

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: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/23/2021 10:24 am
--	-----------------------	---------------------------------------	---

PART I - COST REPORT STATUS

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

Date: 11/23/2021 Time: 10:24 am

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

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 ST. CATHERINE HOSPITAL (15-0008) 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.

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) DANIEL O' BRIEN
 Officer or Administrator of Provider(s)

CFO
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	463,562	-96,148	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	110,086	0	0	0	3.00
5.00 Swing Bed - SNF	0	0	0	0	0	5.00
6.00 Swing Bed - NF	0	0	0	0	0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
200.00 Total	0	573,648	-96,148	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/23/2021 10:24 am
---	--	-----------------------	---	---

		1.00	2.00	3.00	4.00					
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 4321 FIR STREET	PO Box:		Zip Code: 46312		County: LAKE			1.00	
2.00	City: EAST CHICAGO	State: IN							2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
		V	XVIII	XIX						
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ST. CATHERINE HOSPITAL	150008	23844	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	ST. CATHERINE HOSPITAL - REHAB	15T008	23844	5	01/01/2002	N	P	P	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)				Y	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N		N		22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N		N		22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0008			Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/23/2021 10:24 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.	2,297	249	556	404	9,580	99	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.	77	17	0	0	1,077		25.00	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:		Ending:	
						1.00		2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N		Y/N	
						1.00		2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0008		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/23/2021 10:24 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 adjustment? Enter "Y" for yes or "N" for no in column 2.	N					60.00
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20
						1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings 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 Nonprovi- der Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
		1.00	2.00	3.00			
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0008

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

Worksheet S-2
Part I
Date/Time Prepared:
11/23/2021 10:24 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
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/23/2021 10:24 am			
			1.00				
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N	80.00			
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N	81.00			
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N	85.00			
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00			
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N	87.00			
			V 1.00	XIX 2.00			
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.00		
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.01		
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.02		
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03		
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04		
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.05		
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.06		
Rural Providers							
105.00	Does this hospital qualify as a CAH?		N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00		
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00		
			Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/23/2021 10:24 am
		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.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1	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.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H054	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/23/2021 10:24 am			
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: COMM FOUNDATION OF NW IN	Contractor's Name: WPS		Contractor's Number: 08001			
142.00	Street: 10010 DONALD S POWERS DRIVE	PO Box: STE 201					
143.00	City: MUNSTER	State: IN		Zip Code: 46321			
144.00 Are provider based physicians' costs included in Worksheet A?							
				1.00	144.00		
				Y			
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.							
				1.00	2.00		
				Y	N		
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		
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							
				1.00	147.00		
				Y			
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		
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)							
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
Multi campus							
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							
				N	165.00		
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							
				Y	167.00		
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							
					168.00		
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							
					168.01		
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							
				9.99	169.00		
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							
				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		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0008		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part II Date/Time Prepared: 11/23/2021 10:24 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				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				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			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	09/28/2021	Y	09/28/2021		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: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/23/2021 10:24 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				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.	CATHERINE		WOERNER	41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	12197031267		CATHERINE.R.WOERNER@COMHS.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/23/2021 10:24 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.	REIMBURSEMENT SUPERVISOR		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: 15-0008

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

Worksheet S-3
Part I
Date/Time Prepared:
11/23/2021 10:24 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				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	122	44,530	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)		122	44,530	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	10	3,650	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)		132	48,180	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	20	7,300		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						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)		152			0	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: 15-0008

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

Worksheet S-3
Part I
Date/Time Prepared:
11/23/2021 10:24 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents			
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll		
	6.00	7.00	8.00	9.00	10.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,628	2,158	27,321			1.00
2.00	HMO and other (see instructions)	5,900	10,789				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	796	1,094				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	6,628	2,158	27,321			7.00
8.00	INTENSIVE CARE UNIT	758	22	2,735			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		117	805			13.00
14.00	Total (see instructions)	7,386	2,297	30,861	0.00	779.03	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	2,855	77	5,374	0.00	28.53	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			42			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	807.56	27.00
28.00	Observation Bed Days		0	4,238			28.00
29.00	Ambulance Trips	0		0			29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	99	113			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: 15-0008

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

Worksheet S-3
Part I
Date/Time Prepared:
11/23/2021 10:24 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,290	424	5,634	1.00
2.00 HMO and other (see instructions)			930	2,079		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				86		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	1,290	424	5,634	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	235	7	423	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0008

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

Worksheet S-3
Part II
Date/Time Prepared:
11/23/2021 10:24 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	54,677,080	0	54,677,080	1,679,726.63	32.55
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		704,799	0	704,799	6,525.75	108.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		1,663,441	0	1,663,441	10,418.00	159.67
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		2,045,378	0	2,045,378	69,295.76	29.52
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		795,971	0	795,971	6,569.27	121.17
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		159,232	0	159,232	1,037.13	153.53
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		6,993,058	0	6,993,058	186,807.00	37.43
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		13,371,897	0	13,371,897		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		564,836	0	564,836		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		101,059	0	101,059		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		195,428	0	195,428		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,717,704	0	1,717,704		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0008

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

Worksheet S-3
Part II
Date/Time Prepared:
11/23/2021 10:24 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	400,934	0	400,934	11,066.96	36.23	26.00
27.00	Administrative & General	6,579,565	0	6,579,565	181,323.23	36.29	27.00
28.00	Administrative & General under contract (see inst.)	1,014,914	0	1,014,914	7,237.26	140.23	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,694,568	0	1,694,568	51,214.07	33.09	30.00
31.00	Laundry & Linen Service	89,577	0	89,577	4,994.60	17.93	31.00
32.00	Housekeeping	1,821,931	0	1,821,931	112,467.04	16.20	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,510,713	-467,556	1,043,157	57,030.23	18.29	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	467,556	467,556	25,561.00	18.29	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,476,584	0	1,476,584	64,338.51	22.95	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part III Date/Time Prepared: 11/23/2021 10:24 am
---------------------------------	--	-----------------------	---	---

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	53,323,754	0	53,323,754	1,670,020.14	31.93	1.00
2.00	Excluded area salaries (see instructions)	2,045,378	0	2,045,378	69,295.76	29.52	2.00
3.00	Subtotal salaries (line 1 minus line 2)	51,278,376	0	51,278,376	1,600,724.38	32.03	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,948,261	0	7,948,261	194,413.40	40.88	4.00
5.00	Subtotal wage-related costs (see inst.)	15,089,601	0	15,089,601	0.00	29.43	5.00
6.00	Total (sum of lines 3 thru 5)	74,316,238	0	74,316,238	1,795,137.78	41.40	6.00
7.00	Total overhead cost (see instructions)	14,588,786	0	14,588,786	515,232.90	28.31	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 11/23/2021 10:24 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		1,710,230	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		7,164,266	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		431,060	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		38,018	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)		35,245	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		721,491	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		3,137,272	17.00
18.00	Medicare Taxes - Employers Portion Only		760,608	18.00
19.00	Unemployment Insurance		235,029	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		14,233,219	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: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part V Date/Time Prepared: 11/23/2021 10:24 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	795,971	14,233,219	1.00
2.00	Hospital	795,971	14,233,219	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	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet S-10 Date/Time Prepared: 11/23/2021 10:24 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)		0.222358	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		36,895,079	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	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		192,271,790	6.00	
7.00	Medicaid cost (line 1 times line 6)		42,753,171	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)		5,858,092	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)		15,088	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		90,464	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		20,115	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)		5,027	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)		5,863,119	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)	8,218,093	244,536	8,462,629	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,827,359	244,536	2,071,895	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,827,359	244,536	2,071,895	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)		6,144,446	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		538,283	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		828,128	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		5,316,318	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,471,971	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,543,866	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,406,985	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0008

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

Worksheet A

Date/Time Prepared:
11/23/2021 10:24 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		2,567,002	2,567,002	123,845	2,690,847	1.00
2.00	00200		3,480,073	3,480,073	22,897	3,502,970	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	400,934	7,985,657	8,386,591	-1,205	8,385,386	4.00
5.01	00560	272,282	28,153	300,435	-154	300,281	5.01
5.02	00570	798,571	127,394	925,965	2,208	928,173	5.02
5.03	00580	0	52	52	0	52	5.03
5.04	00590	5,508,712	24,077,345	29,586,057	-254,906	29,331,151	5.04
6.00	00600	0	0	0	0	0	6.00
7.00	00700	1,694,568	4,066,141	5,760,709	-12	5,760,697	7.00
8.00	00800	89,577	672,766	762,343	0	762,343	8.00
9.00	00900	1,821,931	577,836	2,399,767	-2,187	2,397,580	9.00
10.00	01000	1,510,713	1,357,262	2,867,975	-887,930	1,980,045	10.00
11.00	01100	0	0	0	887,619	887,619	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,476,584	340,862	1,817,446	-8,959	1,808,487	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	12,705,443	2,692,030	15,397,473	401,735	15,799,208	30.00
31.00	03100	2,502,200	717,244	3,219,444	2,091	3,221,535	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	1,620,096	868,996	2,489,092	0	2,489,092	41.00
43.00	04300	0	0	0	489,682	489,682	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,468,250	3,010,083	5,478,333	94,349	5,572,682	50.00
51.00	05100	1,004,466	257,961	1,262,427	-2,628	1,259,799	51.00
52.00	05200	1,390,720	510,996	1,901,716	-875,455	1,026,261	52.00
53.00	05300	2,262,251	450,887	2,713,138	0	2,713,138	53.00
54.00	05400	1,622,771	833,524	2,456,295	0	2,456,295	54.00
55.00	05500	201,708	359,503	561,211	0	561,211	55.00
56.00	05600	356,461	407,277	763,738	0	763,738	56.00
57.00	05700	454,582	577,824	1,032,406	0	1,032,406	57.00
58.00	05800	208,260	172,047	380,307	0	380,307	58.00
59.00	05900	731,235	986,729	1,717,964	-274,659	1,443,305	59.00
60.00	06000	2,466,559	3,343,859	5,810,418	68,046	5,878,464	60.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	148,690	667,851	816,541	0	816,541	63.00
64.00	06400	437,305	130,427	567,732	-65	567,667	64.00
65.00	06500	945,838	310,392	1,256,230	3,180	1,259,410	65.00
66.00	06600	1,451,815	756,730	2,208,545	-85	2,208,460	66.00
67.00	06700	707,309	584,790	1,292,099	0	1,292,099	67.00
68.00	06800	241,577	152,134	393,711	0	393,711	68.00
69.00	06900	633,995	198,982	832,977	0	832,977	69.00
70.00	07000	225,330	91,616	316,946	0	316,946	70.00
71.00	07100	0	3,771,455	3,771,455	116,369	3,887,824	71.00
72.00	07200	0	3,478,387	3,478,387	55,336	3,533,723	72.00
73.00	07300	1,840,787	8,978,069	10,818,856	-500	10,818,356	73.00
74.00	07400	0	697,378	697,378	0	697,378	74.00
76.00	03550	150,622	20,900	171,522	0	171,522	76.00
76.97	07697	327,494	47,881	375,375	0	375,375	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	966,147	820,641	1,786,788	0	1,786,788	90.00
91.00	09100	2,606,015	1,069,411	3,675,426	1,642	3,677,068	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		54,251,798	82,246,547	136,498,345	-39,746	136,458,599	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	3,200	-2,383	817	0	817	192.00
194.00	07950	0	112,088	112,088	0	112,088	194.00
194.01	07951	0	144,254	144,254	39,746	184,000	194.01
194.02	07952	422,082	6,486,866	6,908,948	0	6,908,948	194.02
200.00		54,677,080	88,987,372	143,664,452	0	143,664,452	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0008

