BLDG	0	0	0	0	0	194.22
194.23	07973	DIABETES GRANT	0	0	0	0	0	194.23
194.24	07974	MGH NORTHWOOD BLDG	0	0	0	0	0	194.24
194.25	07975	MGH MGH ORTHO	0	0	0	0	0	194.25
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)	0	175,580	173,666	2,613,878	92,822	202.00

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		Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			9.00	10.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	CAFETERIA						6.01
6.02	00602	CAFETERIA						6.02
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	204,821					9.00
10.00	01000	DIETARY	2,934	287,136				10.00
13.00	01300	NURSING ADMINISTRATION	917	0	74,783			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,584	0	0	115,500		14.00
15.00	01500	PHARMACY	2,567	0	0	0	259,692	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	54,276	162,050	17,991	12,705	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,269	29,406	5,682	3,465	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	8,802	27,606	3,558	1,155	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	3,537	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	27,138	0	6,886	15,015	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,644	0	0	2,310	0	54.00
57.00	05700	CT SCAN	642	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,667	0	2,132	4,620	0	59.00
60.00	06000	LABORATORY	10,269	0	0	6,930	0	60.00
60.01	06001	ONCOLOGY	0	0	0	0	0	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,701	0	3,817	2,310	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,747	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	4,951	0	3,318	3,465	0	69.00
69.01	06901	CARDIAC REHAB	5,501	0	531	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	259,692	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,667	0	1,140	0	0	90.00
91.00	09100	EMERGENCY	41,074	4,208	15,394	5,775	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,284	0	4,672	1,155	0	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	201,887	223,270	71,405	58,905	259,692	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	367	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PACT REV PHYSICIANS	0	0	0	0	0	192.01
192.02	19202	VISITOR MEALS	0	0	0	0	0	192.02
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	0	260	0	0	192.03
192.04	19204	LIFELINE	0	0	0	0	0	192.04
192.05	19205	OWNED PROPERTIES	0	0	0	0	0	192.05
192.06	19206	UROLOGY	0	0	0	4,620	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	733	0	0	0	0	192.07
192.08	19211	PARISH NURSING	367	0	0	0	0	192.08
192.09	19212	BIOTERRORISM GRANT	0	0	0	0	0	192.09
192.10	19214	BREAST PUMPS	0	0	0	0	0	192.10
192.11	19208	MGH EMERGENCY PHYSICIANS	0	0	0	0	0	192.11
192.12	19209	LUNG CENTER	0	0	0	0	0	192.12
192.13	19213	MGH EXPRESS	0	0	3,118	2,310	0	192.13
192.14	19210	MGH PHYS PRACT MGMT	1,467	0	0	0	0	192.14
192.15	19215	MGH MARION SURGEONS	0	0	0	6,930	0	192.15
192.16	19216	MGH MGH MED ONC	0	0	0	0	0	192.16
192.17	19217	MGH FMC SOUTH	0	0	0	4,620	0	192.17
192.18	19218	MGH FAIRM MED ASSOC	0	0	0	0	0	192.18
192.19	19219	MGH FMC MARION	0	0	0	3,465	0	192.19
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	0	0	0	1,155	0	193.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II | Date/Time Prepared: 11/29/2021 7:49 am

		Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			9.00	10.00	13.00	14.00	15.00	
193.02	19302	MGH FMC GAS CITY	0	0	0	1,155	0	193.02
193.03	19303	MGH HOSPITALISTS	0	0	0	0	0	193.03
193.04	19304	MGH MAR FAM PRACT	0	0	0	6,930	0	193.04
193.05	19305	MGH FMC SWAYZEE	0	0	0	1,155	0	193.05
193.06	19306	MGH PEDIATRIC CTR	0	0	0	1,155	0	193.06
193.07	19307	MGH SPECIALTY PHYS	0	0	0	0	0	193.07
193.08	19308	MGH FMC CONVERSE	0	0	0	1,155	0	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	0	2,310	0	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	0	0	193.11
193.12	19312	OB/GYN	0	0	0	17,325	0	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	0	0	193.15
193.16	19316	MGH NEONATOLOGY	0	0	0	0	0	193.16
193.18	19318	MGH WOUND CARE	0	0	0	0	0	193.18
194.00	07963	HEART FAILURE CLINIC	0	0	0	0	0	194.00
194.01	07950	MOW	0	34,567	0	0	0	194.01
194.02	07951	MENTAL HEALTH	0	29,299	0	0	0	194.02
194.03	07952	ADVERTISING	0	0	0	0	0	194.03
194.04	07953	MGH WORK SOLUTIONS	0	0	0	2,310	0	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	0	0	0	0	0	194.05
194.06	07955	OPIOID IMPL GRANT	0	0	0	0	0	194.06
194.07	07956	ASTHMA GRANT	0	0	0	0	0	194.07
194.08	07957	MGH SMMP BLDG	0	0	0	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	0	0	194.10
194.11	07960	FAIRMOUNT	0	0	0	0	0	194.11
194.12	07961	GAS CITY	0	0	0	0	0	194.12
194.13	07969	LYONS	0	0	0	0	0	194.13
194.14	07964	WABASH	0	0	0	0	0	194.14
194.15	07965	TOBACCO GRANT	0	0	0	0	0	194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	0	0	0	194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	0	0	0	194.17
194.18	07962	ECHO GRANT	0	0	0	0	0	194.18
194.19	07968	RURAL QI GRANT	0	0	0	0	0	194.19
194.20	07970	MGH DIABETES GRANT	0	0	0	0	0	194.20
194.21	07971	MGH MGH ORTHO	0	0	0	0	0	194.21
194.22	07972	MGH BELLA BLDG	0	0	0	0	0	194.22
194.23	07973	DIABETES GRANT	0	0	0	0	0	194.23
194.24	07974	MGH NORTHWOOD BLDG	0	0	0	0	0	194.24
194.25	07975	MGH MGH ORTHO	0	0	0	0	0	194.25
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)	204,821	287,136	74,783	115,500	259,692	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B Part II | Date/Time Prepared: 11/29/2021 7:49 am

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
6.01	00601	CAFETERIA				6.01
6.02	00602	CAFETERIA				6.02
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
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	2,221,043	0	2,221,043	30.00
31.00	03100	INTENSIVE CARE UNIT	578,369	0	578,369	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	489,571	0	489,571	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	60,562	0	60,562	43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,709,253	0	1,709,253	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,009,354	0	1,009,354	54.00
57.00	05700	CT SCAN	98,117	0	98,117	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	87,996	0	87,996	58.00
59.00	05900	CARDIAC CATHETERIZATION	280,748	0	280,748	59.00
60.00	06000	LABORATORY	850,041	0	850,041	60.00
60.01	06001	ONCOLOGY	57,370	0	57,370	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	361,737	0	361,737	65.00
66.00	06600	PHYSICAL THERAPY	347,873	0	347,873	66.00
69.00	06900	ELECTROCARDIOLOGY	369,618	0	369,618	69.00
69.01	06901	CARDIAC REHAB	65,783	0	65,783	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	593,635	0	593,635	73.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	234,282	0	234,282	90.00
91.00	09100	EMERGENCY	798,471	0	798,471	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	225,135	0	225,135	95.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,438,958	0	10,438,958	118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	54,156	0	54,156	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201	PACT REV PHYSICIANS	22,409	0	22,409	192.01
192.02	19202	VISITOR MEALS	1,914	0	1,914	192.02
192.03	19203	GREAT BEGINNINGS/MATERNAL	3,612	0	3,612	192.03
192.04	19204	LIFELINE	0	0	0	192.04
192.05	19205	OWNED PROPERTIES	11,671	0	11,671	192.05
192.06	19206	UROLOGY	51,168	0	51,168	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	733	0	733	192.07
192.08	19211	PARISH NURSING	3,355	0	3,355	192.08
192.09	19212	BIOTERRORISM GRANT	0	0	0	192.09
192.10	19214	BREAST PUMPS	0	0	0	192.10
192.11	19208	MGH EMERGENCY PHYSICIANS	0	0	0	192.11
192.12	19209	LUNG CENTER	29,413	0	29,413	192.12
192.13	19213	MGH EXPRESS	51,945	0	51,945	192.13
192.14	19210	MGH PHYS PRACT MGMT	79,851	0	79,851	192.14
192.15	19215	MGH MARION SURGEONS	76,094	0	76,094	192.15
192.16	19216	MGH MGH MED ONC	49,827	0	49,827	192.16
192.17	19217	MGH FMC SOUTH	87,030	0	87,030	192.17
192.18	19218	MGH FAIRM MED ASSOC	14,675	0	14,675	192.18
192.19	19219	MGH FMC MARION	48,938	0	48,938	192.19