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

Worksheet A
Date/Time Prepared:
11/23/2021 10:24 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	58,374	2,749,221	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	200,980	3,703,950	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	954,173	9,339,559	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	-112	300,169	5.01
5.02	00570	ADMITTING	0	928,173	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,640,930	1,640,982	5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	-10,878,915	18,452,236	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-9,884	5,750,813	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	762,343	8.00
9.00	00900	HOUSEKEEPING	0	2,397,580	9.00
10.00	01000	DIETARY	-844	1,979,201	10.00
11.00	01100	CAFETERIA	-588,512	299,107	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	83,231	1,891,718	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,392,535	1,392,535	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-16	15,799,192	30.00
31.00	03100	INTENSIVE CARE UNIT	-406	3,221,129	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,489,092	41.00
43.00	04300	NURSERY	0	489,682	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-372,000	5,200,682	50.00
51.00	05100	RECOVERY ROOM	0	1,259,799	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-116,250	910,011	52.00
53.00	05300	ANESTHESIOLOGY	-2,505,909	207,229	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-19,425	2,436,870	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	561,211	55.00
56.00	05600	RADIOISOTOPE	0	763,738	56.00
57.00	05700	CT SCAN	0	1,032,406	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	380,307	58.00
59.00	05900	CARDIAC CATHETERIZATION	-14,076	1,429,229	59.00
60.00	06000	LABORATORY	-13,769	5,864,695	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	816,541	63.00
64.00	06400	INTRAVENOUS THERAPY	0	567,667	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,259,410	65.00
66.00	06600	PHYSICAL THERAPY	0	2,208,460	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,292,099	67.00
68.00	06800	SPEECH PATHOLOGY	0	393,711	68.00
69.00	06900	ELECTROCARDIOLOGY	-136,565	696,412	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	316,946	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-19,413	3,868,411	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,533,723	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-2,126,000	8,692,356	73.00
74.00	07400	RENAL DIALYSIS	0	697,378	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-2,282	169,240	76.00
76.97	07697	CARDIAC REHABILITATION	-1,250	374,125	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-613,970	1,172,818	90.00
91.00	09100	EMERGENCY	-32	3,677,036	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-13,089,407	123,369,192	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	817	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	112,088	194.00
194.01	07951	ADVERTISING	0	184,000	194.01
194.02	07952	RETAIL PHARMACY	0	6,908,948	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-13,089,407	130,575,045	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BUILDING INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	123,845	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	14,292	2.00
	TOTALS		0	138,137	
B - CAFETERIA EXPENSE					
1.00	CAFETERIA	11.00	467,556	420,063	1.00
	TOTALS		467,556	420,063	
C - NURSERY/LABOR & DELIVERY					
1.00	ADULTS & PEDIATRICS	30.00	282,003	103,617	1.00
2.00	NURSERY	43.00	358,103	131,579	2.00
	TOTALS		640,106	235,196	
D - COVID COSTS					
1.00	ADMITTING	5.02	0	2,208	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	16,115	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	2,091	3.00
4.00	LABORATORY	60.00	0	68,046	4.00
5.00	RESPIRATORY THERAPY	65.00	0	3,180	5.00
6.00	EMERGENCY	91.00	0	1,642	6.00
	TOTALS		0	93,282	
E - INTEREST EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,605	1.00
	TOTALS		0	8,605	
F - INVENTORY ADJ EXPENSE					
1.00	OPERATING ROOM	50.00	0	102,954	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	155,469	2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	119,190	3.00
	TOTALS		0	377,613	
G - ADVERTISING					
1.00	ADVERTISING	194.01	0	39,746	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
	TOTALS		0	39,746	
500.00	Grand Total: Increases		1,107,662	1,312,642	500.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - BUILDING INSURANCE							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.04	0	138,137	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	138,137			
B - CAFETERIA EXPENSE							
1.00	DIETARY	10.00	467,556	420,063	0		1.00
	TOTALS		467,556	420,063			
C - NURSERY/LABOR & DELIVERY							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	640,106	235,196	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		640,106	235,196			
D - COVID COSTS							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.04	0	93,282	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
	TOTALS		0	93,282			
E - INTEREST EXPENSE							
1.00	OPERATING ROOM	50.00	0	8,605	11		1.00
	TOTALS		0	8,605			
F - INVENTORY ADJ EXPENSE							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	39,100	0		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	63,854	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	274,659	0		3.00
	TOTALS		0	377,613			
G - ADVERTISING							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,205	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.01	0	154	0		2.00
3.00	OTHER ADMINISTRATIVE & GENERAL	5.04	0	23,487	0		3.00
4.00	OPERATION OF PLANT	7.00	0	12	0		4.00
5.00	HOUSEKEEPING	9.00	0	2,187	0		5.00
6.00	DIETARY	10.00	0	311	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	8,959	0		7.00
8.00	RECOVERY ROOM	51.00	0	2,628	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	153	0		9.00
10.00	INTRAVENOUS THERAPY	64.00	0	65	0		10.00
11.00	PHYSICAL THERAPY	66.00	0	85	0		11.00
12.00	DRUGS CHARGED TO PATIENTS	73.00	0	500	0		12.00
	TOTALS		0	39,746			
500.00	Grand Total: Decreases		1,107,662	1,312,642			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0008

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

Worksheet A-7
Part I
Date/Time Prepared:
11/23/2021 10:24 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,316	0	0	0	0	1.00
2.00	Land Improvements	2,831,386	0	0	0	444,529	2.00
3.00	Buildings and Fixtures	40,775,906	0	0	0	0	3.00
4.00	Building Improvements	45,307,924	2,808,790	0	2,808,790	-147,307	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	50,649,524	1,308,694	0	1,308,694	389,278	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	139,570,056	4,117,484	0	4,117,484	686,500	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	139,570,056	4,117,484	0	4,117,484	686,500	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,316	0				1.00
2.00	Land Improvements	2,386,857	0				2.00
3.00	Buildings and Fixtures	40,775,906	0				3.00
4.00	Building Improvements	48,264,021	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	51,568,940	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	143,001,040	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	143,001,040	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS	Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet A-7 Part II Date/Time Prepared: 11/23/2021 10:24 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	CAP REL COSTS-BLDG & FIXT	2,561,999	5,003	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,525,994	954,079	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,087,993	959,082	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	2,567,002				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	3,480,073				2.00
3.00	Total (sum of lines 1-2)	0	6,047,075				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0008

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

Worksheet A-7
Part III
Date/Time Prepared:
11/23/2021 10:24 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	91,432,099	0	91,432,099	0.639381	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	51,568,939	0	51,568,939	0.360619	0	2.00
3.00	Total (sum of lines 1-2)	143,001,038	0	143,001,038	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,641,493	-16,117	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,140,579	540,474	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,782,072	524,357	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 col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	123,845	0	0	2,749,221	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	8,605	14,292	0	0	3,703,950	2.00
3.00	Total (sum of lines 1-2)	8,605	138,137	0	0	6,453,171	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0008

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

Worksheet A-8

Date/Time Prepared:
11/23/2021 10:24 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 - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A		0	OTHER ADMINISTRATIVE & GENERAL	5.04		0	7.00
8.00 Television and radio service (chapter 21)	A		0	CAP REL COSTS-MVBLE EQUIP	2.00		9	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-46,510					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	-5,881,282					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests			0		0.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients			0		0.00		0	17.00
18.00 Sale of medical records and abstracts			0		0.00		0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines			0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00			28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00

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	
33.00 ANESTHESIA - NON-SALARIES, NON-BENEF	A	-85,739	ANESTHESIOLOGY	53.00	0 33.00
33.01 COVID DRUG DONATIONS	B	-2,126,000	DRUGS CHARGED TO PATIENTS	73.00	0 33.01
33.02 PART B CONTRACTED SERVICES	A	-372,000	OPERATING ROOM	50.00	0 33.02
33.03 PART B CONTRACTED SERVICES	A	-116,250	DELIVERY ROOM & LABOR ROOM	52.00	0 33.03
33.04 PART B CONTRACTED SERVICES	A	-500,000	CLINIC	90.00	0 33.04
33.05 PART B SALARIES	A	-2,262,251	ANESTHESIOLOGY	53.00	0 33.05
33.06 PART B SALARIES	A	-105,990	CLINIC	90.00	0 33.06
33.07 PRE-MERGER ASSETS DEPRECIATION	A	6,723	CAP REL COSTS-BLDG & FIXT	1.00	9 33.07
33.08 PATIENT TELEPHONES	A	-65,770	OTHER ADMINISTRATIVE & GENERAL	5.04	0 33.08
33.09 TV DEPRECIATION	A	-279	CAP REL COSTS-MVBLE EQUIP	2.00	9 33.09
33.10 OTHER REVENUE	B	-21,120	CAP REL COSTS-BLDG & FIXT	1.00	10 33.10
33.11 OTHER REVENUE	B	-413,605	CAP REL COSTS-MVBLE EQUIP	2.00	10 33.11
33.12 OTHER REVENUE	B	-28,070	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.12
33.13 OTHER REVENUE	B	-112	PURCHASING RECEIVING AND STORES	5.01	0 33.13
33.14 OTHER REVENUE	B	-24,227	OTHER ADMINISTRATIVE & GENERAL	5.04	0 33.14
33.15 OTHER REVENUE	B	-9,884	OPERATION OF PLANT	7.00	0 33.15
33.16 OTHER REVENUE	B	-844	DIETARY	10.00	0 33.16
33.17 OTHER REVENUE	B	-1,100	NURSING ADMINISTRATION	13.00	0 33.17
33.18 OTHER REVENUE	B	-16	ADULTS & PEDIATRICS	30.00	0 33.18
33.19 OTHER REVENUE	B	-24	INTENSIVE CARE UNIT	31.00	0 33.19
33.20 OTHER REVENUE	B		ANESTHESIOLOGY	53.00	0 33.20
33.21 OTHER REVENUE	B	-3,977	RADIOLOGY-DIAGNOSTIC	54.00	0 33.21
33.22 OTHER REVENUE	B	-2,790	LABORATORY	60.00	0 33.22
33.23 OTHER REVENUE	B	-136,565	ELECTROCARDIOLOGY	69.00	0 33.23
33.24 OTHER REVENUE	B	-19,413	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0 33.24
33.25 OTHER REVENUE	B	-2,282	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0 33.25
33.26 OTHER REVENUE	B	-1,250	CARDIAC REHABILITATION	76.97	0 33.26
33.27 OTHER REVENUE	B	-581	CLINIC	90.00	0 33.27
33.28 OTHER REVENUE	B	-32	EMERGENCY	91.00	0 33.28
33.29 OTHER REVENUE	B	-588,512	CAFETERIA	11.00	0 33.29
33.30 PART B BENEFITS	A	-157,919	ANESTHESIOLOGY	53.00	0 33.30
33.31 PART B BENEFITS	A	-7,399	CLINIC	90.00	0 33.31
33.32 PART B BENEFITS	A	-114,337	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.32
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,089,407			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 15-0008
 Period: From 07/01/2020 To 06/30/2021
 Worksheet A-8-1
 Date/Time Prepared: 11/23/2021 10:24 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	DEPRECIATION BLDG	72,771	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	DEPRECIATION EQUIP	614,864	0
3.00	5.04	OTHER ADMINISTRATIVE & GENER	A&G OTHER	4,571,243	0
3.02	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	1,392,535	0
3.03	5.03	CASHIERING/ACCOUNTS RECEIVAB	PATIENT ACCOUNTING	1,640,930	0
3.04	4.00	EMPLOYEE BENEFITS DEPARTMENT	ALLOCATED BENEFIT COSTS	1,096,580	0
3.05	5.04	OTHER ADMINISTRATIVE & GENER	ALLOCATED SALARY COSTS	5,317,752	0
4.00	13.00	NURSING ADMINISTRATION	CANCER REGISTRY	84,331	0
4.01	5.04	OTHER ADMINISTRATIVE & GENER	CORPORATE ALLOCATION	0	16,335,507
4.02	5.04	OTHER ADMINISTRATIVE & GENER	PHYSICIAN ALLOCATION	0	4,336,781
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			14,791,006	20,672,288

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

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

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

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

6.00	G	CFNI	100.00	CFNI	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	FINANCIAL				100.00

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

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

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

Provider CCN: 15-0008

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

Worksheet A-8-1

Date/Time Prepared:
11/23/2021 10:24 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	72,771	9		1.00
2.00	614,864	9		2.00
3.00	4,571,243	0		3.00
3.02	1,392,535	0		3.02
3.03	1,640,930	0		3.03
3.04	1,096,580	0		3.04
3.05	5,317,752	0		3.05
4.00	84,331	0		4.00
4.01	-16,335,507	0		4.01
4.02	-4,336,781	0		4.02
5.00	-5,881,282			5.00

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

Related Organization(s) and/or Home Office	Type of Business	
6.00		
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

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

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

6.00	HEALTHCARE HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0008

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

Worksheet A-8-2

Date/Time Prepared:
11/23/2021 10:24 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.04	AGGREGATE-OTHER ADMINISTRATIVE & GEN	33,283	0	33,283	211,500	272	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	15,000	0	15,000	211,500	150	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	7,398	0	7,398	211,500	69	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	34,272	0	34,272	271,900	144	4.00
5.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	24,753	0	24,753	211,500	105	5.00
6.00	60.00	AGGREGATE-LABORATORY	29,500	0	29,500	260,300	148	6.00
7.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	15,025	0	15,025	211,500	150	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			159,231	0	159,231		1,038	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.04	AGGREGATE-OTHER ADMINISTRATIVE & GEN	27,658	1,383	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	15,252	763	0	0	0	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	7,016	351	0	0	0	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	18,824	941	0	0	0	4.00
5.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	10,677	534	0	0	0	5.00
6.00	60.00	AGGREGATE-LABORATORY	18,521	926	0	0	0	6.00
7.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	15,252	763	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			113,200	5,661	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.04	AGGREGATE-OTHER ADMINISTRATIVE & GEN	0	27,658	5,625	5,625	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	15,252	0	0	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	7,016	382	382	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	18,824	15,448	15,448	4.00
5.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	10,677	14,076	14,076	5.00
6.00	60.00	AGGREGATE-LABORATORY	0	18,521	10,979	10,979	6.00
7.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	15,252	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	113,200	46,510	46,510	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0008

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

Worksheet B
Part I
Date/Time Prepared:
11/23/2021 10:24 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,749,221	2,749,221			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,703,950		3,703,950		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,339,559	13,653	374	9,353,586	4.00
5.01 00560	PURCHASING RECEIVING AND STORES	300,169	48,255	1,822	46,923	397,169 5.01
5.02 00570	ADMINISTRATIVE	928,173	20,902	78	137,620	725 5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	1,640,982	4,150	0	0	0 5.03
5.04 00590	OTHER ADMINISTRATIVE & GENERAL	18,452,236	273,898	222,830	949,333	6,793 5.04
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	5,750,813	619,517	115,908	292,030	289 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	762,343	9,871	0	15,437	363 8.00
9.00 00900	HOUSEKEEPING	2,397,580	38,167	15,461	313,979	2,492 9.00
10.00 01000	DIETARY	1,979,201	62,536	78,117	179,770	5,992 10.00
11.00 01100	CAFETERIA	299,107	27,704	33,479	80,575	2,568 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	1,891,718	13,719	92,378	254,464	66 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0 14.00
15.00 01500	PHARMACY	0	0	0	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,392,535	15,127	0	0	0 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	15,799,192	434,171	163,961	2,238,180	57,235 30.00
31.00 03100	INTENSIVE CARE UNIT	3,221,129	55,764	162,584	431,212	19,997 31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	2,489,092	73,422	60,805	279,196	9,045 41.00
43.00 04300	NURSERY	489,682	13,405	25,558	61,713	2,365 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,200,682	129,362	798,072	425,361	74,551 50.00
51.00 05100	RECOVERY ROOM	1,259,799	42,498	9,061	173,103	5,139 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	910,011	27,837	53,701	129,356	4,967 52.00
53.00 05300	ANESTHESIOLOGY	207,229	1,933	102,457	389,861	8,824 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,436,870	48,733	231,811	279,657	7,729 54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	561,211	25,348	3,836	34,761	37 55.00
56.00 05600	RADIOISOTOPE	763,738	9,315	167,424	61,430	542 56.00
57.00 05700	CT SCAN	1,032,406	7,328	68,420	78,339	4,776 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	380,307	11,351	2,246	35,890	537 58.00
59.00 05900	CARDIAC CATHETERIZATION	1,429,229	37,925	400,331	126,016	10,471 59.00
60.00 06000	LABORATORY	5,864,695	59,703	138,772	425,070	94,147 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	816,541	4,446	18,418	25,624	6,376 63.00
64.00 06400	INTRAVENOUS THERAPY	567,667	36,759	12,298	75,362	4,097 64.00
65.00 06500	RESPIRATORY THERAPY	1,259,410	10,366	66,700	162,999	6,592 65.00
66.00 06600	PHYSICAL THERAPY	2,208,460	58,084	29,309	250,196	1,512 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,292,099	16,329	9,046	121,893	510 67.00
68.00 06800	SPEECH PATHOLOGY	393,711	3,413	9,452	41,632	164 68.00
69.00 06900	ELECTROCARDIOLOGY	696,412	12,771	285,984	109,258	3,110 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	316,946	29,244	11,410	38,832	2,698 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,868,411	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	3,533,723	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	8,692,356	24,085	126,695	317,228	5,509 73.00
74.00 07400	RENAL DIALYSIS	697,378	5,087	0	0	453 74.00
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	169,240	9,617	0	25,957	0 76.00
76.97 07697	CARDIAC REHABILITATION	374,125	33,527	19,410	56,438	149 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,172,818	12,366	4,800	166,499	9,168 90.00
91.00 09100	EMERGENCY	3,677,036	59,528	92,507	449,102	35,871 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	123,369,192	2,441,216	3,635,515	9,280,296	395,859 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,748	0	0	0 190.00
191.00 19100	RESEARCH	0	0	0	0	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	817	186,521	0	551	0 192.00
194.00 07950	OTHER NONREIMBURSEABLE	112,088	99,954	2,843	0	7 194.00
194.01 07951	ADVERTISING	184,000	8,300	0	0	2 194.01
194.02 07952	RETAIL PHARMACY	6,908,948	6,482	65,592	72,739	1,301 194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0008

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

Worksheet B
Part I
Date/Time Prepared:
11/23/2021 10:24 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118 through 201)	130,575,045	2,749,221	3,703,950	9,353,586	397,169	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0008

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

Worksheet B
Part I
Date/Time Prepared:
11/23/2021 10:24 am

Cost Center Description			ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMINISTRATIVE	1,087,498					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,645,132				5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	0	0	19,905,090	19,905,090		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	6,778,557	1,219,191		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	788,014	141,732	0	8.00
9.00	00900	HOUSEKEEPING	0	0	2,767,679	497,795	0	9.00
10.00	01000	DIETARY	0	0	2,305,616	414,688	0	10.00
11.00	01100	CAFETERIA	0	0	443,433	79,756	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,252,345	405,107	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,407,662	253,182	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	183,572	277,633	19,153,944	3,445,020	0	30.00
31.00	03100	INTENSIVE CARE UNIT	16,187	24,489	3,931,362	707,095	0	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	15,400	23,298	2,950,258	530,633	0	41.00
43.00	04300	NURSERY	3,312	5,011	601,046	108,104	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	90,811	137,382	6,856,221	1,233,160	0	50.00
51.00	05100	RECOVERY ROOM	14,507	21,946	1,526,053	274,476	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,904	10,445	1,143,221	205,620	0	52.00
53.00	05300	ANESTHESIOLOGY	14,376	21,749	746,429	134,253	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,110	56,142	3,098,052	557,216	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	15,143	22,908	663,244	119,291	0	55.00
56.00	05600	RADIOISOTOPE	15,169	22,948	1,040,566	187,156	0	56.00
57.00	05700	CT SCAN	59,820	90,498	1,341,587	241,298	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,288	24,642	471,261	84,761	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	42,980	65,021	2,111,973	379,859	0	59.00
60.00	06000	LABORATORY	132,998	201,206	6,916,591	1,244,018	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	6,034	9,128	886,567	159,458	0	63.00
64.00	06400	INTRAVENOUS THERAPY	7,094	10,732	714,009	128,422	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,709	17,714	1,535,490	276,173	0	65.00
66.00	06600	PHYSICAL THERAPY	19,637	29,707	2,596,905	467,079	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,870	17,957	1,469,704	264,341	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,126	4,729	456,227	82,057	0	68.00
69.00	06900	ELECTROCARDIOLOGY	32,947	49,844	1,190,326	214,092	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,024	18,190	429,344	77,222	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	24,897	37,666	3,930,974	707,025	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,434	21,837	3,569,994	642,099	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	143,550	217,170	9,526,593	1,713,453	0	73.00
74.00	07400	RENAL DIALYSIS	7,049	10,664	720,631	129,613	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,363	2,062	208,239	37,454	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,603	2,425	487,677	87,714	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,784	11,775	1,385,210	249,144	0	90.00
91.00	09100	EMERGENCY	117,800	178,214	4,610,058	829,165	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,087,498	1,645,132	122,918,152	18,527,922	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	6,748	1,214	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	187,889	33,794	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	214,892	38,650	0	194.00
194.01	07951	ADVERTISING	0	0	192,302	34,587	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	7,055,062	1,268,923	0	194.02
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,087,498	1,645,132	130,575,045	19,905,090	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet B Part I Date/Time Prepared: 11/23/2021 10:24 am
---	--	-----------------------	---	---

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	7,997,748				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	44,631	974,377			8.00
9.00	00900	HOUSEKEEPING	172,570	0	3,438,044		9.00
10.00	01000	DIETARY	282,754	0	121,918	3,124,976	10.00
11.00	01100	CAFETERIA	125,262	0	39,849	0	688,300
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	62,030	0	13,401	0	35,982
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	68,394	0	21,347	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,963,081	734,675	811,203	2,234,945	235,626
31.00	03100	INTENSIVE CARE UNIT	252,135	73,545	163,711	93,105	35,982
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	331,974	144,510	176,472	377,778	33,661
43.00	04300	NURSERY	60,610	21,647	6,641	0	5,804
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	584,901	0	431,930	0	38,303
51.00	05100	RECOVERY ROOM	192,154	0	16,604	3,278	15,089
52.00	05200	DELIVERY ROOM & LABOR ROOM	125,863	0	152,279	77,315	11,607
53.00	05300	ANESTHESIOLOGY	8,740	0	0	0	8,125
54.00	05400	RADIOLOGY-DIAGNOSTIC	220,342	0	151,211	0	30,178
55.00	05500	RADIOLOGY - THERAPEUTIC	114,609	0	48,862	0	2,321
56.00	05600	RADIOISOTOPE	42,118	0	9,488	0	3,482
57.00	05700	CT SCAN	33,132	0	0	0	5,804
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	51,323	0	6,641	0	2,321
59.00	05900	CARDIAC CATHETERIZATION	171,477	0	93,692	0	8,125
60.00	06000	LABORATORY	269,944	0	105,551	0	47,589
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	20,103	0	0	0	2,321
64.00	06400	INTRAVENOUS THERAPY	166,205	0	0	0	8,125
65.00	06500	RESPIRATORY THERAPY	46,871	0	20,399	0	15,089
66.00	06600	PHYSICAL THERAPY	262,624	0	127,848	0	20,893
67.00	06700	OCCUPATIONAL THERAPY	73,830	0	0	0	10,446
68.00	06800	SPEECH PATHOLOGY	15,432	0	0	0	3,482
69.00	06900	ELECTROCARDIOLOGY	57,742	0	8,302	0	10,446
70.00	07000	ELECTROENCEPHALOGRAPHY	132,227	0	11,860	0	4,643
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	108,901	0	13,520	0	22,053
74.00	07400	RENAL DIALYSIS	22,998	0	4,032	0	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	43,484	0	889	0	2,321
76.97	07697	CARDIAC REHABILITATION	151,593	0	10,674	0	4,643
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	55,912	0	16,011	0	13,928
91.00	09100	EMERGENCY	269,152	0	485,014	19,369	44,107
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,605,118	974,377	3,069,349	2,805,790	682,496
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	30,510	0	14,943	0	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	843,346	0	13,283	0	0
194.00	07950	OTHER NONREIMBURSEABLE	451,937	0	331,218	319,186	0
194.01	07951	ADVERTISING	37,529	0	3,558	0	0
194.02	07952	RETAIL PHARMACY	29,308	0	5,693	0	5,804
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	7,997,748	974,377	3,438,044	3,124,976	688,300

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0008

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

Worksheet B
Part I
Date/Time Prepared:
11/23/2021 10:24 am

Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	2,768,865				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,750,585	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,460,580	0	0	295,101	30.00
31.00	03100	INTENSIVE CARE UNIT	0	222,003	0	0	26,064	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	205,165	0	0	24,797	41.00
43.00	04300	NURSERY	0	34,129	0	0	5,334	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	233,829	0	0	146,221	50.00
51.00	05100	RECOVERY ROOM	0	92,898	0	0	23,358	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	71,535	0	0	11,117	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	23,149	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	59,754	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	24,382	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	24,425	56.00
57.00	05700	CT SCAN	0	0	0	0	96,321	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	26,227	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	53,619	0	0	69,205	59.00
60.00	06000	LABORATORY	0	0	0	0	214,151	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	9,715	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	11,423	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	18,853	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	31,619	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	19,113	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	5,034	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	53,050	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	19,361	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	40,089	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	23,241	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	231,142	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	11,350	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	2,195	76.00
76.97	07697	CARDIAC REHABILITATION	0	30,894	0	0	2,581	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	89,445	0	0	12,533	90.00
91.00	09100	EMERGENCY	0	274,768	0	0	189,680	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,768,865	0	0	1,750,585	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	0	0	0	194.00
194.01	07951	ADVERTISING	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	0	194.02
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	2,768,865	0	0	1,750,585	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet B Part I Date/Time Prepared: 11/23/2021 10:24 am	
Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			17.00	19.00	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMINISTRATIVE					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	0				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		0			19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	30,334,175	0	30,334,175
31.00	03100	INTENSIVE CARE UNIT	0	0	5,505,002	0	5,505,002
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	4,775,248	0	4,775,248
43.00	04300	NURSERY	0	0	843,315	0	843,315
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	9,524,565	0	9,524,565
51.00	05100	RECOVERY ROOM	0	0	2,143,910	0	2,143,910
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,798,557	0	1,798,557
53.00	05300	ANESTHESIOLOGY	0	0	920,696	0	920,696
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	4,116,753	0	4,116,753
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	972,709	0	972,709
56.00	05600	RADIOISOTOPE	0	0	1,307,235	0	1,307,235
57.00	05700	CT SCAN	0	0	1,718,142	0	1,718,142
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	642,534	0	642,534
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,887,950	0	2,887,950
60.00	06000	LABORATORY	0	0	8,797,844	0	8,797,844
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	1,078,164	0	1,078,164
64.00	06400	INTRAVENOUS THERAPY	0	0	1,028,184	0	1,028,184
65.00	06500	RESPIRATORY THERAPY	0	0	1,912,875	0	1,912,875
66.00	06600	PHYSICAL THERAPY	0	0	3,506,968	0	3,506,968
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,837,434	0	1,837,434
68.00	06800	SPEECH PATHOLOGY	0	0	562,232	0	562,232
69.00	06900	ELECTROCARDIOLOGY	0	0	1,533,958	0	1,533,958
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	674,657	0	674,657
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	4,678,088	0	4,678,088
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	4,235,334	0	4,235,334
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	11,615,662	0	11,615,662
74.00	07400	RENAL DIALYSIS	0	0	888,624	0	888,624
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	294,582	0	294,582
76.97	07697	CARDIAC REHABILITATION	0	0	775,776	0	775,776
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	1,822,183	0	1,822,183
91.00	09100	EMERGENCY	0	0	6,721,313	0	6,721,313
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	119,454,669	0	119,454,669
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	53,415	0	53,415
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,078,312	0	1,078,312
194.00	07950	OTHER NONREIMBURSEABLE	0	0	1,355,883	0	1,355,883
194.01	07951	ADVERTISING	0	0	267,976	0	267,976
194.02	07952	RETAIL PHARMACY	0	0	8,364,790	0	8,364,790
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0008

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

Worksheet B
Part I
Date/Time Prepared:
11/23/2021 10:24 am

Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	19.00	24.00	25.00	26.00
202.00 TOTAL (sum lines 118 through 201)	0	0	130,575,045	0	130,575,045	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet B Part II Date/Time Prepared: 11/23/2021 10:24 am
-------------------------------------	--	-----------------------	---	--