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		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	41,957	0	41,957	193.01
193.02	19302	MGH FMC GAS CITY	32,854	0	32,854	193.02
193.03	19303	MGH HOSPITALISTS	114,593	0	114,593	193.03
193.04	19304	MGH MAR FAM PRACT	129,518	0	129,518	193.04
193.05	19305	MGH FMC SWAYZEE	9,498	0	9,498	193.05
193.06	19306	MGH PEDIATRIC CTR	27,489	0	27,489	193.06
193.07	19307	MGH SPECIALTY PHYS	11,562	0	11,562	193.07
193.08	19308	MGH FMC CONVERSE	12,957	0	12,957	193.08
193.09	19309	MGH UPLAND HEALTH	5,347	0	5,347	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	193.11
193.12	19312	OB/GYN	116,321	0	116,321	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	193.15
193.16	19316	MGH NEONATOLOGY	24,737	0	24,737	193.16
193.18	19318	MGH WOUND CARE	923	0	923	193.18
194.00	07963	HEART FAILURE CLINIC	1,983	0	1,983	194.00
194.01	07950	MOW	34,567	0	34,567	194.01
194.02	07951	MENTAL HEALTH	29,299	0	29,299	194.02
194.03	07952	ADVERTISING	8,799	0	8,799	194.03
194.04	07953	MGH WORK SOLUTIONS	31,452	0	31,452	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	29	0	29	194.05
194.06	07955	OPIOID IMPL GRANT	9,360	0	9,360	194.06
194.07	07956	ASTHMA GRANT	127	0	127	194.07
194.08	07957	MGH SMMP BLDG	0	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	194.10
194.11	07960	FAIRMOUNT	0	0	0	194.11
194.12	07961	GAS CITY	0	0	0	194.12
194.13	07969	LYONS	0	0	0	194.13
194.14	07964	WABASH	0	0	0	194.14
194.15	07965	TOBACCO GRANT	2,193	0	2,193	194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	0	194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	0	194.17
194.18	07962	ECHO GRANT	1,500	0	1,500	194.18
194.19	07968	RURAL QI GRANT	5,474	0	5,474	194.19
194.20	07970	MGH DIABETES GRANT	0	0	0	194.20
194.21	07971	MGH MGH ORTHO	0	0	0	194.21
194.22	07972	MGH BELLA BLDG	0	0	0	194.22
194.23	07973	DIABETES GRANT	112	0	112	194.23
194.24	07974	MGH NORTHWOOD BLDG	0	0	0	194.24
194.25	07975	MGH MGH ORTHO	15,468	0	15,468	194.25
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	11,693,868	0	11,693,868	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/29/2021 7:49 am

		Cost Center Description	CAPITAL RELATED COSTS NEW BLDG & FIXT (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			1.00	4.00	5A	5.00	6.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	447,552					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,834	75,136,416				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	138,038	15,180,731	-33,118,069	131,526,563		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	298,680	6.00
6.01	00601	CAFETERIA	4,857	0	0	1,747,286	4,857	6.01
6.02	00602	CAFETERIA	0	0	0	0	0	6.02
7.00	00700	OPERATION OF PLANT	91,005	789,094	0	8,188,736	91,005	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,113	0	0	372,634	2,113	8.00
9.00	00900	HOUSEKEEPING	3,260	0	0	2,786,674	3,260	9.00
10.00	01000	DIETARY	6,692	19,403	0	825,258	6,692	10.00
13.00	01300	NURSING ADMINISTRATION	696	1,069,228	0	1,395,352	696	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,383	140,717	0	587,238	2,383	14.00
15.00	01500	PHARMACY	3,070	2,650,400	0	4,245,707	3,070	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	42,294	5,680,063	0	9,198,723	42,294	30.00
31.00	03100	INTENSIVE CARE UNIT	10,924	1,844,520	0	2,998,372	10,924	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	9,585	1,105,209	0	2,275,081	9,585	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,171,198	0	1,716,802	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	34,453	3,146,823	0	9,999,891	34,453	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,686	2,472,599	0	5,794,584	20,686	54.00
57.00	05700	CT SCAN	1,505	503,691	0	1,114,024	1,505	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,784	244,355	0	582,294	1,784	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,040	666,665	0	2,419,942	5,040	59.00
60.00	06000	LABORATORY	14,449	2,147,253	0	8,939,720	14,449	60.00
60.01	06001	ONCOLOGY	0	1,015,079	0	1,909,551	0	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,702	1,351,479	0	2,711,719	6,702	65.00
66.00	06600	PHYSICAL THERAPY	6,487	2,025,582	0	2,813,932	6,487	66.00
69.00	06900	ELECTROCARDIOLOGY	7,954	844,899	0	1,402,115	7,954	69.00
69.01	06901	CARDIAC REHAB	1,296	174,265	0	280,404	1,296	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,987,112	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,895	300,367	0	1,278,593	4,895	90.00
91.00	09100	EMERGENCY	11,071	8,255,125	0	7,646,244	11,071	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	4,150	1,058,632	0	1,539,321	4,150	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	446,223	53,857,377	-33,118,069	96,757,309	297,351	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,329	21,538	0	66,584	1,329	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PACT REV PHYSICIANS	0	485,128	0	738,844	0	192.01
192.02	19202	VISITOR MEALS	0	0	0	0	0	192.02
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	86,844	0	108,588	0	192.03
192.04	19204	LIFELINE	0	0	0	0	0	192.04
192.05	19205	OWNED PROPERTIES	0	0	0	418,960	0	192.05
192.06	19206	UROLOGY	0	845,619	0	1,443,305	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
192.08	19211	PARISH NURSING	0	58,811	0	88,596	0	192.08
192.09	19212	BIOTERRORISM GRANT	0	0	0	0	0	192.09
192.10	19214	BREAST PUMPS	0	0	0	0	0	192.10
192.11	19208	MGH EMERGENCY PHYSICIANS	0	0	0	0	0	192.11
192.12	19209	LUNG CENTER	0	641,720	0	915,571	0	192.12
192.13	19213	MGH EXPRESS	0	1,018,019	0	1,527,804	0	192.13
192.14	19210	MGH PHYS PRACT MGMT	0	1,338,512	0	2,317,129	0	192.14
192.15	19215	MGH MARION SURGEONS	0	1,513,092	0	2,138,192	0	192.15
192.16	19216	MGH MGH MED ONC	0	1,173,980	0	1,629,941	0	192.16
192.17	19217	MGH FMC SOUTH	0	1,648,565	0	2,734,026	0	192.17

		Cost Center Description	CAPITAL RELATED COSTS NEW BLDG & FIXT (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			1.00	4.00	5A	5.00	6.00	
192.18	19218	MGH FAIRM MED ASSOC	0	302,520	0	485,785	0	192.18
192.19	19219	MGH FMC MARION	0	909,430	0	1,374,722	0	192.19
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	MGH FMC NORTHWOOD	0	913,931	0	1,340,436	0	193.01
193.02	19302	MGH FMC GAS CITY	0	635,721	0	1,049,935	0	193.02
193.03	19303	MGH HOSPITALISTS	0	2,703,952	0	3,747,951	0	193.03
193.04	19304	MGH MAR FAM PRACT	0	2,609,563	0	4,044,914	0	193.04
193.05	19305	MGH FMC SWAYZEE	0	168,666	0	276,716	0	193.05
193.06	19306	MGH PEDIATRIC CTR	0	450,581	0	818,567	0	193.06
193.07	19307	MGH SPECIALTY PHYS	0	238,860	0	352,535	0	193.07
193.08	19308	MGH FMC CONVERSE	0	214,026	0	394,459	0	193.08
193.09	19309	MGH UPLAND HEALTH	0	60,566	0	99,424	0	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	0	0	193.11
193.12	19312	OB/GYN	0	1,997,022	0	3,283,669	0	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	0	0	193.15
193.16	19316	MGH NEONATOLOGY	0	0	0	888,000	0	193.16
193.18	19318	MGH WOUND CARE	0	21,787	0	30,183	0	193.18
194.00	07963	HEART FAILURE CLINIC	0	34,481	0	66,520	0	194.00
194.01	07950	MOW	0	0	0	0	0	194.01
194.02	07951	MENTAL HEALTH	0	0	0	0	0	194.02
194.03	07952	ADVERTISING	0	182,948	0	291,122	0	194.03
194.04	07953	MGH WORK SOLUTIONS	0	503,567	0	977,665	0	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	0	153	0	998	0	194.05
194.06	07955	OPIOID IMPL GRANT	0	60,565	0	308,278	0	194.06
194.07	07956	ASTHMA GRANT	0	2,697	0	3,758	0	194.07
194.08	07957	MGH SMMP BLDG	0	0	0	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	0	0	194.10
194.11	07960	FAIRMOUNT	0	0	0	0	0	194.11
194.12	07961	GAS CITY	0	0	0	0	0	194.12
194.13	07969	LYONS	0	0	0	0	0	194.13
194.14	07964	WABASH	0	0	0	0	0	194.14
194.15	07965	TOBACCO GRANT	0	42,338	0	63,334	0	194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	0	0	0	194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	0	0	0	194.17
194.18	07962	ECHO GRANT	0	3,153	0	52,679	0	194.18
194.19	07968	RURAL QI GRANT	0	40,459	0	178,122	0	194.19
194.20	07970	MGH DIABETES GRANT	0	0	0	0	0	194.20
194.21	07971	MGH MGH ORTHO	0	0	0	0	0	194.21
194.22	07972	MGH BELLA BLDG	0	0	0	0	0	194.22
194.23	07973	DIABETES GRANT	0	0	0	4,026	0	194.23
194.24	07974	MGH NORTHWOOD BLDG	0	0	0	0	0	194.24
194.25	07975	MGH MGH ORTHO	0	350,225	0	507,916	0	194.25
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)	11,693,868	16,305,792		33,118,069	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	26.128512	0.217016		0.251798	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		283,076		3,663,955	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.003767		0.027857	0.000000	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: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/29/2021 7:49 am

		Cost Center Description	CAFETERIA (MEALS SERVED)	CAFETERIA (HOURS WORKED)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
			6.01	6.02	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	CAFETERIA	226,446					6.01
6.02	00602	CAFETERIA	223,977	1,254,082				6.02
7.00	00700	OPERATION OF PLANT	0	35,864	202,818			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	2,113	658,013		8.00
9.00	00900	HOUSEKEEPING	0	0	3,260	0	58,084	9.00
10.00	01000	DIETARY	0	313	6,692	0	832	10.00
13.00	01300	NURSING ADMINISTRATION	0	27,536	696	0	260	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,485	2,383	100	1,300	14.00
15.00	01500	PHARMACY	0	65,617	3,070	0	728	15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	175,856	42,294	155,023	15,392	30.00
31.00	03100	INTENSIVE CARE UNIT	0	55,540	10,924	36,637	2,912	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	34,778	9,585	15,041	2,496	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	34,576	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	105,104	34,453	78,044	7,696	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	84,944	20,686	41,198	3,302	54.00
57.00	05700	CT SCAN	0	18,608	1,505	23,035	182	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,027	1,784	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	20,842	5,040	6,220	1,040	59.00
60.00	06000	LABORATORY	0	86,451	14,449	0	2,912	60.00
60.01	06001	ONCOLOGY	0	0	0	2,493	0	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	37,309	6,702	4,421	2,184	65.00
66.00	06600	PHYSICAL THERAPY	0	26,856	6,487	16,237	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	32,431	7,954	5,774	1,404	69.00
69.01	06901	CARDIAC REHAB	0	5,187	1,296	0	1,560	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	11,148	4,895	1,395	1,040	90.00
91.00	09100	EMERGENCY	0	150,473	11,071	249,061	11,648	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	45,670	4,150	20,655	364	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	223,977	1,071,615	201,489	655,334	57,252	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,329	0	104	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PACT REV PHYSICIANS	0	0	0	0	0	192.01
192.02	19202	VISITOR MEALS	2,469	0	0	0	0	192.02
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	0	0	0	0	192.03
192.04	19204	LIFELINE	0	0	0	0	0	192.04
192.05	19205	OWNED PROPERTIES	0	0	0	0	0	192.05
192.06	19206	UROLOGY	0	22,797	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	208	192.07
192.08	19211	PARISH NURSING	0	2,150	0	0	104	192.08
192.09	19212	BIOTERRORISM GRANT	0	0	0	0	0	192.09
192.10	19214	BREAST PUMPS	0	0	0	0	0	192.10
192.11	19208	MGH EMERGENCY PHYSICIANS	0	0	0	0	0	192.11
192.12	19209	LUNG CENTER	0	10,765	0	0	0	192.12
192.13	19213	MGH EXPRESS	0	0	0	867	0	192.13
192.14	19210	MGH PHYS PRACT MGMT	0	63,503	0	0	416	192.14
192.15	19215	MGH MARION SURGEONS	0	28,163	0	0	0	192.15
192.16	19216	MGH MGH MED ONC	0	0	0	0	0	192.16
192.17	19217	MGH FMC SOUTH	0	0	0	272	0	192.17
192.18	19218	MGH FAIRM MED ASSOC	0	0	0	12	0	192.18
192.19	19219	MGH FMC MARION	0	27,065	0	22	0	192.19
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

		Cost Center Description	CAFETERIA (MEALS SERVED)	CAFETERIA (HOURS WORKED)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
			6.01	6.02	7.00	8.00	9.00	
193.01	19301	MGH FMC NORTHWOOD	0	0	0	128	0	193.01
193.02	19302	MGH FMC GAS CITY	0	0	0	395	0	193.02
193.03	19303	MGH HOSPITALISTS	0	0	0	0	0	193.03
193.04	19304	MGH MAR FAM PRACT	0	0	0	562	0	193.04
193.05	19305	MGH FMC SWAYZEE	0	0	0	0	0	193.05
193.06	19306	MGH PEDIATRIC CTR	0	13,232	0	11	0	193.06
193.07	19307	MGH SPECIALTY PHYS	0	6,076	0	0	0	193.07
193.08	19308	MGH FMC CONVERSE	0	0	0	59	0	193.08
193.09	19309	MGH UPLAND HEALTH	0	0	0	279	0	193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0	0	193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	0	0	193.11
193.12	19312	OB/GYN	0	0	0	0	0	193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	0	0	193.15
193.16	19316	MGH NEONATOLOGY	0	0	0	0	0	193.16
193.18	19318	MGH WOUND CARE	0	0	0	0	0	193.18
194.00	07963	HEART FAILURE CLINIC	0	0	0	0	0	194.00
194.01	07950	MOW	0	0	0	0	0	194.01
194.02	07951	MENTAL HEALTH	0	0	0	0	0	194.02
194.03	07952	ADVERTISING	0	0	0	0	0	194.03
194.04	07953	MGH WORK SOLUTIONS	0	0	0	72	0	194.04
194.05	07954	MGH TAYLOR UNIVERSITY	0	0	0	0	0	194.05
194.06	07955	OPIOID IMPL GRANT	0	3,930	0	0	0	194.06
194.07	07956	ASTHMA GRANT	0	87	0	0	0	194.07
194.08	07957	MGH SMMP BLDG	0	0	0	0	0	194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	0	0	194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	0	0	194.10
194.11	07960	FAIRMOUNT	0	0	0	0	0	194.11
194.12	07961	GAS CITY	0	0	0	0	0	194.12
194.13	07969	LYONS	0	0	0	0	0	194.13
194.14	07964	WABASH	0	0	0	0	0	194.14
194.15	07965	TOBACCO GRANT	0	1,947	0	0	0	194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	0	0	0	194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	0	0	0	194.17
194.18	07962	ECHO GRANT	0	154	0	0	0	194.18
194.19	07968	RURAL QI GRANT	0	2,598	0	0	0	194.19
194.20	07970	MGH DIABETES GRANT	0	0	0	0	0	194.20
194.21	07971	MGH MGH ORTHO	0	0	0	0	0	194.21
194.22	07972	MGH BELLA BLDG	0	0	0	0	0	194.22
194.23	07973	DIABETES GRANT	0	0	0	0	0	194.23
194.24	07974	MGH NORTHWOOD BLDG	0	0	0	0	0	194.24
194.25	07975	MGH MGH ORTHO	0	0	0	0	0	194.25
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,187,249	2,163,401	10,312,512	573,900	3,654,111	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.659031	1.725087	50.846138	0.872171	62.910802	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	175,580	173,666	2,613,878	92,822	204,821	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.775372	0.138481	12.887801	0.141064	3.526290	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: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/29/2021 7:49 am