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	13,653	374	14,027	14,027 4.00
5.01 00560	PURCHASING RECEIVING AND STORES	0	48,255	1,822	50,077	70 5.01
5.02 00570	ADMINISTRATIVE	0	20,902	78	20,980	206 5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	4,150	0	4,150	0 5.03
5.04 00590	OTHER ADMINISTRATIVE & GENERAL	0	273,898	222,830	496,728	1,421 5.04
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	619,517	115,908	735,425	437 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	9,871	0	9,871	23 8.00
9.00 00900	HOUSEKEEPING	0	38,167	15,461	53,628	470 9.00
10.00 01000	DIETARY	0	62,536	78,117	140,653	269 10.00
11.00 01100	CAFETERIA	0	27,704	33,479	61,183	121 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	13,719	92,378	106,097	381 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0 14.00
15.00 01500	PHARMACY	0	0	0	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	15,127	0	15,127	0 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	434,171	163,961	598,132	3,375 30.00
31.00 03100	INTENSIVE CARE UNIT	0	55,764	162,584	218,348	646 31.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - I/RF	0	73,422	60,805	134,227	418 41.00
43.00 04300	NURSERY	0	13,405	25,558	38,963	92 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	129,362	798,072	927,434	637 50.00
51.00 05100	RECOVERY ROOM	0	42,498	9,061	51,559	259 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	27,837	53,701	81,538	194 52.00
53.00 05300	ANESTHESIOLOGY	0	1,933	102,457	104,390	584 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	48,733	231,811	280,544	419 54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	0	25,348	3,836	29,184	52 55.00
56.00 05600	RADIOISOTOPE	0	9,315	167,424	176,739	92 56.00
57.00 05700	CT SCAN	0	7,328	68,420	75,748	117 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,351	2,246	13,597	54 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	37,925	400,331	438,256	189 59.00
60.00 06000	LABORATORY	0	59,703	138,772	198,475	636 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORAGE, PROCESSING, & TRANS.	0	4,446	18,418	22,864	38 63.00
64.00 06400	INTRAVENOUS THERAPY	0	36,759	12,298	49,057	113 64.00
65.00 06500	RESPIRATORY THERAPY	0	10,366	66,700	77,066	244 65.00
66.00 06600	PHYSICAL THERAPY	0	58,084	29,309	87,393	375 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	16,329	9,046	25,375	182 67.00
68.00 06800	SPEECH PATHOLOGY	0	3,413	9,452	12,865	62 68.00
69.00 06900	ELECTROCARDIOLOGY	0	12,771	285,984	298,755	164 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	29,244	11,410	40,654	58 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	24,085	126,695	150,780	475 73.00
74.00 07400	RENAL DIALYSIS	0	5,087	0	5,087	0 74.00
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	9,617	0	9,617	39 76.00
76.97 07697	CARDIAC REHABILITATION	0	33,527	19,410	52,937	84 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	12,366	4,800	17,166	249 90.00
91.00 09100	EMERGENCY	0	59,528	92,507	152,035	672 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	2,441,216	3,635,515	6,076,731	13,917 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,748	0	6,748	0 190.00
191.00 19100	RESEARCH	0	0	0	0	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	186,521	0	186,521	1 192.00
194.00 07950	OTHER NONREIMBURSEABLE	0	99,954	2,843	102,797	0 194.00
194.01 07951	ADVERTISING	0	8,300	0	8,300	0 194.01
194.02 07952	RETAIL PHARMACY	0	6,482	65,592	72,074	109 194.02
200.00	Cross Foot Adjustments				0	0 200.00

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	2,749,221	3,703,950	6,453,171	14,027	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0008		Period: From 07/01/2020 To 06/30/2021		Worksheet B Part II Date/Time Prepared: 11/23/2021 10:24 am	
Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
			5.01	5.02	5.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES	50,147					5.01
5.02	00570	ADMINISTRATIVE	92	21,278				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	4,150			5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	858	0	0	499,007		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	37	0	0	30,565		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	46	0	0	3,553		8.00
9.00	00900	HOUSEKEEPING	315	0	0	12,479		9.00
10.00	01000	DIETARY	757	0	0	10,396		10.00
11.00	01100	CAFETERIA	324	0	0	1,999		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	8	0	0	10,156		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0		14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	6,347		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,227	3,416	578	86,361	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,525	320	64	17,727	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,142	304	61	13,303	0	41.00
43.00	04300	NURSERY	299	65	13	2,710	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,413	1,795	359	30,915	0	50.00
51.00	05100	RECOVERY ROOM	649	287	57	6,881	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	627	136	27	5,155	0	52.00
53.00	05300	ANESTHESIOLOGY	1,114	284	57	3,366	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	976	733	147	13,969	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	5	299	60	2,991	0	55.00
56.00	05600	RADIOISOTOPE	68	300	60	4,692	0	56.00
57.00	05700	CT SCAN	603	1,182	236	6,049	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	68	322	64	2,125	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,322	849	170	9,523	0	59.00
60.00	06000	LABORATORY	11,884	2,628	526	31,187	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	805	119	24	3,998	0	63.00
64.00	06400	INTRAVENOUS THERAPY	517	140	28	3,219	0	64.00
65.00	06500	RESPIRATORY THERAPY	832	231	46	6,924	0	65.00
66.00	06600	PHYSICAL THERAPY	191	388	78	11,709	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	64	235	47	6,627	0	67.00
68.00	06800	SPEECH PATHOLOGY	21	62	12	2,057	0	68.00
69.00	06900	ELECTROCARDIOLOGY	393	651	130	5,367	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	341	238	48	1,936	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	492	98	17,725	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	285	57	16,097	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	696	2,837	567	42,955	0	73.00
74.00	07400	RENAL DIALYSIS	57	139	28	3,249	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	27	5	939	0	76.00
76.97	07697	CARDIAC REHABILITATION	19	32	6	2,199	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,158	154	31	6,246	0	90.00
91.00	09100	EMERGENCY	4,529	2,328	466	20,787	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	49,982	21,278	4,150	464,483	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	30	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	847	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	1	0	0	969	0	194.00
194.01	07951	ADVERTISING	0	0	0	867	0	194.01
194.02	07952	RETAIL PHARMACY	164	0	0	31,811	0	194.02
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)	50,147	21,278	4,150	499,007	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet B Part II Date/Time Prepared: 11/23/2021 10:24 am				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00560	PURCHASING RECEIVING AND STORES					5.01	
5.02	00570	ADMITTING					5.02	
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03	
5.04	00590	OTHER ADMINISTRATIVE & GENERAL					5.04	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT	766,464				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	4,277	17,770			8.00	
9.00	00900	HOUSEKEEPING	16,538	0	83,430		9.00	
10.00	01000	DIETARY	27,098	0	2,959	182,132	10.00	
11.00	01100	CAFETERIA	12,004	0	967	0	76,598	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,945	0	325	0	4,004	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,555	0	518	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	188,131	13,399	19,685	130,259	26,222	30.00
31.00	03100	INTENSIVE CARE UNIT	24,163	1,341	3,973	5,426	4,004	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	31,815	2,635	4,282	22,018	3,746	41.00
43.00	04300	NURSERY	5,809	395	161	0	646	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	56,054	0	10,482	0	4,263	50.00
51.00	05100	RECOVERY ROOM	18,415	0	403	191	1,679	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,062	0	3,695	4,506	1,292	52.00
53.00	05300	ANESTHESIOLOGY	838	0	0	0	904	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,116	0	3,669	0	3,358	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	10,984	0	1,186	0	258	55.00
56.00	05600	RADIOISOTOPE	4,036	0	230	0	388	56.00
57.00	05700	CT SCAN	3,175	0	0	0	646	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,919	0	161	0	258	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,433	0	2,274	0	904	59.00
60.00	06000	LABORATORY	25,870	0	2,561	0	5,296	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,927	0	0	0	258	63.00
64.00	06400	INTRAVENOUS THERAPY	15,928	0	0	0	904	64.00
65.00	06500	RESPIRATORY THERAPY	4,492	0	495	0	1,679	65.00
66.00	06600	PHYSICAL THERAPY	25,169	0	3,102	0	2,325	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,075	0	0	0	1,163	67.00
68.00	06800	SPEECH PATHOLOGY	1,479	0	0	0	388	68.00
69.00	06900	ELECTROCARDIOLOGY	5,534	0	201	0	1,163	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,672	0	288	0	517	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,437	0	328	0	2,454	73.00
74.00	07400	RENAL DIALYSIS	2,204	0	98	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,167	0	22	0	258	76.00
76.97	07697	CARDIAC REHABILITATION	14,528	0	259	0	517	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,358	0	389	0	1,550	90.00
91.00	09100	EMERGENCY	25,794	0	11,770	1,129	4,908	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	633,001	17,770	74,483	163,529	75,952	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,924	0	363	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	80,822	0	322	0	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	43,311	0	8,038	18,603	0	194.00
194.01	07951	ADVERTISING	3,597	0	86	0	0	194.01
194.02	07952	RETAIL PHARMACY	2,809	0	138	0	646	194.02
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)	766,464	17,770	83,430	182,132	76,598	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet B Part II Date/Time Prepared: 11/23/2021 10:24 am			
Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	126,916				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	28,547	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	66,949	0	0	4,874	30.00
31.00	03100	INTENSIVE CARE UNIT	0	10,176	0	0	424	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	9,404	0	0	403	41.00
43.00	04300	NURSERY	0	1,564	0	0	87	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	10,718	0	0	2,378	50.00
51.00	05100	RECOVERY ROOM	0	4,258	0	0	380	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,279	0	0	181	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	376	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	972	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	397	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	397	56.00
57.00	05700	CT SCAN	0	0	0	0	1,566	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	427	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,458	0	0	1,125	59.00
60.00	06000	LABORATORY	0	0	0	0	3,483	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	158	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	186	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	307	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	514	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	311	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	82	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	863	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	315	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	652	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	378	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,759	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	185	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	36	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,416	0	0	42	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	4,100	0	0	204	90.00
91.00	09100	EMERGENCY	0	12,594	0	0	3,085	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	126,916	0	0	28,547	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	0	0	0	194.00
194.01	07951	ADVERTISING	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	0	194.02
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	126,916	0	0	28,547	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet B Part II Date/Time Prepared: 11/23/2021 10:24 am		
Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			17.00	19.00	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	0				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		0			19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0		1,148,608	0	1,148,608
31.00	03100	INTENSIVE CARE UNIT	0		289,137	0	289,137
40.00	04000	SUBPROVIDER - IPF	0		0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		223,758	0	223,758
43.00	04300	NURSERY	0		50,804	0	50,804
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0		1,054,448	0	1,054,448
51.00	05100	RECOVERY ROOM	0		85,018	0	85,018
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		112,692	0	112,692
53.00	05300	ANESTHESIOLOGY	0		111,913	0	111,913
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		325,903	0	325,903
55.00	05500	RADIOLOGY - THERAPEUTIC	0		45,416	0	45,416
56.00	05600	RADIOISOTOPE	0		187,002	0	187,002
57.00	05700	CT SCAN	0		89,322	0	89,322
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		21,995	0	21,995
59.00	05900	CARDIAC CATHETERIZATION	0		473,503	0	473,503
60.00	06000	LABORATORY	0		282,546	0	282,546
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0		30,191	0	30,191
64.00	06400	INTRAVENOUS THERAPY	0		70,092	0	70,092
65.00	06500	RESPIRATORY THERAPY	0		92,316	0	92,316
66.00	06600	PHYSICAL THERAPY	0		131,244	0	131,244
67.00	06700	OCCUPATIONAL THERAPY	0		41,079	0	41,079
68.00	06800	SPEECH PATHOLOGY	0		17,028	0	17,028
69.00	06900	ELECTROCARDIOLOGY	0		313,221	0	313,221
70.00	07000	ELECTROENCEPHALOGRAPHY	0		57,067	0	57,067
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		18,967	0	18,967
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		16,817	0	16,817
73.00	07300	DRUGS CHARGED TO PATIENTS	0		215,288	0	215,288
74.00	07400	RENAL DIALYSIS	0		11,047	0	11,047
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		15,110	0	15,110
76.97	07697	CARDIAC REHABILITATION	0		72,039	0	72,039
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0		36,605	0	36,605
91.00	09100	EMERGENCY	0		240,097	0	240,097
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0		0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	5,880,273	0	5,880,273
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		10,065	0	10,065
191.00	19100	RESEARCH	0		0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		268,513	0	268,513
194.00	07950	OTHER NONREIMBURSEABLE	0		173,719	0	173,719
194.01	07951	ADVERTISING	0		12,850	0	12,850
194.02	07952	RETAIL PHARMACY	0		107,751	0	107,751
200.00		Cross Foot Adjustments		0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0008		Period: From 07/01/2020 To 06/30/2021		Worksheet B Part II Date/Time Prepared: 11/23/2021 10:24 am	
Cost Center Description		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
202.00	TOTAL (sum lines 118 through 201)	17.00	19.00	24.00	25.00	26.00	
		0	0	6,453,171	0	6,453,171	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0008