		Cost Center Description	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)		
			10.00	13.00	14.00	15.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	CAFETERIA						6.01
6.02	00602	CAFETERIA						6.02
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	86,123					10.00
13.00	01300	NURSING ADMINISTRATION	0	731,007				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	100			14.00
15.00	01500	PHARMACY	0	0	0	100		15.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	48,605	175,856	11	0		30.00
31.00	03100	INTENSIVE CARE UNIT	8,820	55,540	3	0		31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	8,280	34,778	1	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
43.00	04300	NURSERY	0	34,576	0	0		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	67,316	13	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0		51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2	0		54.00
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	20,842	4	0		59.00
60.00	06000	LABORATORY	0	0	6	0		60.00
60.01	06001	ONCOLOGY	0	0	0	0		60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0		60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	37,309	2	0		65.00
66.00	06600	PHYSICAL THERAPY	0	26,856	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	32,431	3	0		69.00
69.01	06901	CARDIAC REHAB	0	5,187	0	0		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	100		73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	11,148	0	0		90.00
91.00	09100	EMERGENCY	1,262	150,473	5	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	45,670	1	0		95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	66,967	697,982	51	100		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	PACT REV PHYSICIANS	0	0	0	0		192.01
192.02	19202	VISITOR MEALS	0	0	0	0		192.02
192.03	19203	GREAT BEGINNINGS/MATERNAL	0	2,544	0	0		192.03
192.04	19204	LIFELINE	0	0	0	0		192.04
192.05	19205	OWNED PROPERTIES	0	0	0	0		192.05
192.06	19206	UROLOGY	0	0	4	0		192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.07
192.08	19211	PARISH NURSING	0	0	0	0		192.08
192.09	19212	BIOTERRORISM GRANT	0	0	0	0		192.09
192.10	19214	BREAST PUMPS	0	0	0	0		192.10
192.11	19208	MGH EMERGENCY PHYSICIANS	0	0	0	0		192.11
192.12	19209	LUNG CENTER	0	0	0	0		192.12
192.13	19213	MGH EXPRESS	0	30,481	2	0		192.13
192.14	19210	MGH PHYS PRACT MGMT	0	0	0	0		192.14
192.15	19215	MGH MARION SURGEONS	0	0	6	0		192.15
192.16	19216	MGH MGH MED ONC	0	0	0	0		192.16
192.17	19217	MGH FMC SOUTH	0	0	4	0		192.17
192.18	19218	MGH FAIRM MED ASSOC	0	0	0	0		192.18
192.19	19219	MGH FMC MARION	0	0	3	0		192.19

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet B-1 | Date/Time Prepared: 11/29/2021 7:49 am

		Cost Center Description	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)		
			10.00	13.00	14.00	15.00		
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
193.01	19301	MGH FMC NORTHWOOD	0	0	1	0		193.01
193.02	19302	MGH FMC GAS CITY	0	0	1	0		193.02
193.03	19303	MGH HOSPITALISTS	0	0	0	0		193.03
193.04	19304	MGH MAR FAM PRACT	0	0	6	0		193.04
193.05	19305	MGH FMC SWAYZEE	0	0	1	0		193.05
193.06	19306	MGH PEDIATRIC CTR	0	0	1	0		193.06
193.07	19307	MGH SPECIALTY PHYS	0	0	0	0		193.07
193.08	19308	MGH FMC CONVERSE	0	0	1	0		193.08
193.09	19309	MGH UPLAND HEALTH	0	0	2	0		193.09
193.10	19310	MGH MGH WOMENS CTR	0	0	0	0		193.10
193.11	19311	MGH MGH PSYCHIATRY	0	0	0	0		193.11
193.12	19312	OB/GYN	0	0	15	0		193.12
193.15	19315	MGH RIVER VIEW BLDG	0	0	0	0		193.15
193.16	19316	MGH NEONATOLOGY	0	0	0	0		193.16
193.18	19318	MGH WOUND CARE	0	0	0	0		193.18
194.00	07963	HEART FAILURE CLINIC	0	0	0	0		194.00
194.01	07950	MOW	10,368	0	0	0		194.01
194.02	07951	MENTAL HEALTH	8,788	0	0	0		194.02
194.03	07952	ADVERTISING	0	0	0	0		194.03
194.04	07953	MGH WORK SOLUTIONS	0	0	2	0		194.04
194.05	07954	MGH TAYLOR UNIVERSITY	0	0	0	0		194.05
194.06	07955	OPIOID IMPL GRANT	0	0	0	0		194.06
194.07	07956	ASTHMA GRANT	0	0	0	0		194.07
194.08	07957	MGH SMMP BLDG	0	0	0	0		194.08
194.09	07958	MGH AMBUCARE BLDG	0	0	0	0		194.09
194.10	07959	MGH 106 LYONS BLDG	0	0	0	0		194.10
194.11	07960	FAIRMOUNT	0	0	0	0		194.11
194.12	07961	GAS CITY	0	0	0	0		194.12
194.13	07969	LYONS	0	0	0	0		194.13
194.14	07964	WABASH	0	0	0	0		194.14
194.15	07965	TOBACCO GRANT	0	0	0	0		194.15
194.16	07966	HRSA NETWORK DEV PLANNING	0	0	0	0		194.16
194.17	07967	HRSA OPIOID PLANNING	0	0	0	0		194.17
194.18	07962	ECHO GRANT	0	0	0	0		194.18
194.19	07968	RURAL QI GRANT	0	0	0	0		194.19
194.20	07970	MGH DIABETES GRANT	0	0	0	0		194.20
194.21	07971	MGH MGH ORTHO	0	0	0	0		194.21
194.22	07972	MGH BELLA BLDG	0	0	0	0		194.22
194.23	07973	DIABETES GRANT	0	0	0	0		194.23
194.24	07974	MGH NORTHWOOD BLDG	0	0	0	0		194.24
194.25	07975	MGH MGH ORTHO	0	0	0	0		194.25
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)	1,426,200	1,845,947	951,052	5,629,860		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.560036	2.525211	9,510.520000	56,298.600000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	287,136	74,783	115,500	259,692		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.334022	0.102301	1,155.000000	2,596.920000		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: 15-0011	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/29/2021 7:49 am
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		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	16,425,917		16,425,917	0	16,425,917	30.00
31.00	03100	INTENSIVE CARE UNIT	4,934,602		4,934,602	0	4,934,602	31.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,799,890		3,799,890	0	3,799,890	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	2,296,048		2,296,048	0	2,296,048	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,296,814		15,296,814	0	15,296,814	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,714,672		8,714,672	0	8,714,672	54.00
57.00	05700	CT SCAN	1,534,696		1,534,696	0	1,534,696	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	835,196		835,196	0	835,196	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,483,022		3,483,022	0	3,483,022	59.00
60.00	06000	LABORATORY	12,314,794		12,314,794	0	12,314,794	60.00
60.01	06001	ONCOLOGY	2,392,546		2,392,546	0	2,392,546	60.01
60.02	06002	RADIATION ONCOLOGY	0		0	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,054,143	0	4,054,143	0	4,054,143	65.00
66.00	06600	PHYSICAL THERAPY	3,980,620	0	3,980,620	0	3,980,620	66.00
69.00	06900	ELECTROCARDIOLOGY	2,419,331		2,419,331	0	2,419,331	69.00
69.01	06901	CARDIAC REHAB	537,093		537,093	0	537,093	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,635,248		20,635,248	0	20,635,248	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,963,458		1,963,458	0	1,963,458	90.00
91.00	09100	EMERGENCY	11,792,487		11,792,487	0	11,792,487	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,964,740		3,964,740		3,964,740	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,382,467		2,382,467	0	2,382,467	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	123,757,784	0	123,757,784	0	123,757,784	200.00
201.00		Less Observation Beds	3,964,740		3,964,740		3,964,740	201.00
202.00		Total (see instructions)	119,793,044	0	119,793,044	0	119,793,044	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I | Date/Time Prepared: 11/29/2021 7:49 am

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		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	14,581,569		14,581,569			30.00
31.00	03100	INTENSIVE CARE UNIT	6,838,458		6,838,458			31.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	3,686,820		3,686,820			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	2,483,826		2,483,826			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	27,887,993	82,157,879	110,045,872	0.139004	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,802,802	28,490,266	30,293,068	0.287679	0.000000	54.00
57.00	05700	CT SCAN	6,051,161	36,588,251	42,639,412	0.035992	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	326,559	3,546,966	3,873,525	0.215617	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,764,960	6,880,438	10,645,398	0.327186	0.000000	59.00
60.00	06000	LABORATORY	4,249,773	17,054,748	21,304,521	0.578037	0.000000	60.00
60.01	06001	ONCOLOGY	27,416	6,279,978	6,307,394	0.379324	0.000000	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0.000000	0.000000	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	2,014,650	5,894,847	7,909,497	0.512566	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,209,409	5,871,552	11,080,961	0.359231	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	4,199,397	10,473,237	14,672,634	0.164887	0.000000	69.00
69.01	06901	CARDIAC REHAB	1,000	902,448	903,448	0.594492	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,152,010	89,277,435	102,429,445	0.201458	0.000000	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,000	2,565,558	2,569,558	0.764123	0.000000	90.00
91.00	09100	EMERGENCY	12,106,542	66,517,288	78,623,830	0.149986	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,259,690	9,259,690	0.428172	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	4,278,815	4,278,815	0.556805	0.000000	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	108,388,345	376,039,396	484,427,741			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	108,388,345	376,039,396	484,427,741			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I Date/Time Prepared: 11/29/2021 7:49 am

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		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
42.00	04200	SUBPROVIDER		42.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.139004	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.287679	54.00
57.00	05700	CT SCAN	0.035992	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.215617	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.327186	59.00
60.00	06000	LABORATORY	0.578037	60.00
60.01	06001	ONCOLOGY	0.379324	60.01
60.02	06002	RADIATION ONCOLOGY	0.000000	60.02
64.00	06400	INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0.512566	65.00
66.00	06600	PHYSICAL THERAPY	0.359231	66.00
69.00	06900	ELECTROCARDIOLOGY	0.164887	69.00
69.01	06901	CARDIAC REHAB	0.594492	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201458	73.00
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.764123	90.00
91.00	09100	EMERGENCY	0.149986	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.428172	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	92.01
		OTHER REIMBURSABLE COST CENTERS		
95.00	09500	AMBULANCE SERVICES	0.556805	95.00
		SPECIAL PURPOSE COST CENTERS		
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I Date/Time Prepared: 11/29/2021 7:49 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	16,425,917		16,425,917	0	16,425,917	30.00
31.00	03100	INTENSIVE CARE UNIT	4,934,602		4,934,602	0	4,934,602	31.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,799,890		3,799,890	0	3,799,890	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	2,296,048		2,296,048	0	2,296,048	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,296,814		15,296,814	0	15,296,814	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,714,672		8,714,672	0	8,714,672	54.00
57.00	05700	CT SCAN	1,534,696		1,534,696	0	1,534,696	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	835,196		835,196	0	835,196	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,483,022		3,483,022	0	3,483,022	59.00
60.00	06000	LABORATORY	12,314,794		12,314,794	0	12,314,794	60.00
60.01	06001	ONCOLOGY	2,392,546		2,392,546	0	2,392,546	60.01
60.02	06002	RADIATION ONCOLOGY	0		0	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,054,143	0	4,054,143	0	4,054,143	65.00
66.00	06600	PHYSICAL THERAPY	3,980,620	0	3,980,620	0	3,980,620	66.00
69.00	06900	ELECTROCARDIOLOGY	2,419,331		2,419,331	0	2,419,331	69.00
69.01	06901	CARDIAC REHAB	537,093		537,093	0	537,093	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,635,248		20,635,248	0	20,635,248	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,963,458		1,963,458	0	1,963,458	90.00
91.00	09100	EMERGENCY	11,792,487		11,792,487	0	11,792,487	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,964,740		3,964,740		3,964,740	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,382,467		2,382,467	0	2,382,467	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	123,757,784	0	123,757,784	0	123,757,784	200.00
201.00		Less Observation Beds	3,964,740		3,964,740		3,964,740	201.00
202.00		Total (see instructions)	119,793,044	0	119,793,044	0	119,793,044	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I | Date/Time Prepared: 11/29/2021 7:49 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	14,581,569		14,581,569			30.00
31.00	03100	INTENSIVE CARE UNIT	6,838,458		6,838,458			31.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	3,686,820		3,686,820			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	2,483,826		2,483,826			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	27,887,993	82,157,879	110,045,872	0.139004	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,802,802	28,490,266	30,293,068	0.287679	0.000000	54.00
57.00	05700	CT SCAN	6,051,161	36,588,251	42,639,412	0.035992	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	326,559	3,546,966	3,873,525	0.215617	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,764,960	6,880,438	10,645,398	0.327186	0.000000	59.00
60.00	06000	LABORATORY	4,249,773	17,054,748	21,304,521	0.578037	0.000000	60.00
60.01	06001	ONCOLOGY	27,416	6,279,978	6,307,394	0.379324	0.000000	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0.000000	0.000000	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	2,014,650	5,894,847	7,909,497	0.512566	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,209,409	5,871,552	11,080,961	0.359231	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	4,199,397	10,473,237	14,672,634	0.164887	0.000000	69.00
69.01	06901	CARDIAC REHAB	1,000	902,448	903,448	0.594492	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,152,010	89,277,435	102,429,445	0.201458	0.000000	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,000	2,565,558	2,569,558	0.764123	0.000000	90.00
91.00	09100	EMERGENCY	12,106,542	66,517,288	78,623,830	0.149986	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,259,690	9,259,690	0.428172	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	4,278,815	4,278,815	0.556805	0.000000	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	108,388,345	376,039,396	484,427,741			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	108,388,345	376,039,396	484,427,741			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet C Part I Date/Time Prepared: 11/29/2021 7:49 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
42.00	04200	SUBPROVIDER		42.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.000000	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.000000	60.00
60.01	06001	ONCOLOGY	0.000000	60.01
60.02	06002	RADIATION ONCOLOGY	0.000000	60.02
64.00	06400	INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
69.01	06901	CARDIAC REHAB	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.000000	90.00
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	92.01
		OTHER REIMBURSABLE COST CENTERS		
95.00	09500	AMBULANCE SERVICES	0.000000	95.00
		SPECIAL PURPOSE COST CENTERS		
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part I Date/Time Prepared: 11/29/2021 7:49 am

Title XVIII | 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	2,221,043	0	2,221,043	15,122	146.87	30.00
31.00	INTENSIVE CARE UNIT	578,369		578,369	3,597	160.79	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	489,571	0	489,571	2,858	171.30	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	60,562		60,562	1,570	38.57	43.00
200.00	Total (lines 30 through 199)	3,349,545		3,349,545	23,147		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	4,576	672,077	30.00
31.00	INTENSIVE CARE UNIT	955	153,554	31.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	2,109	361,272	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30 through 199)	7,640	1,186,903	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part II | Date/Time Prepared: 11/29/2021 7:49 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,709,253	110,045,872	0.015532	7,993,681	124,158	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,009,354	30,293,068	0.033320	805,002	26,823	54.00
57.00	05700	CT SCAN	98,117	42,639,412	0.002301	2,944,412	6,775	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	87,996	3,873,525	0.022717	125,552	2,852	58.00
59.00	05900	CARDIAC CATHETERIZATION	280,748	10,645,398	0.026373	993,464	26,201	59.00
60.00	06000	LABORATORY	850,041	21,304,521	0.039900	1,688,405	67,367	60.00
60.01	06001	ONCOLOGY	57,370	6,307,394	0.009096	11,345	103	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0.000000	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	361,737	7,909,497	0.045735	656,162	30,010	65.00
66.00	06600	PHYSICAL THERAPY	347,873	11,080,961	0.031394	891,888	28,000	66.00
69.00	06900	ELECTROCARDIOLOGY	369,618	14,672,634	0.025191	1,745,414	43,969	69.00
69.01	06901	CARDIAC REHAB	65,783	903,448	0.072813	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	593,635	102,429,445	0.005796	5,160,551	29,911	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	234,282	2,569,558	0.091176	3,581	327	90.00
91.00	09100	EMERGENCY	798,471	78,623,830	0.010156	4,523,078	45,936	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	536,096	9,259,690	0.057896	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	7,400,374	452,558,253		27,542,535	432,432	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part III Date/Time Prepared: 11/29/2021 7:49 am

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	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	15,122	0.00	4,576	30.00
31.00	03100	INTENSIVE CARE UNIT		0	3,597	0.00	955	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	2,858	0.00	2,109	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY		0	1,570	0.00	0	43.00
200.00		Total (lines 30 through 199)		0	23,147		7,640	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			9.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
200.00		Total (lines 30 through 199)	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV Date/Time Prepared: 11/29/2021 7:49 am

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	ONCOLOGY	0	0	0	0	0	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV | Date/Time Prepared: 11/29/2021 7:49 am