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 10:24 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COSTED REQ)	ADMITTING (GROSS REVENUE)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	455,095				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		9,473,046			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,260	957	54,276,146		4.00
5.01 00560	PURCHASING RECEIVING AND STORES	7,988	4,661	272,282	162,073	5.01
5.02 00570	ADMITTING	3,460	200	798,571	296	537,218,876 5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	687	0	0	0	0 5.03
5.04 00590	OTHER ADMINISTRATIVE & GENERAL	45,340	569,898	5,508,712	2,772	0 5.04
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	102,552	296,440	1,694,568	118	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,634	0	89,577	148	0 8.00
9.00 00900	HOUSEKEEPING	6,318	39,542	1,821,931	1,017	0 9.00
10.00 01000	DIETARY	10,352	199,787	1,043,157	2,445	0 10.00
11.00 01100	CAFETERIA	4,586	85,623	467,556	1,048	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	2,271	236,261	1,476,584	27	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0 14.00
15.00 01500	PHARMACY	0	0	0	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,504	0	0	0	0 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	71,871	419,338	12,987,446	23,356	90,615,169 30.00
31.00 03100	INTENSIVE CARE UNIT	9,231	415,818	2,502,200	8,160	7,997,678 31.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - I/RF	12,154	155,511	1,620,096	3,691	7,608,701 41.00
43.00 04300	NURSERY	2,219	65,365	358,103	965	1,636,588 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	21,414	2,041,121	2,468,250	30,422	44,866,892 50.00
51.00 05100	RECOVERY ROOM	7,035	23,175	1,004,466	2,097	7,167,269 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,608	137,342	750,614	2,027	3,411,036 52.00
53.00 05300	ANESTHESIOLOGY	320	262,038	2,262,251	3,601	7,102,995 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,067	592,868	1,622,771	3,154	18,334,946 54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	4,196	9,812	201,708	15	7,481,504 55.00
56.00 05600	RADIOISOTOPE	1,542	428,196	356,461	221	7,494,510 56.00
57.00 05700	CT SCAN	1,213	174,988	454,582	1,949	29,555,240 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,879	5,743	208,260	219	8,047,602 58.00
59.00 05900	CARDIAC CATHETERIZATION	6,278	1,023,866	731,235	4,273	21,234,976 59.00
60.00 06000	LABORATORY	9,883	354,916	2,466,559	38,418	65,710,520 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	736	47,105	148,690	2,602	2,981,072 63.00
64.00 06400	INTRAVENOUS THERAPY	6,085	31,454	437,305	1,672	3,504,954 64.00
65.00 06500	RESPIRATORY THERAPY	1,716	170,589	945,838	2,690	5,784,995 65.00
66.00 06600	PHYSICAL THERAPY	9,615	74,958	1,451,815	617	9,701,943 66.00
67.00 06700	OCCUPATIONAL THERAPY	2,703	23,136	707,309	208	5,864,624 67.00
68.00 06800	SPEECH PATHOLOGY	565	24,173	241,577	67	1,544,571 68.00
69.00 06900	ELECTROCARDIOLOGY	2,114	731,418	633,995	1,269	16,278,152 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	4,841	29,182	225,330	1,101	5,940,723 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	12,301,035 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,131,474 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	3,987	324,030	1,840,787	2,248	70,924,116 73.00
74.00 07400	RENAL DIALYSIS	842	0	0	185	3,482,807 74.00
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,592	0	150,622	0	673,446 76.00
76.97 07697	CARDIAC REHABILITATION	5,550	49,641	327,494	61	791,913 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	2,047	12,275	966,147	3,741	3,845,671 90.00
91.00 09100	EMERGENCY	9,854	236,592	2,606,015	14,638	58,201,754 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	404,109	9,298,019	53,850,864	161,538	537,218,876 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,117	0	0	0	0 190.00
191.00 19100	RESEARCH	0	0	0	0	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	30,876	0	3,200	0	0 192.00
194.00 07950	OTHER NONREIMBURSEABLE	16,546	7,272	0	3	0 194.00
194.01 07951	ADVERTISING	1,374	0	0	1	0 194.01
194.02 07952	RETAIL PHARMACY	1,073	167,755	422,082	531	0 194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0008

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 10:24 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COSTED REQ)	ADMITTING (GROSS REVENUE)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	2,749,221	3,703,950	9,353,586	397,169	1,087,498	202.00
203.00	6.040983	0.390999	0.172333	2.450556	0.002024	203.00
204.00			14,027	50,147	21,278	204.00
205.00			0.000258	0.309410	0.000040	205.00
206.00						206.00
207.00						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0008

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 10:24 am

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5A.04	5.04	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMINISTRATIVE						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	537,218,876					5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	0	-19,905,090	110,669,955			5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	0	0	6,778,557	0	292,808	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	788,014	0	1,634	8.00
9.00	00900	HOUSEKEEPING	0	0	2,767,679	0	6,318	9.00
10.00	01000	DIETARY	0	0	2,305,616	0	10,352	10.00
11.00	01100	CAFETERIA	0	0	443,433	0	4,586	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,252,345	0	2,271	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,407,662	0	2,504	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	90,615,169	0	19,153,944	0	71,871	30.00
31.00	03100	INTENSIVE CARE UNIT	7,997,678	0	3,931,362	0	9,231	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	7,608,701	0	2,950,258	0	12,154	41.00
43.00	04300	NURSERY	1,636,588	0	601,046	0	2,219	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,866,892	0	6,856,221	0	21,414	50.00
51.00	05100	RECOVERY ROOM	7,167,269	0	1,526,053	0	7,035	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,411,036	0	1,143,221	0	4,608	52.00
53.00	05300	ANESTHESIOLOGY	7,102,995	0	746,429	0	320	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,334,946	0	3,098,052	0	8,067	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	7,481,504	0	663,244	0	4,196	55.00
56.00	05600	RADIOISOTOPE	7,494,510	0	1,040,566	0	1,542	56.00
57.00	05700	CT SCAN	29,555,240	0	1,341,587	0	1,213	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,047,602	0	471,261	0	1,879	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,234,976	0	2,111,973	0	6,278	59.00
60.00	06000	LABORATORY	65,710,520	0	6,916,591	0	9,883	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,981,072	0	886,567	0	736	63.00
64.00	06400	INTRAVENOUS THERAPY	3,504,954	0	714,009	0	6,085	64.00
65.00	06500	RESPIRATORY THERAPY	5,784,995	0	1,535,490	0	1,716	65.00
66.00	06600	PHYSICAL THERAPY	9,701,943	0	2,596,905	0	9,615	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,864,624	0	1,469,704	0	2,703	67.00
68.00	06800	SPEECH PATHOLOGY	1,544,571	0	456,227	0	565	68.00
69.00	06900	ELECTROCARDIOLOGY	16,278,152	0	1,190,326	0	2,114	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,940,723	0	429,344	0	4,841	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,301,035	0	3,930,974	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,131,474	0	3,569,994	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	70,924,116	0	9,526,593	0	3,987	73.00
74.00	07400	RENAL DIALYSIS	3,482,807	0	720,631	0	842	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	673,446	0	208,239	0	1,592	76.00
76.97	07697	CARDIAC REHABILITATION	791,913	0	487,677	0	5,550	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,845,671	0	1,385,210	0	2,047	90.00
91.00	09100	EMERGENCY	58,201,754	0	4,610,058	0	9,854	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	537,218,876	-19,905,090	103,013,062	0	241,822	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	6,748	0	1,117	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	187,889	0	30,876	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	214,892	0	16,546	194.00
194.01	07951	ADVERTISING	0	0	192,302	0	1,374	194.01
194.02	07952	RETAIL PHARMACY	0	0	7,055,062	0	1,073	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0008

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 10:24 am

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5A.04	5.04	6.00	7.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,645,132		19,905,090	0	7,997,748	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.003062		0.179860	0.000000	27.313967	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,150		499,007	0	766,464	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000008		0.004509	0.000000	2.617633	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: 15-0008

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 10:24 am

Cost Center Description		LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (HOUSEKEEP HOURS)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	36,235				8.00
9.00	00900	HOUSEKEEPING	0	289,893			9.00
10.00	01000	DIETARY	0	10,280	135,363		10.00
11.00	01100	CAFETERIA	0	3,360	0	593	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,130	0	31	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,800	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,321	68,400	96,810	203	30.00
31.00	03100	INTENSIVE CARE UNIT	2,735	13,804	4,033	31	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	5,374	14,880	16,364	29	41.00
43.00	04300	NURSERY	805	560	0	5	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	36,420	0	33	50.00
51.00	05100	RECOVERY ROOM	0	1,400	142	13	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,840	3,349	10	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,750	0	26	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	4,120	0	2	55.00
56.00	05600	RADIOISOTOPE	0	800	0	3	56.00
57.00	05700	CT SCAN	0	0	0	5	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	560	0	2	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,900	0	7	59.00
60.00	06000	LABORATORY	0	8,900	0	41	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	2	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	7	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,720	0	13	65.00
66.00	06600	PHYSICAL THERAPY	0	10,780	0	18	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	9	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3	68.00
69.00	06900	ELECTROCARDIOLOGY	0	700	0	9	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,000	0	4	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,140	0	19	73.00
74.00	07400	RENAL DIALYSIS	0	340	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	75	0	2	76.00
76.97	07697	CARDIAC REHABILITATION	0	900	0	4	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,350	0	12	90.00
91.00	09100	EMERGENCY	0	40,896	839	38	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,235	258,805	121,537	588	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,260	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,120	0	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	27,928	13,826	0	194.00
194.01	07951	ADVERTISING	0	300	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	480	0	5	194.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0008

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 10:24 am

Cost Center Description		LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (HOUSEKEEP HOURS)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	974,377	3,438,044	3,124,976	688,300	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	26.890493	11.859700	23.085895	1,160.708263	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	17,770	83,430	182,132	76,598	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.490410	0.287796	1.345508	129.170320	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: 15-0008

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 10:24 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	800,988					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0				14.00
15.00	01500	PHARMACY	0	0	0			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	537,218,876		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	422,522	0	0	90,615,169	0	30.00
31.00	03100	INTENSIVE CARE UNIT	64,222	0	0	7,997,678	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	59,351	0	0	7,608,701	0	41.00
43.00	04300	NURSERY	9,873	0	0	1,636,588	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	67,643	0	0	44,866,892	0	50.00
51.00	05100	RECOVERY ROOM	26,874	0	0	7,167,269	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,694	0	0	3,411,036	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,102,995	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	18,334,946	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	7,481,504	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	7,494,510	0	56.00
57.00	05700	CT SCAN	0	0	0	29,555,240	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	8,047,602	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,511	0	0	21,234,976	0	59.00
60.00	06000	LABORATORY	0	0	0	65,710,520	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	2,981,072	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	3,504,954	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,784,995	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,701,943	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,864,624	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,544,571	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	16,278,152	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,940,723	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,301,035	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,131,474	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	70,924,116	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,482,807	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	673,446	0	76.00
76.97	07697	CARDIAC REHABILITATION	8,937	0	0	791,913	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	25,875	0	0	3,845,671	0	90.00
91.00	09100	EMERGENCY	79,486	0	0	58,201,754	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	800,988	0	0	537,218,876	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSEABLE	0	0	0	0	0	194.00
194.01	07951	ADVERTISING	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0008

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

Worksheet B-1

Date/Time Prepared:
11/23/2021 10:24 am

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	
		(DIRECT NURSING HRS)	(COSTED REQUIS.)				
202.00	Cost to be allocated (per Wkst. B, Part I)	2,768,865	0	0	1,750,585	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3.456812	0.000000	0.000000	0.003259	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	126,916	0	0	28,547	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.158449	0.000000	0.000000	0.000053	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: 15-0008

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

Worksheet B-1
Date/Time Prepared:
11/23/2021 10:24 am

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	5.01
5.02	00570	ADMINISTRATIVE	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.03
5.04	00590	OTHER ADMINISTRATIVE & GENERAL	5.04
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - I/PF	40.00
41.00	04100	SUBPROVIDER - I/RF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	OTHER NONREIMBURSEABLE	194.00
194.01	07951	ADVERTISING	194.01
194.02	07952	RETAIL PHARMACY	194.02
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0008

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

Worksheet B-1
Date/Time Prepared:
11/23/2021 10:24 am

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	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