Title XVIII | Hospital | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	110,045,872	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	30,293,068	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	42,639,412	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	3,873,525	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	10,645,398	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	21,304,521	0.000000	60.00
60.01	06001	ONCOLOGY	0	0	0	6,307,394	0.000000	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0.000000	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	7,909,497	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,080,961	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	14,672,634	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	903,448	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	102,429,445	0.000000	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	2,569,558	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	78,623,830	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	9,259,690	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	452,558,253		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV | Date/Time Prepared: 11/29/2021 7:49 am

Title XVIII | Hospital | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	7,993,681	0	15,253,097	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	805,002	0	6,137,438	0	54.00
57.00	05700	CT SCAN	0.000000	2,944,412	0	7,818,399	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	125,552	0	964,019	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	993,464	0	2,257,081	0	59.00
60.00	06000	LABORATORY	0.000000	1,688,405	0	1,655,506	0	60.00
60.01	06001	ONCOLOGY	0.000000	11,345	0	2,182,133	0	60.01
60.02	06002	RADIATION ONCOLOGY	0.000000	0	0	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	656,162	0	1,281,475	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	891,888	0	55,669	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,745,414	0	2,491,752	0	69.00
69.01	06901	CARDIAC REHAB	0.000000	0	0	292,776	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	5,160,551	0	31,889,986	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	3,581	0	754,811	0	90.00
91.00	09100	EMERGENCY	0.000000	4,523,078	0	9,844,768	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	1,263,346	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		27,542,535	0	84,142,256	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part V Date/Time Prepared: 11/29/2021 7:49 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.139004	15,253,097	0	0	2,120,241	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.287679	6,137,438	0	0	1,765,612	54.00
57.00	05700	CT SCAN	0.035992	7,818,399	0	0	281,400	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.215617	964,019	0	0	207,859	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.327186	2,257,081	0	0	738,485	59.00
60.00	06000	LABORATORY	0.578037	1,655,506	34,140	0	956,944	60.00
60.01	06001	ONCOLOGY	0.379324	2,182,133	0	0	827,735	60.01
60.02	06002	RADIATION ONCOLOGY	0.000000	0	0	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.512566	1,281,475	0	0	656,841	65.00
66.00	06600	PHYSICAL THERAPY	0.359231	55,669	0	0	19,998	66.00
69.00	06900	ELECTROCARDIOLOGY	0.164887	2,491,752	0	0	410,858	69.00
69.01	06901	CARDIAC REHAB	0.594492	292,776	0	0	174,053	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201458	31,889,986	0	9,120	6,424,493	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.764123	754,811	0	0	576,768	90.00
91.00	09100	EMERGENCY	0.149986	9,844,768	0	0	1,476,577	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.428172	1,263,346	0	0	540,929	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.556805		0			95.00
200.00		Subtotal (see instructions)		84,142,256	34,140	9,120	17,178,793	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		84,142,256	34,140	9,120	17,178,793	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part V | Date/Time Prepared: 11/29/2021 7:49 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	19,734	0	60.00
60.01	06001	ONCOLOGY	0	0	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,837	73.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0		95.00
200.00		Subtotal (see instructions)	19,734	1,837	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	19,734	1,837	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0011 | Component CCN: 15-T011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part II | Date/Time Prepared: 11/29/2021 7:49 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,709,253	110,045,872	0.015532	57,491	893	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,009,354	30,293,068	0.033320	45,075	1,502	54.00
57.00	05700	CT SCAN	98,117	42,639,412	0.002301	93,041	214	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	87,996	3,873,525	0.022717	12,829	291	58.00
59.00	05900	CARDIAC CATHETERIZATION	280,748	10,645,398	0.026373	9,060	239	59.00
60.00	06000	LABORATORY	850,041	21,304,521	0.039900	102,126	4,075	60.00
60.01	06001	ONCOLOGY	57,370	6,307,394	0.009096	573	5	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0.000000	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	361,737	7,909,497	0.045735	49,950	2,284	65.00
66.00	06600	PHYSICAL THERAPY	347,873	11,080,961	0.031394	2,339,546	73,448	66.00
69.00	06900	ELECTROCARDIOLOGY	369,618	14,672,634	0.025191	46,655	1,175	69.00
69.01	06901	CARDIAC REHAB	65,783	903,448	0.072813	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	593,635	102,429,445	0.005796	320,360	1,857	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	234,282	2,569,558	0.091176	244	22	90.00
91.00	09100	EMERGENCY	798,471	78,623,830	0.010156	78,635	799	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,259,690	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	6,864,278	452,558,253		3,155,585	86,804	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV
Component CCN: 15-T011 | Date/Time Prepared: 11/29/2021 7:49 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	ONCOLOGY	0	0	0	0	0	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0011 | Component CCN: 15-T011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV | Date/Time Prepared: 11/29/2021 7:49 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	110,045,872	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	30,293,068	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	42,639,412	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	3,873,525	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	10,645,398	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	21,304,521	0.000000	60.00
60.01	06001	ONCOLOGY	0	0	0	6,307,394	0.000000	60.01
60.02	06002	RADIATION ONCOLOGY	0	0	0	0	0.000000	60.02
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	7,909,497	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,080,961	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	14,672,634	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	903,448	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	102,429,445	0.000000	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	2,569,558	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	78,623,830	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	9,259,690	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	452,558,253		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0011 | Component CCN: 15-T011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D Part IV | Date/Time Prepared: 11/29/2021 7:49 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	57,491	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	45,075	0	0	0	54.00
57.00	05700	CT SCAN	0.000000	93,041	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	12,829	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	9,060	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	102,126	0	0	0	60.00
60.01	06001	ONCOLOGY	0.000000	573	0	0	0	60.01
60.02	06002	RADIATION ONCOLOGY	0.000000	0	0	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	49,950	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,339,546	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	46,655	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0.000000	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	320,360	0	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	244	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	78,635	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		3,155,585	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-1 | Date/Time Prepared: 11/29/2021 7:49 am

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	15,122	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	15,122	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	11,472	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)	4,576	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)	16,425,917	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)	16,425,917	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)	16,425,917	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)	1,086.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,970,588	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	4,970,588	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-1 | Date/Time Prepared: 11/29/2021 7:49 am

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	4,934,602	3,597	1,371.87	955	1,310,136	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	5,446,378	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	11,727,102	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)	825,631	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	432,432	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	1,258,063	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	10,469,039	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	3,650	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,086.23	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	3,964,740	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-1 | Date/Time Prepared: 11/29/2021 7:49 am

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,221,043	16,425,917	0.135216	3,964,740	536,096	90.00
91.00	Nursing School cost	0	16,425,917	0.000000	3,964,740	0	91.00
92.00	Allied health cost	0	16,425,917	0.000000	3,964,740	0	92.00
93.00	All other Medical Education	0	16,425,917	0.000000	3,964,740	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0011 Component CCN: 15-T011	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 7:49 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description		
		1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,858	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,858	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)	2,858	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	2,109	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)	3,799,890	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)	3,799,890	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)	3,799,890	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)	1,329.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,804,042	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	2,804,042	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0011 | Component CCN: 15-T011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-1 | Date/Time Prepared: 11/29/2021 7:49 am

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,039,539	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	3,843,581	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)	361,272	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	86,804	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	448,076	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	3,395,505	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0011 Component CCN: 15-T011	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 7:49 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	489,571	3,799,890	0.128838	0	0	90.00
91.00	Nursing School cost	0	3,799,890	0.000000	0	0	91.00
92.00	Allied health cost	0	3,799,890	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,799,890	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0011	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 7:49 am
	Title XIX	Hospital	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	15,122	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	15,122	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	11,472	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)	418	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)	1,570	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)	16,425,917	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)	16,425,917	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)	16,425,917	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)	1,086.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	454,044	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)	454,044	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-1 | Date/Time Prepared: 11/29/2021 7:49 am

		Title XIX			Hospital	Cost	
	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)	2,296,048	1,570	1,462.45	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	4,934,602	3,597	1,371.87	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	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)	216,983	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	671,027	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	3,650	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,086.23	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	3,964,740	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0011	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 7:49 am
	Title XIX	Hospital	Cost

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,221,043	16,425,917	0.135216	3,964,740	536,096	90.00
91.00	Nursing School cost	0	16,425,917	0.000000	3,964,740	0	91.00
92.00	Allied health cost	0	16,425,917	0.000000	3,964,740	0	92.00
93.00	All other Medical Education	0	16,425,917	0.000000	3,964,740	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0011 Component CCN: 15-T011	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 7:49 am
	Title XIX	Subprovider - IRF	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,858	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,858	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)	2,858	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)	11	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)	1,570	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)	3,799,890	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)	3,799,890	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)	3,799,890	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)	1,329.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	14,625	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)	14,625	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0011 | Component CCN: 15-T011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-1 | Date/Time Prepared: 11/29/2021 7:49 am

Title XIX | Subprovider - IRF | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	4,986	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	19,611	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0011 Component CCN: 15-T011	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 7:49 am
	Title XIX	Subprovider - IRF	Cost

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	489,571	3,799,890	0.128838	0	0	90.00
91.00	Nursing School cost	0	3,799,890	0.000000	0	0	91.00
92.00	Allied health cost	0	3,799,890	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,799,890	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-3 | Date/Time Prepared: 11/29/2021 7:49 am

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		5,677,961		30.00
31.00	03100	INTENSIVE CARE UNIT		2,091,318		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.139004	7,993,681	1,111,154	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.287679	805,002	231,582	54.00
57.00	05700	CT SCAN	0.035992	2,944,412	105,975	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.215617	125,552	27,071	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.327186	993,464	325,048	59.00
60.00	06000	LABORATORY	0.578037	1,688,405	975,961	60.00
60.01	06001	ONCOLOGY	0.379324	11,345	4,303	60.01
60.02	06002	RADIATION ONCOLOGY	0.000000	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.512566	656,162	336,326	65.00
66.00	06600	PHYSICAL THERAPY	0.359231	891,888	320,394	66.00
69.00	06900	ELECTROCARDIOLOGY	0.164887	1,745,414	287,796	69.00
69.01	06901	CARDIAC REHAB	0.594492	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201458	5,160,551	1,039,634	73.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.764123	3,581	2,736	90.00
91.00	09100	EMERGENCY	0.149986	4,523,078	678,398	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.428172	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		27,542,535	5,446,378	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)		27,542,535		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-0011 | Component CCN: 15-T011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-3 | Date/Time Prepared: 11/29/2021 7:49 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF		2,768,009		41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.139004	57,491	7,991	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.287679	45,075	12,967	54.00
57.00	05700	CT SCAN	0.035992	93,041	3,349	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.215617	12,829	2,766	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.327186	9,060	2,964	59.00
60.00	06000	LABORATORY	0.578037	102,126	59,033	60.00
60.01	06001	ONCOLOGY	0.379324	573	217	60.01
60.02	06002	RADIATION ONCOLOGY	0.000000	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.512566	49,950	25,603	65.00
66.00	06600	PHYSICAL THERAPY	0.359231	2,339,546	840,437	66.00
69.00	06900	ELECTROCARDIOLOGY	0.164887	46,655	7,693	69.00
69.01	06901	CARDIAC REHAB	0.594492	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201458	320,360	64,539	73.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.764123	244	186	90.00
91.00	09100	EMERGENCY	0.149986	78,635	11,794	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.428172	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,155,585	1,039,539	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)		3,155,585		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-3 | Date/Time Prepared: 11/29/2021 7:49 am

Title XIX | Hospital | Cost

		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		426,911		30.00
31.00	03100	INTENSIVE CARE UNIT		97,156		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.139004	436,943	60,737	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.287679	36,883	10,610	54.00
57.00	05700	CT SCAN	0.035992	112,602	4,053	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.215617	4,002	863	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.327186	1,244	407	59.00
60.00	06000	LABORATORY	0.578037	72,806	42,085	60.00
60.01	06001	ONCOLOGY	0.379324	0	0	60.01
60.02	06002	RADIATION ONCOLOGY	0.000000	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.512566	34,472	17,669	65.00
66.00	06600	PHYSICAL THERAPY	0.359231	18,284	6,568	66.00
69.00	06900	ELECTROCARDIOLOGY	0.164887	59,745	9,851	69.00
69.01	06901	CARDIAC REHAB	0.594492	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201458	172,950	34,842	73.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.764123	0	0	90.00
91.00	09100	EMERGENCY	0.149986	195,336	29,298	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.428172	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,145,267	216,983	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)		1,145,267		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-0011 | Component CCN: 15-T011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet D-3 | Date/Time Prepared: 11/29/2021 7:49 am

Title XIX | Subprovider - IRF | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF		14,190		41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.139004	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.287679	0	0	54.00
57.00	05700	CT SCAN	0.035992	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.215617	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.327186	0	0	59.00
60.00	06000	LABORATORY	0.578037	233	135	60.00
60.01	06001	ONCOLOGY	0.379324	0	0	60.01
60.02	06002	RADIATION ONCOLOGY	0.000000	0	0	60.02
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.512566	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.359231	13,080	4,699	66.00
69.00	06900	ELECTROCARDIOLOGY	0.164887	0	0	69.00
69.01	06901	CARDIAC REHAB	0.594492	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201458	754	152	73.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.764123	0	0	90.00
91.00	09100	EMERGENCY	0.149986	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.428172	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		14,067	4,986	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)		14,067		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0011	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 7:49 am
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	3,084,260	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	8,913,569	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)	7,978	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	56,071	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)	99.59	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)	5.24	30.00
31.00	Percentage of Medicaid patient days (see instructions)	25.49	31.00
32.00	Sum of lines 30 and 31	30.73	32.00
33.00	Allowable disproportionate share percentage (see instructions)	14.57	33.00
34.00	Disproportionate share adjustment (see instructions)	437,021	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet E Part A Date/Time Prepared: 11/29/2021 7:49 am

Title XVIII | Hospital | PPS

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)	0.000307154	0.000197803	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,564,920	1,639,791	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	644,734	1,226,473	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,871,207		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	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 excluding MS-DRGs 652, 682, 683, 684 an 685. (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	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	14,370,106		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	13,383,221		48.00

		Amount	
		1.00	
49.00	Total payment for inpatient operating costs (see instructions)	14,370,106	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	925,592	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).	0	52.00
53.00	Nursing and Allied Health Managed Care payment	0	53.00
54.00	Special add-on payments for new technologies	34,206	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 intructions)	0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	0	58.00
59.00	Total (sum of amounts on lines 49 through 58)	15,329,904	59.00
60.00	Primary payer payments	41,906	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	15,287,998	61.00
62.00	Deductibles billed to program beneficiaries	1,503,164	62.00
63.00	Coinsurance billed to program beneficiaries	7,791	63.00
64.00	Allowable bad debts (see instructions)	93,947	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	61,066	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	24,860	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	13,838,109	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)		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)	59,831	70.93
70.94	HRR adjustment amount (see instructions)	-19,868	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet E Part A | Date/Time Prepared: 11/29/2021 7:49 am

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		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)		50,296	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		13,827,776	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		13,935,426	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)		-107,650	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		366,824	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	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
	Comparision 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: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet E Part A Exhibit 4 | Date/Time Prepared: 11/29/2021 7:49 am

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		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,084,260	0	3,084,260		3,084,260	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,913,569	0		8,913,569	8,913,569	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	7,978	0	7,978		7,978	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	56,071	0		56,071	56,071	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	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	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	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	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	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	0	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1457	0.1457	0.1457	0.1457		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	437,021	0	112,344	324,677	437,021	11.00
11.01	Uncompensated care payments	36.00	1,871,207	0	644,734	1,226,473	1,871,207	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	14,370,106	0	3,849,316	10,520,790	14,370,106	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	14,370,106	0	3,849,316	10,520,790	14,370,106	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	925,592	0	1,169,500	-243,908	925,592	16.00

LOW VOLUME CALCULATION EXHIBIT 4	Provider CCN: 15-0011	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Exhibit 4 Date/Time Prepared: 11/29/2021 7:49 am
	Title XVIII	Hospital	PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	34,206	0	0	34,206	34,206	17.00
17.01	Net organ aquisition 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	5,018,816	10,311,088	15,329,904	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	905,258	0	1,145,470	-240,212	905,258	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	20,334	0	24,030	-3,696	20,334	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	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	925,592	0	1,169,500	-243,908	925,592	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: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet E Part A Exhibit 5 | Date/Time Prepared: 11/29/2021 7:49 am

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	3,084,260	3,084,260		3,084,260	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,913,569		8,913,569	8,913,569	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	7,978	7,978		7,978	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	56,071		56,071	56,071	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	0.1457	0.1457	0.1457		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	437,021	112,344	324,677	437,021	11.00
11.01	Uncompensated care payments	36.00	1,871,207	644,734	1,226,473	1,871,207	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	14,370,106	3,849,316	10,520,790	14,370,106	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	14,370,106	3,849,316	10,520,790	14,370,106	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	925,592	1,169,500	-243,908	925,592	16.00
17.00	Special add-on payments for new technologies	54.00	34,206	0	34,206	34,206	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			5,018,816	10,311,088	15,329,904	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/29/2021 7:49 am