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/23/2021 10:24 am
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		30,334,175	0	30,334,175	30.00
31.00	03100 INTENSIVE CARE UNIT		5,505,002	382	5,505,384	31.00
40.00	04000 SUBPROVIDER - I/PF		0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RP		4,775,248	0	4,775,248	41.00
43.00	04300 NURSERY		843,315	0	843,315	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		9,524,565	0	9,524,565	50.00
51.00	05100 RECOVERY ROOM		2,143,910	0	2,143,910	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,798,557	0	1,798,557	52.00
53.00	05300 ANESTHESIOLOGY		920,696	0	920,696	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,116,753	15,448	4,132,201	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC		972,709	0	972,709	55.00
56.00	05600 RADIOISOTOPE		1,307,235	0	1,307,235	56.00
57.00	05700 CT SCAN		1,718,142	0	1,718,142	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		642,534	0	642,534	58.00
59.00	05900 CARDIAC CATHETERIZATION		2,887,950	14,076	2,902,026	59.00
60.00	06000 LABORATORY		8,797,844	10,979	8,808,823	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.		1,078,164	0	1,078,164	63.00
64.00	06400 INTRAVENOUS THERAPY		1,028,184	0	1,028,184	64.00
65.00	06500 RESPIRATORY THERAPY	0	1,912,875	0	1,912,875	65.00
66.00	06600 PHYSICAL THERAPY	0	3,506,968	0	3,506,968	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,837,434	0	1,837,434	67.00
68.00	06800 SPEECH PATHOLOGY	0	562,232	0	562,232	68.00
69.00	06900 ELECTROCARDIOLOGY		1,533,958	0	1,533,958	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		674,657	0	674,657	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		4,678,088	0	4,678,088	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		4,235,334	0	4,235,334	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		11,615,662	0	11,615,662	73.00
74.00	07400 RENAL DIALYSIS		888,624	0	888,624	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		294,582	0	294,582	76.00
76.97	07697 CARDIAC REHABILITATION		775,776	0	775,776	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		1,822,183	0	1,822,183	90.00
91.00	09100 EMERGENCY		6,721,313	0	6,721,313	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		4,073,523	0	4,073,523	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00
200.00	Subtotal (see instructions)		123,528,192	40,885	123,569,077	200.00
201.00	Less Observation Beds		4,073,523		4,073,523	201.00
202.00	Total (see instructions)		119,454,669	40,885	119,495,554	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0008		Period: From 07/01/2020 To 06/30/2021		Worksheet C Part I Date/Time Prepared: 11/23/2021 10:24 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	78,783,475		78,783,475				30.00
31.00	03100	INTENSIVE CARE UNIT	7,997,678		7,997,678				31.00
40.00	04000	SUBPROVIDER - IPF	0		0				40.00
41.00	04100	SUBPROVIDER - IRF	7,608,701		7,608,701				41.00
43.00	04300	NURSERY	1,636,588		1,636,588				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	15,033,513	29,833,379	44,866,892	0.212285	0.000000		50.00
51.00	05100	RECOVERY ROOM	978,693	6,188,576	7,167,269	0.299125	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,729,721	681,315	3,411,036	0.527276	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	2,000,147	5,102,848	7,102,995	0.129621	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,171,988	15,162,958	18,334,946	0.224530	0.000000		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	7,481,504	7,481,504	0.130015	0.000000		55.00
56.00	05600	RADIOISOTOPE	1,629,606	5,864,904	7,494,510	0.174426	0.000000		56.00
57.00	05700	CT SCAN	8,168,275	21,386,965	29,555,240	0.058133	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,075,372	5,972,230	8,047,602	0.079842	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	9,793,323	11,441,653	21,234,976	0.136000	0.000000		59.00
60.00	06000	LABORATORY	22,389,039	43,321,481	65,710,520	0.133888	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,930,481	1,050,591	2,981,072	0.361670	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	4,446	3,500,508	3,504,954	0.293352	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	4,867,104	917,891	5,784,995	0.330661	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	4,184,808	5,517,135	9,701,943	0.361471	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	4,434,298	1,430,326	5,864,624	0.313308	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	862,726	681,845	1,544,571	0.364005	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	4,907,802	11,370,350	16,278,152	0.094234	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	306,304	5,634,419	5,940,723	0.113565	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,318,289	5,982,746	12,301,035	0.380300	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,311,865	3,819,609	7,131,474	0.593893	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,793,209	41,130,907	70,924,116	0.163776	0.000000		73.00
74.00	07400	RENAL DIALYSIS	3,170,068	312,739	3,482,807	0.255146	0.000000		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,131	672,315	673,446	0.437425	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	154,782	637,131	791,913	0.979623	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	759,072	3,086,599	3,845,671	0.473827	0.000000		90.00
91.00	09100	EMERGENCY	15,425,818	42,775,936	58,201,754	0.115483	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,624,064	9,207,630	11,831,694	0.344289	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
200.00		Subtotal (see instructions)	247,052,386	290,166,490	537,218,876				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	247,052,386	290,166,490	537,218,876				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/23/2021 10:24 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
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
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.212285		50.00
51.00	05100	RECOVERY ROOM	0.299125		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.527276		52.00
53.00	05300	ANESTHESIOLOGY	0.129621		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.225373		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.130015		55.00
56.00	05600	RADIOISOTOPE	0.174426		56.00
57.00	05700	CT SCAN	0.058133		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.079842		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.136663		59.00
60.00	06000	LABORATORY	0.134055		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.361670		63.00
64.00	06400	INTRAVENOUS THERAPY	0.293352		64.00
65.00	06500	RESPIRATORY THERAPY	0.330661		65.00
66.00	06600	PHYSICAL THERAPY	0.361471		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.313308		67.00
68.00	06800	SPEECH PATHOLOGY	0.364005		68.00
69.00	06900	ELECTROCARDIOLOGY	0.094234		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.113565		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.380300		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.593893		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.163776		73.00
74.00	07400	RENAL DIALYSIS	0.255146		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.437425		76.00
76.97	07697	CARDIAC REHABILITATION	0.979623		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.473827		90.00
91.00	09100	EMERGENCY	0.115483		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.344289		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
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: 15-0008

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

Worksheet C
Part I
Date/Time Prepared:
11/23/2021 10:24 am

		Title XIX		Hospital		PPS
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	Total Costs
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	30,334,175		30,334,175	0	30,334,175
31.00	03100 INTENSIVE CARE UNIT	5,505,002		5,505,002	382	5,505,384
40.00	04000 SUBPROVIDER - I/PF	0		0	0	0
41.00	04100 SUBPROVIDER - I/RP	4,775,248		4,775,248	0	4,775,248
43.00	04300 NURSERY	843,315		843,315	0	843,315
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	9,524,565		9,524,565	0	9,524,565
51.00	05100 RECOVERY ROOM	2,143,910		2,143,910	0	2,143,910
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,798,557		1,798,557	0	1,798,557
53.00	05300 ANESTHESIOLOGY	920,696		920,696	0	920,696
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,116,753		4,116,753	15,448	4,132,201
55.00	05500 RADIOLOGY - THERAPEUTIC	972,709		972,709	0	972,709
56.00	05600 RADIOISOTOPE	1,307,235		1,307,235	0	1,307,235
57.00	05700 CT SCAN	1,718,142		1,718,142	0	1,718,142
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	642,534		642,534	0	642,534
59.00	05900 CARDIAC CATHETERIZATION	2,887,950		2,887,950	14,076	2,902,026
60.00	06000 LABORATORY	8,797,844		8,797,844	10,979	8,808,823
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1,078,164		1,078,164	0	1,078,164
64.00	06400 INTRAVENOUS THERAPY	1,028,184		1,028,184	0	1,028,184
65.00	06500 RESPIRATORY THERAPY	1,912,875	0	1,912,875	0	1,912,875
66.00	06600 PHYSICAL THERAPY	3,506,968	0	3,506,968	0	3,506,968
67.00	06700 OCCUPATIONAL THERAPY	1,837,434	0	1,837,434	0	1,837,434
68.00	06800 SPEECH PATHOLOGY	562,232	0	562,232	0	562,232
69.00	06900 ELECTROCARDIOLOGY	1,533,958		1,533,958	0	1,533,958
70.00	07000 ELECTROENCEPHALOGRAPHY	674,657		674,657	0	674,657
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	4,678,088		4,678,088	0	4,678,088
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,235,334		4,235,334	0	4,235,334
73.00	07300 DRUGS CHARGED TO PATIENTS	11,615,662		11,615,662	0	11,615,662
74.00	07400 RENAL DIALYSIS	888,624		888,624	0	888,624
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	294,582		294,582	0	294,582
76.97	07697 CARDIAC REHABILITATION	775,776		775,776	0	775,776
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	1,822,183		1,822,183	0	1,822,183
91.00	09100 EMERGENCY	6,721,313		6,721,313	0	6,721,313
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4,073,523		4,073,523	0	4,073,523
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	0		0	0	0
200.00	Subtotal (see instructions)	123,528,192	0	123,528,192	40,885	123,569,077
201.00	Less Observation Beds	4,073,523		4,073,523		4,073,523
202.00	Total (see instructions)	119,454,669	0	119,454,669	40,885	119,495,554

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0008		Period: From 07/01/2020 To 06/30/2021		Worksheet C Part I Date/Time Prepared: 11/23/2021 10:24 am	
			Title XIX		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	78,783,475		78,783,475			30.00
31.00	03100	INTENSIVE CARE UNIT	7,997,678		7,997,678			31.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	7,608,701		7,608,701			41.00
43.00	04300	NURSERY	1,636,588		1,636,588			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,033,513	29,833,379	44,866,892	0.212285	0.000000	50.00
51.00	05100	RECOVERY ROOM	978,693	6,188,576	7,167,269	0.299125	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,729,721	681,315	3,411,036	0.527276	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,000,147	5,102,848	7,102,995	0.129621	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,171,988	15,162,958	18,334,946	0.224530	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	7,481,504	7,481,504	0.130015	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,629,606	5,864,904	7,494,510	0.174426	0.000000	56.00
57.00	05700	CT SCAN	8,168,275	21,386,965	29,555,240	0.058133	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,075,372	5,972,230	8,047,602	0.079842	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,793,323	11,441,653	21,234,976	0.136000	0.000000	59.00
60.00	06000	LABORATORY	22,389,039	43,321,481	65,710,520	0.133888	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,930,481	1,050,591	2,981,072	0.361670	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	4,446	3,500,508	3,504,954	0.293352	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	4,867,104	917,891	5,784,995	0.330661	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,184,808	5,517,135	9,701,943	0.361471	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,434,298	1,430,326	5,864,624	0.313308	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	862,726	681,845	1,544,571	0.364005	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,907,802	11,370,350	16,278,152	0.094234	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	306,304	5,634,419	5,940,723	0.113565	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,318,289	5,982,746	12,301,035	0.380300	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,311,865	3,819,609	7,131,474	0.593893	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,793,209	41,130,907	70,924,116	0.163776	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,170,068	312,739	3,482,807	0.255146	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,131	672,315	673,446	0.437425	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	154,782	637,131	791,913	0.979623	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	759,072	3,086,599	3,845,671	0.473827	0.000000	90.00
91.00	09100	EMERGENCY	15,425,818	42,775,936	58,201,754	0.115483	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,624,064	9,207,630	11,831,694	0.344289	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
200.00		Subtotal (see instructions)	247,052,386	290,166,490	537,218,876			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	247,052,386	290,166,490	537,218,876			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/23/2021 10:24 am
		Title XIX	Hospital	PPS

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
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.212285		50.00
51.00	05100 RECOVERY ROOM	0.299125		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.527276		52.00
53.00	05300 ANESTHESIOLOGY	0.129621		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.225373		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.130015		55.00
56.00	05600 RADIOISOTOPE	0.174426		56.00
57.00	05700 CT SCAN	0.058133		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.079842		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.136663		59.00
60.00	06000 LABORATORY	0.134055		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.361670		63.00
64.00	06400 INTRAVENOUS THERAPY	0.293352		64.00
65.00	06500 RESPIRATORY THERAPY	0.330661		65.00
66.00	06600 PHYSICAL THERAPY	0.361471		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.313308		67.00
68.00	06800 SPEECH PATHOLOGY	0.364005		68.00
69.00	06900 ELECTROCARDIOLOGY	0.094234		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.113565		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.380300		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.593893		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.163776		73.00
74.00	07400 RENAL DIALYSIS	0.255146		74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.437425		76.00
76.97	07697 CARDIAC REHABILITATION	0.979623		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.473827		90.00
91.00	09100 EMERGENCY	0.115483		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.344289		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY			101.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 15-0008

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

Worksheet C Part II Date/Time Prepared: 11/23/2021 10:24 am

Cost Center Description		Title XIX			Hospital	PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	9,524,565	1,054,448	8,470,117	0	0	50.00
51.00	05100 RECOVERY ROOM	2,143,910	85,018	2,058,892	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,798,557	112,692	1,685,865	0	0	52.00
53.00	05300 ANESTHESIOLOGY	920,696	111,913	808,783	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,116,753	325,903	3,790,850	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	972,709	45,416	927,293	0	0	55.00
56.00	05600 RADIOISOTOPE	1,307,235	187,002	1,120,233	0	0	56.00
57.00	05700 CT SCAN	1,718,142	89,322	1,628,820	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	642,534	21,995	620,539	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,887,950	473,503	2,414,447	0	0	59.00
60.00	06000 LABORATORY	8,797,844	282,546	8,515,298	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1,078,164	30,191	1,047,973	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	1,028,184	70,092	958,092	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	1,912,875	92,316	1,820,559	0	0	65.00
66.00	06600 PHYSICAL THERAPY	3,506,968	131,244	3,375,724	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,837,434	41,079	1,796,355	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	562,232	17,028	545,204	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,533,958	313,221	1,220,737	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	674,657	57,067	617,590	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	4,678,088	18,967	4,659,121	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,235,334	16,817	4,218,517	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,615,662	215,288	11,400,374	0	0	73.00
74.00	07400 RENAL DIALYSIS	888,624	11,047	877,577	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	294,582	15,110	279,472	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	775,776	72,039	703,737	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,822,183	36,605	1,785,578	0	0	90.00
91.00	09100 EMERGENCY	6,721,313	240,097	6,481,216	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4,073,523	154,244	3,919,279	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
200.00	Subtotal (sum of lines 50 thru 199)	82,070,452	4,322,210	77,748,242	0	0	200.00
201.00	Less Observation Beds	4,073,523	154,244	3,919,279	0	0	201.00
202.00	Total (line 200 minus line 201)	77,996,929	4,167,966	73,828,963	0	0	202.00