Title XVIII | Hospital | PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	905,258	1,145,470	-240,212	905,258	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	20,334	24,030	-3,696	20,334	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	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	925,592	1,169,500	-243,908	925,592	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	59,831	16,347	43,484	59,831	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	-19,868	-5,552	-14,316	-19,868	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		50,296	0	50,296	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet E Part B | Date/Time Prepared: 11/29/2021 7:49 am

Title XVIII | Hospital | PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	21,571	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	17,178,793	2.00
3.00	OPPS payments	15,115,839	3.00
4.00	Outlier payment (see instructions)	81,485	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)	21,571	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	43,260	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)	43,260	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 chargebasis 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)	43,260	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	21,689	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)	21,571	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)	15,197,324	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	2,809,947	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)	12,408,948	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)	12,408,948	30.00
31.00	Primary payer payments	1,773	31.00
32.00	Subtotal (line 30 minus line 31)	12,407,175	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)	560,086	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	364,056	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	356,840	36.00
37.00	Subtotal (see instructions)	12,771,231	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	12,771,231	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	12,776,170	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)	-4,939	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet E-1 Part I Date/Time Prepared: 11/29/2021 7:49 am

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		13,935,426		12,776,170	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)		13,935,426		12,776,170	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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		107,650		4,939	6.02
7.00	Total Medicare program liability (see instructions)		13,827,776		12,771,231	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0011 | Component CCN: 15-T011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet E-1 Part I | Date/Time Prepared: 11/29/2021 7:49 am

Title XVIII | Subprovider - IRF | 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		4,174,185		0	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)		4,174,185		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		33,987		0	6.02
7.00	Total Medicare program liability (see instructions)		4,140,198		0	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-0011	Period: From 07/01/2020 To 06/30/2021	Worksheet E-1 Part II Date/Time Prepared: 11/29/2021 7:49 am
	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 from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0011 Component CCN: 15-T011	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part III Date/Time Prepared: 11/29/2021 7:49 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	4,052,469	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0375	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	94,017	3.00
4.00	Outlier Payments	44,293	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	7.830137	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	4,190,779	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	4,190,779	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	4,190,779	19.00
20.00	Deductibles	47,984	20.00
21.00	Subtotal (line 19 minus line 20)	4,142,795	21.00
22.00	Coinsurance	2,597	22.00
23.00	Subtotal (line 21 minus line 22)	4,140,198	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	26.00
27.00	Subtotal (sum of lines 23 and 25)	4,140,198	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	0	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Demonstration payment adjustment amount before sequestration	0	31.99
32.00	Total amount payable to the provider (see instructions)	4,140,198	32.00
32.01	Sequestration adjustment (see instructions)	0	32.01
32.02	Demonstration payment adjustment amount after sequestration	0	32.02
33.00	Interim payments	4,174,185	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)	-33,987	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	44,293	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet E-3 Part VII Date/Time Prepared: 11/29/2021 7:49 am

		Title XIX	Hospital	Cost
		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	671,027		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	671,027	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	671,027	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	524,067		8.00
9.00	Ancillary service charges	1,145,267	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	1,669,334	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	1,669,334	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	998,307	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	671,027	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	671,027	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	671,027	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	671,027	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	671,027	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	671,027	0	40.00
41.00	Interim payments	1,208,825	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	-537,798	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 15-0011 | Component CCN: 15-T011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet E-3 Part VII | Date/Time Prepared: 11/29/2021 7:49 am

Title XIX | Subprovider - IRF | Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	19,611		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	19,611	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	19,611	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	14,190		8.00
9.00	Ancillary service charges	14,067	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	28,257	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	28,257	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	8,646	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	19,611	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	19,611	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	19,611	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	19,611	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	19,611	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	19,611	0	40.00
41.00	Interim payments	29,211	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	-9,600	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet E-4 | Date/Time Prepared: 11/29/2021 7:49 am

Title XVIII | Hospital | PPS

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

		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	0.00		17.00
18.00	Per resident amount	0.00	0.00		18.00
19.00	Approved amount for resident costs	0	0	0	19.00

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

		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	7,640	4,000		26.00
27.00	Total Inpatient Days (see instructions)	17,927	17,927		27.00
28.00	Ratio of inpatient days to total inpatient days	0.426173	0.223127		28.00
29.00	Program direct GME amount	0	0	0	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	0	30.00
31.00	Net Program direct GME amount			0	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0011	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/29/2021 7:49 am
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	15,570,683	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	41,906	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	15,528,777	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	17,200,364	42.00
43.00	Primary payer payments (see instructions)	1,773	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	17,198,591	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	32,727,368	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.474489	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.525511	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	0	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	0	50.00

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

Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet G | Date/Time Prepared: 11/29/2021 7:49 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	41,776,434	0	0	0	1.00
2.00	Temporary investments	45,632,086	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	59,287,193	0	0	0	4.00
5.00	Other receivable	5,132,764	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-34,646,564	0	0	0	6.00
7.00	Inventory	2,227,460	0	0	0	7.00
8.00	Prepaid expenses	2,909,609	0	0	0	8.00
9.00	Other current assets	729,422	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)	123,048,404	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	9,044,643	0	0	0	12.00
13.00	Land improvements	3,364,440	0	0	0	13.00
14.00	Accumulated depreciation	-3,085,624	0	0	0	14.00
15.00	Buildings	150,475,907	0	0	0	15.00
16.00	Accumulated depreciation	-92,365,508	0	0	0	16.00
17.00	Leasehold improvements	2,481,340	0	0	0	17.00
18.00	Accumulated depreciation	-1,954,923	0	0	0	18.00
19.00	Fixed equipment	3,509,530	0	0	0	19.00
20.00	Accumulated depreciation	-1,303,641	0	0	0	20.00
21.00	Automobiles and trucks	1,074,421	0	0	0	21.00
22.00	Accumulated depreciation	-855,372	0	0	0	22.00
23.00	Major movable equipment	72,780,135	0	0	0	23.00
24.00	Accumulated depreciation	-60,426,208	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	5,434,015	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	88,173,155	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	347,930,502	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	13,720,468	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	361,650,970	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	572,872,529	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	5,364,725	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,768,010	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	21,902,059	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	38,034,794	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	157,836,265	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	157,836,265	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	195,871,059	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	377,001,470				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	377,001,470	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	572,872,529	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0011

Period: From 07/01/2020 To 06/30/2021

Worksheet G-1

Date/Time Prepared: 11/29/2021 7:49 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		299,286,889		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		77,714,581				2.00
3.00	Total (sum of line 1 and line 2)		377,001,470		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)		377,001,470		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		377,001,470		0		19.00

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 15-0011 | Period: From 07/01/2020 To 06/30/2021 | Worksheet G-2 Parts I & II Date/Time Prepared: 11/29/2021 7:49 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	16,359,115		16,359,115	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	3,686,820		3,686,820	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	20,045,935		20,045,935	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	6,890,688		6,890,688	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	6,890,688		6,890,688	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	26,936,623		26,936,623	17.00
18.00	Ancillary services	82,165,786	376,504,374	458,670,160	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	4,294,967	4,294,967	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	0	58,706,975	58,706,975	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	109,102,409	439,506,316	548,608,725	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		193,366,179		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	ELIMINATIONS	1,286,715			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)		1,286,715		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		192,079,464		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 15-0011	Period: From 07/01/2020 To 06/30/2021	Worksheet G-3 Date/Time Prepared: 11/29/2021 7:49 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	548,608,725	1.00
2.00	Less contractual allowances and discounts on patients' accounts	353,312,460	2.00
3.00	Net patient revenues (line 1 minus line 2)	195,296,265	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	192,079,464	4.00
5.00	Net income from service to patients (line 3 minus line 4)	3,216,801	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	1,074,202	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	2,740,135	24.00
24.01	PENSION INVESTING	3,718,555	24.01
24.02	UNREALIZED GAIN/LOSS	60,674,972	24.02
24.03	CONTRIBUTIONS	18,105	24.03
24.04	RECONCILING ITEM	110	24.04
24.50	COVID-19 PHE Funding	6,505,692	24.50
25.00	Total other income (sum of lines 6-24)	74,731,771	25.00
26.00	Total (line 5 plus line 25)	77,948,572	26.00
27.00	BAD DEBT EXPENSE	233,991	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	233,991	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	77,714,581	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 15-0011	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/29/2021 7:49 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	905,258	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	20,334	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)	41.77	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)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (see instructions)	0	11.00
12.00	Total prospective capital payments (see instructions)	925,592	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