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

Provider CCN: 15-0008

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

Worksheet C Part II Date/Time Prepared: 11/23/2021 10:24 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Title XIX	
					Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	9,524,565	44,866,892	0.212285		50.00
51.00	05100 RECOVERY ROOM	2,143,910	7,167,269	0.299125		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,798,557	3,411,036	0.527276		52.00
53.00	05300 ANESTHESIOLOGY	920,696	7,102,995	0.129621		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,116,753	18,334,946	0.224530		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	972,709	7,481,504	0.130015		55.00
56.00	05600 RADIOISOTOPE	1,307,235	7,494,510	0.174426		56.00
57.00	05700 CT SCAN	1,718,142	29,555,240	0.058133		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	642,534	8,047,602	0.079842		58.00
59.00	05900 CARDIAC CATHETERIZATION	2,887,950	21,234,976	0.136000		59.00
60.00	06000 LABORATORY	8,797,844	65,710,520	0.133888		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1,078,164	2,981,072	0.361670		63.00
64.00	06400 INTRAVENOUS THERAPY	1,028,184	3,504,954	0.293352		64.00
65.00	06500 RESPIRATORY THERAPY	1,912,875	5,784,995	0.330661		65.00
66.00	06600 PHYSICAL THERAPY	3,506,968	9,701,943	0.361471		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,837,434	5,864,624	0.313308		67.00
68.00	06800 SPEECH PATHOLOGY	562,232	1,544,571	0.364005		68.00
69.00	06900 ELECTROCARDIOLOGY	1,533,958	16,278,152	0.094234		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	674,657	5,940,723	0.113565		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	4,678,088	12,301,035	0.380300		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,235,334	7,131,474	0.593893		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,615,662	70,924,116	0.163776		73.00
74.00	07400 RENAL DIALYSIS	888,624	3,482,807	0.255146		74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	294,582	673,446	0.437425		76.00
76.97	07697 CARDIAC REHABILITATION	775,776	791,913	0.979623		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	1,822,183	3,845,671	0.473827		90.00
91.00	09100 EMERGENCY	6,721,313	58,201,754	0.115483		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4,073,523	11,831,694	0.344289		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000		101.00
200.00	Subtotal (sum of lines 50 thru 199)	82,070,452	441,192,434			200.00
201.00	Less Observation Beds	4,073,523	0			201.00
202.00	Total (line 200 minus line 201)	77,996,929	441,192,434			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part I Date/Time Prepared: 11/23/2021 10:24 am
--	-----------------------	---	---

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	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,148,608	0	1,148,608	31,559	36.40	30.00
31.00	INTENSIVE CARE UNIT	289,137		289,137	2,735	105.72	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	223,758	0	223,758	5,374	41.64	41.00
43.00	NURSERY	50,804		50,804	805	63.11	43.00
200.00	Total (lines 30 through 199)	1,712,307		1,712,307	40,473		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	6,628	241,259				
31.00	INTENSIVE CARE UNIT	758	80,136				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	2,855	118,882				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	10,241	440,277				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 11/23/2021 10:24 am
--	--	-----------------------	---	--

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,054,448	44,866,892	0.023502	3,833,360	90,092	50.00
51.00	05100	RECOVERY ROOM	85,018	7,167,269	0.011862	206,316	2,447	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	112,692	3,411,036	0.033037	14,493	479	52.00
53.00	05300	ANESTHESIOLOGY	111,913	7,102,995	0.015756	479,965	7,562	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	325,903	18,334,946	0.017775	915,887	16,280	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	45,416	7,481,504	0.006070	0	0	55.00
56.00	05600	RADIOISOTOPE	187,002	7,494,510	0.024952	575,714	14,365	56.00
57.00	05700	CT SCAN	89,322	29,555,240	0.003022	2,169,285	6,556	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	21,995	8,047,602	0.002733	588,593	1,609	58.00
59.00	05900	CARDIAC CATHETERIZATION	473,503	21,234,976	0.022298	2,762,064	61,589	59.00
60.00	06000	LABORATORY	282,546	65,710,520	0.004300	5,643,121	24,265	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	30,191	2,981,072	0.010128	443,026	4,487	63.00
64.00	06400	INTRAVENOUS THERAPY	70,092	3,504,954	0.019998	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	92,316	5,784,995	0.015958	1,223,876	19,531	65.00
66.00	06600	PHYSICAL THERAPY	131,244	9,701,943	0.013528	602,034	8,144	66.00
67.00	06700	OCCUPATIONAL THERAPY	41,079	5,864,624	0.007005	591,530	4,144	67.00
68.00	06800	SPEECH PATHOLOGY	17,028	1,544,571	0.011024	157,789	1,739	68.00
69.00	06900	ELECTROCARDIOLOGY	313,221	16,278,152	0.019242	1,623,021	31,230	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	57,067	5,940,723	0.009606	88,166	847	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,967	12,301,035	0.001542	1,629,229	2,512	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,817	7,131,474	0.002358	864,758	2,039	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	215,288	70,924,116	0.003035	7,120,123	21,610	73.00
74.00	07400	RENAL DIALYSIS	11,047	3,482,807	0.003172	1,071,360	3,398	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	15,110	673,446	0.022437	579	13	76.00
76.97	07697	CARDIAC REHABILITATION	72,039	791,913	0.090968	39,527	3,596	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	36,605	3,845,671	0.009518	129,038	1,228	90.00
91.00	09100	EMERGENCY	240,097	58,201,754	0.004125	3,990,327	16,460	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	154,244	11,831,694	0.013037	854,876	11,145	92.00
200.00		Total (lines 50 through 199)	4,322,210	441,192,434		37,618,057	357,367	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part III Date/Time Prepared: 11/23/2021 10:24 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	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00

Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col.s. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	31,559	0.00	6,628	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	2,735	0.00	758	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	5,374	0.00	2,855	41.00
43.00	04300	NURSERY	0	0	805	0.00	0	43.00
200.00		Total (lines 30 through 199)	0	0	40,473		10,241	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
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: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/23/2021 10:24 am
--	-----------------------	---	--

Cost Center Description	Title XVIII				Hospital		PPS
	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	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/23/2021 10:24 am
--	-----------------------	---	--

Cost Center Description	Title XVIII			Hospital	PPS			
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	44,866,892	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	7,167,269	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,411,036	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,102,995	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	18,334,946	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	7,481,504	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	7,494,510	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	29,555,240	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	8,047,602	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	21,234,976	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	65,710,520	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	2,981,072	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	3,504,954	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,784,995	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,701,943	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,864,624	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,544,571	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	16,278,152	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,940,723	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,301,035	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,131,474	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	70,924,116	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,482,807	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	673,446	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	791,913	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	3,845,671	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	58,201,754	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	11,831,694	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	441,192,434		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0008

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

Worksheet D
Part IV
Date/Time Prepared:
11/23/2021 10:24 am

Cost Center Description		Title XVIII				Hospital		
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS	
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	3,833,360	0	5,029,759	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	206,316	0	880,601	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	14,493	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	479,965	0	673,323	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	915,887	0	1,521,244	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	2,933,650	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	575,714	0	1,341,058	0	56.00
57.00	05700	CT SCAN	0.000000	2,169,285	0	3,417,695	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	588,593	0	1,025,316	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	2,762,064	0	3,498,966	0	59.00
60.00	06000	LABORATORY	0.000000	5,643,121	0	2,899,618	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	443,026	0	94,718	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	1,374,084	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,223,876	0	185,814	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	602,034	0	26,359	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	591,530	0	18,486	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	157,789	0	49,904	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,623,021	0	2,582,922	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	88,166	0	678,488	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,629,229	0	1,447,873	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	864,758	0	964,407	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	7,120,123	0	12,619,609	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,071,360	0	161,456	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	579	0	118,399	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	39,527	0	157,163	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	129,038	0	585,672	0	90.00
91.00	09100	EMERGENCY	0.000000	3,990,327	0	4,345,101	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	854,876	0	1,541,034	0	92.00
200.00		Total (lines 50 through 199)		37,618,057	0	50,172,719	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/23/2021 10:24 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.212285	5,029,759	0	31,086	1,067,742	50.00
51.00	05100 RECOVERY ROOM	0.299125	880,601	0	0	263,410	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.527276	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.129621	673,323	0	0	87,277	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.224530	1,521,244	0	0	341,565	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.130015	2,933,650	0	0	381,419	55.00
56.00	05600 RADIOISOTOPE	0.174426	1,341,058	0	0	233,915	56.00
57.00	05700 CT SCAN	0.058133	3,417,695	0	0	198,681	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.079842	1,025,316	0	0	81,863	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.136000	3,498,966	0	0	475,859	59.00
60.00	06000 LABORATORY	0.133888	2,899,618	0	0	388,224	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.361670	94,718	0	0	34,257	63.00
64.00	06400 INTRAVENOUS THERAPY	0.293352	1,374,084	0	0	403,090	64.00
65.00	06500 RESPIRATORY THERAPY	0.330661	185,814	0	0	61,441	65.00
66.00	06600 PHYSICAL THERAPY	0.361471	26,359	0	0	9,528	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.313308	18,486	0	0	5,792	67.00
68.00	06800 SPEECH PATHOLOGY	0.364005	49,904	0	0	18,165	68.00
69.00	06900 ELECTROCARDIOLOGY	0.094234	2,582,922	0	0	243,399	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.113565	678,488	0	0	77,052	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.380300	1,447,873	0	0	550,626	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.593893	964,407	0	0	572,755	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.163776	12,619,609	0	17,402	2,066,789	73.00
74.00	07400 RENAL DIALYSIS	0.255146	161,456	0	0	41,195	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.437425	118,399	0	0	51,791	76.00
76.97	07697 CARDIAC REHABILITATION	0.979623	157,163	0	0	153,960	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.473827	585,672	0	0	277,507	90.00
91.00	09100 EMERGENCY	0.115483	4,345,101	0	0	501,785	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.344289	1,541,034	0	0	530,561	92.00
200.00	Subtotal (see instructions)		50,172,719	0	48,488	9,119,648	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		50,172,719	0	48,488	9,119,648	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/23/2021 10:24 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	6,599		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	2,850		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	9,449		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	9,449		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 11/23/2021 10:24 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	1,054,448	44,866,892	0.023502	108,510	2,550	50.00
51.00	05100 RECOVERY ROOM	85,018	7,167,269	0.011862	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	112,692	3,411,036	0.033037	0	0	52.00
53.00	05300 ANESTHESIOLOGY	111,913	7,102,995	0.015756	12,384	195	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	325,903	18,334,946	0.017775	87,595	1,557	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	45,416	7,481,504	0.006070	0	0	55.00
56.00	05600 RADIOISOTOPE	187,002	7,494,510	0.024952	9,044	226	56.00
57.00	05700 CT SCAN	89,322	29,555,240	0.003022	68,793	208	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	21,995	8,047,602	0.002733	21,546	59	58.00
59.00	05900 CARDIAC CATHETERIZATION	473,503	21,234,976	0.022298	0	0	59.00
60.00	06000 LABORATORY	282,546	65,710,520	0.004300	685,332	2,947	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	30,191	2,981,072	0.010128	13,428	136	63.00
64.00	06400 INTRAVENOUS THERAPY	70,092	3,504,954	0.019998	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	92,316	5,784,995	0.015958	186,342	2,974	65.00
66.00	06600 PHYSICAL THERAPY	131,244	9,701,943	0.013528	1,379,870	18,667	66.00
67.00	06700 OCCUPATIONAL THERAPY	41,079	5,864,624	0.007005	1,405,532	9,846	67.00
68.00	06800 SPEECH PATHOLOGY	17,028	1,544,571	0.011024	178,655	1,969	68.00
69.00	06900 ELECTROCARDIOLOGY	313,221	16,278,152	0.019242	22,993	442	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	57,067	5,940,723	0.009606	3,994	38	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	18,967	12,301,035	0.001542	177,310	273	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	16,817	7,131,474	0.002358	13,705	32	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	215,288	70,924,116	0.003035	1,234,713	3,747	73.00
74.00	07400 RENAL DIALYSIS	11,047	3,482,807	0.003172	310,046	983	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	15,110	673,446	0.022437	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	72,039	791,913	0.090968	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	36,605	3,845,671	0.009518	0	0	90.00
91.00	09100 EMERGENCY	240,097	58,201,754	0.004125	8,489	35	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	11,831,694	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	4,167,966	441,192,434		5,928,281	46,884	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/23/2021 10:24 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
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	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
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
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	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/23/2021 10:24 am
--	---	---	--

	Title XVIII	Subprovider - IRF	PPS
--	-------------	----------------------	-----

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	44,866,892	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	7,167,269	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,411,036	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	7,102,995	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	18,334,946	0.000000	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	7,481,504	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	7,494,510	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	29,555,240	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	8,047,602	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	21,234,976	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	65,710,520	0.000000	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	2,981,072	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	3,504,954	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	5,784,995	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	9,701,943	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	5,864,624	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	1,544,571	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	16,278,152	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,940,723	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,301,035	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,131,474	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	70,924,116	0.000000	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	3,482,807	0.000000	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	673,446	0.000000	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	791,913	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	3,845,671	0.000000	90.00
91.00	09100 EMERGENCY	0	0	0	58,201,754	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	11,831,694	0.000000	92.00
200.00	Total (lines 50 through 199)	0	0	0	441,192,434		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/23/2021 10:24 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	108,510	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	12,384	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	87,595	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	9,044	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	68,793	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	21,546	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	685,332	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	13,428	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	186,342	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,379,870	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,405,532	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	178,655	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	22,993	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	3,994	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	177,310	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	13,705	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	1,234,713	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	310,046	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	8,489	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		5,928,281	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/23/2021 10:24 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.212285	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.299125	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.527276	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.129621	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.224530	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.130015	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.174426	0	0	0	0	56.00
57.00	05700	CT SCAN	0.058133	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.079842	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.136000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.133888	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.361670	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.293352	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.330661	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.361471	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.313308	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.364005	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.094234	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.113565	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.380300	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.593893	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.163776	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.255146	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.437425	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.979623	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.473827	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.115483	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.344289	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/23/2021 10:24 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
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	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part I Date/Time Prepared: 11/23/2021 10:24 am
--	-----------------------	---	---

Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,148,608	0	1,148,608	31,559	36.40	30.00
31.00	INTENSIVE CARE UNIT	289,137		289,137	2,735	105.72	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	223,758	0	223,758	5,374	41.64	41.00
43.00	NURSERY	50,804		50,804	805	63.11	43.00
200.00	Total (lines 30 through 199)	1,712,307		1,712,307	40,473		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	2,158	78,551				
31.00	INTENSIVE CARE UNIT	22	2,326				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	77	3,206				
43.00	NURSERY	117	7,384				
200.00	Total (lines 30 through 199)	2,374	91,467				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 11/23/2021 10:24 am
--	-----------------------	---	--

Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,054,448	44,866,892	0.023502	695,523	16,346	50.00
51.00	05100	RECOVERY ROOM	85,018	7,167,269	0.011862	52,086	618	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	112,692	3,411,036	0.033037	224,711	7,424	52.00
53.00	05300	ANESTHESIOLOGY	111,913	7,102,995	0.015756	121,173	1,909	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	325,903	18,334,946	0.017775	178,815	3,178	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	45,416	7,481,504	0.006070	0	0	55.00
56.00	05600	RADIOISOTOPE	187,002	7,494,510	0.024952	57,185	1,427	56.00
57.00	05700	CT SCAN	89,322	29,555,240	0.003022	314,844	951	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	21,995	8,047,602	0.002733	92,807	254	58.00
59.00	05900	CARDIAC CATHETERIZATION	473,503	21,234,976	0.022298	67,636	1,508	59.00
60.00	06000	LABORATORY	282,546	65,710,520	0.004300	1,105,380	4,753	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	30,191	2,981,072	0.010128	26,811	272	63.00
64.00	06400	INTRAVENOUS THERAPY	70,092	3,504,954	0.019998	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	92,316	5,784,995	0.015958	197,632	3,154	65.00
66.00	06600	PHYSICAL THERAPY	131,244	9,701,943	0.013528	96,089	1,300	66.00
67.00	06700	OCCUPATIONAL THERAPY	41,079	5,864,624	0.007005	62,741	440	67.00
68.00	06800	SPEECH PATHOLOGY	17,028	1,544,571	0.011024	43,593	481	68.00
69.00	06900	ELECTROCARDIOLOGY	313,221	16,278,152	0.019242	153,001	2,944	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	57,067	5,940,723	0.009606	28,099	270	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,967	12,301,035	0.001542	248,410	383	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,817	7,131,474	0.002358	68,074	161	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	215,288	70,924,116	0.003035	1,451,875	4,406	73.00
74.00	07400	RENAL DIALYSIS	11,047	3,482,807	0.003172	95,703	304	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	15,110	673,446	0.022437	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	72,039	791,913	0.090968	1,275	116	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	36,605	3,845,671	0.009518	0	0	90.00
91.00	09100	EMERGENCY	240,097	58,201,754	0.004125	528,610	2,181	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	154,244	11,831,694	0.013037	152,251	1,985	92.00
200.00		Total (lines 50 through 199)	4,322,210	441,192,434		6,064,324	56,765	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part III Date/Time Prepared: 11/23/2021 10:24 am
---	--	-----------------------	---	---

Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
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	
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 col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	31,559	0.00	2,158	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	2,735	0.00	22	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	5,374	0.00	77	41.00	
43.00	04300	NURSERY	0	0	805	0.00	117	43.00	
200.00		Total (lines 30 through 199)	0	0	40,473	0.00	2,374	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS			9.00						
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
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: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/23/2021 10:24 am
--	-----------------------	---	--

Cost Center Description	Title XIX			Hospital		PPS	
	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	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/23/2021 10:24 am
--	-----------------------	---	--

Cost Center Description	Title XIX			Hospital	PPS			
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	44,866,892	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	7,167,269	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,411,036	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,102,995	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	18,334,946	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	7,481,504	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	7,494,510	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	29,555,240	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	8,047,602	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	21,234,976	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	65,710,520	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	2,981,072	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	3,504,954	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,784,995	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,701,943	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,864,624	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,544,571	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	16,278,152	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,940,723	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,301,035	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,131,474	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	70,924,116	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,482,807	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	673,446	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	791,913	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	3,845,671	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	58,201,754	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	11,831,694	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	441,192,434		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0008

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

Worksheet D
Part IV
Date/Time Prepared:
11/23/2021 10:24 am

Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	695,523	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0.000000	52,086	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	224,711	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	121,173	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	178,815	0	0	0 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0.000000	57,185	0	0	0 56.00
57.00	05700	CT SCAN	0.000000	314,844	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	92,807	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	67,636	0	0	0 59.00
60.00	06000	LABORATORY	0.000000	1,105,380	0	0	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	26,811	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	197,632	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0.000000	96,089	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	62,741	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	43,593	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	153,001	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	28,099	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	248,410	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	68,074	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,451,875	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0.000000	95,703	0	0	0 74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	1,275	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	0 90.00
91.00	09100	EMERGENCY	0.000000	528,610	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	152,251	0	0	0 92.00
200.00		Total (lines 50 through 199)		6,064,324	0	0	0 200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 11/23/2021 10:24 am
	Title XIX	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	1,054,448	44,866,892	0.023502	0	0	50.00
51.00	05100 RECOVERY ROOM	85,018	7,167,269	0.011862	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	112,692	3,411,036	0.033037	0	0	52.00
53.00	05300 ANESTHESIOLOGY	111,913	7,102,995	0.015756	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	325,903	18,334,946	0.017775	1,101	20	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	45,416	7,481,504	0.006070	0	0	55.00
56.00	05600 RADIOISOTOPE	187,002	7,494,510	0.024952	0	0	56.00
57.00	05700 CT SCAN	89,322	29,555,240	0.003022	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	21,995	8,047,602	0.002733	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	473,503	21,234,976	0.022298	0	0	59.00
60.00	06000 LABORATORY	282,546	65,710,520	0.004300	14,571	63	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	30,191	2,981,072	0.010128	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	70,092	3,504,954	0.019998	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	92,316	5,784,995	0.015958	8,163	130	65.00
66.00	06600 PHYSICAL THERAPY	131,244	9,701,943	0.013528	33,085	448	66.00
67.00	06700 OCCUPATIONAL THERAPY	41,079	5,864,624	0.007005	37,414	262	67.00
68.00	06800 SPEECH PATHOLOGY	17,028	1,544,571	0.011024	3,077	34	68.00
69.00	06900 ELECTROCARDIOLOGY	313,221	16,278,152	0.019242	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	57,067	5,940,723	0.009606	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	18,967	12,301,035	0.001542	13,035	20	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	16,817	7,131,474	0.002358	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	215,288	70,924,116	0.003035	63,365	192	73.00
74.00	07400 RENAL DIALYSIS	11,047	3,482,807	0.003172	30,072	95	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	15,110	673,446	0.022437	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	72,039	791,913	0.090968	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	36,605	3,845,671	0.009518	0	0	90.00
91.00	09100 EMERGENCY	240,097	58,201,754	0.004125	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	11,831,694	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	4,167,966	441,192,434		203,883	1,264	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/23/2021 10:24 am
	Title XIX	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
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	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
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
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	0	0	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/23/2021 10:24 am
Title XIX		Subprovider - IRF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	44,866,892	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	7,167,269	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,411,036	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	7,102,995	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	18,334,946	0.000000	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	7,481,504	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	7,494,510	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	29,555,240	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	8,047,602	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	21,234,976	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	65,710,520	0.000000	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	2,981,072	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	3,504,954	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	5,784,995	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	9,701,943	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	5,864,624	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,544,571	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	16,278,152	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,940,723	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,301,035	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,131,474	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	70,924,116	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	3,482,807	0.000000	74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	673,446	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	791,913	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	3,845,671	0.000000	90.00
91.00 09100 EMERGENCY	0	0	0	58,201,754	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	11,831,694	0.000000	92.00
200.00 Total (lines 50 through 199)	0	0	0	441,192,434		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/23/2021 10:24 am
--	---	---	--

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,101	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	14,571	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	8,163	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	33,085	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	37,414	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	3,077	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	13,035	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	63,365	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	30,072	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		203,883	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/23/2021 10:24 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		31,559	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		31,559	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)		27,321	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)		6,628	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)		30,334,175	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)		30,334,175	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)		30,334,175	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)		961.19	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,370,767	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)		6,370,767	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 11/23/2021 10:24 am	
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)		
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	5,505,384	2,735	2,012.94	758	1,525,809		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)					7,175,375		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					15,071,951		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)					321,395		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					357,367		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					678,762		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					14,393,189		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)					4,238		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					961.19		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,073,523		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/23/2021 10:24 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,148,608	30,334,175	0.037865	4,073,523	154,244	90.00
91.00	Nursing School cost	0	30,334,175	0.000000	4,073,523	0	91.00
92.00	Allied health cost	0	30,334,175	0.000000	4,073,523	0	92.00
93.00	All other Medical Education	0	30,334,175	0.000000	4,073,523	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/23/2021 10:24 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)		5,374	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,374	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)		5,374	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)		2,855	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)		4,775,248	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)		4,775,248	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)		4,775,248	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)		888.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,536,896	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)		2,536,896	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008 Component CCN: 15-T008		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/23/2021 10:24 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)	1,574,696						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	4,111,592						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)	118,882						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	46,884						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	165,766						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	3,945,826						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: 15-0008 Component CCN: 15-T008		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/23/2021 10:24 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	223,758	4,775,248	0.046858	0	0	90.00
91.00	Nursing School cost	0	4,775,248	0.000000	0	0	91.00
92.00	Allied health cost	0	4,775,248	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,775,248	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/23/2021 10:24 am
		Title XIX	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)		31,559	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		31,559	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)		27,321	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)		2,158	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)		805	15.00
16.00	Nursery days (title V or XIX only)		117	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)		30,334,175	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)		30,334,175	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)		30,334,175	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)		961.19	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,074,248	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)		2,074,248	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1		
		Title XIX		Hospital		PPS		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	843,315	805	1,047.60	117	122,569	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	5,505,384	2,735	2,012.94	22	44,285	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)						1,205,558	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,446,660	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)						88,261	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						56,765	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						145,026	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						3,301,634	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						4,238	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						961.19	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						4,073,523	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/23/2021 10:24 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,148,608	30,334,175	0.037865	4,073,523	154,244	90.00
91.00	Nursing School cost	0	30,334,175	0.000000	4,073,523	0	91.00
92.00	Allied health cost	0	30,334,175	0.000000	4,073,523	0	92.00
93.00	All other Medical Education	0	30,334,175	0.000000	4,073,523	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/23/2021 10:24 am
		Title XIX	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)			5,374 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,374 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)			5,374 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)			77 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)			805 15.00
16.00	Nursery days (title V or XIX only)			117 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)			4,775,248 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)			4,775,248 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)			4,775,248 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)			888.58 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			68,421 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)			68,421 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0008 Component CCN: 15-T008		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/23/2021 10:24 am	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 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)					52,709		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					121,130		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,206		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,264		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,470		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					116,660		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: 15-0008 Component CCN: 15-T008		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/23/2021 10:24 am	
		Title XIX		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	223,758	4,775,248	0.046858	0	0	90.00
91.00	Nursing School cost	0	4,775,248	0.000000	0	0	91.00
92.00	Allied health cost	0	4,775,248	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,775,248	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/23/2021 10:24 am
--	--	-----------------------	---	---

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		17,560,365		30.00
31.00	03100 INTENSIVE CARE UNIT		2,076,615		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.212285	3,833,360	813,765	50.00
51.00	05100 RECOVERY ROOM	0.299125	206,316	61,714	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.527276	14,493	7,642	52.00
53.00	05300 ANESTHESIOLOGY	0.129621	479,965	62,214	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.225373	915,887	206,416	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.130015	0	0	55.00
56.00	05600 RADIOISOTOPE	0.174426	575,714	100,419	56.00
57.00	05700 CT SCAN	0.058133	2,169,285	126,107	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.079842	588,593	46,994	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.136663	2,762,064	377,472	59.00
60.00	06000 LABORATORY	0.134055	5,643,121	756,489	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.361670	443,026	160,229	63.00
64.00	06400 INTRAVENOUS THERAPY	0.293352	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.330661	1,223,876	404,688	65.00
66.00	06600 PHYSICAL THERAPY	0.361471	602,034	217,618	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.313308	591,530	185,331	67.00
68.00	06800 SPEECH PATHOLOGY	0.364005	157,789	57,436	68.00
69.00	06900 ELECTROCARDIOLOGY	0.094234	1,623,021	152,944	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.113565	88,166	10,013	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.380300	1,629,229	619,596	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.593893	864,758	513,574	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.163776	7,120,123	1,166,105	73.00
74.00	07400 RENAL DIALYSIS	0.255146	1,071,360	273,353	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.437425	579	253	76.00
76.97	07697 CARDIAC REHABILITATION	0.979623	39,527	38,722	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.473827	129,038	61,142	90.00
91.00	09100 EMERGENCY	0.115483	3,990,327	460,815	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.344289	854,876	294,324	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		37,618,057	7,175,375	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		37,618,057		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/23/2021 10:24 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				41.00
43.00	04300 NURSERY		4,057,299		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.212285	108,510	23,035	50.00
51.00	05100 RECOVERY ROOM	0.299125	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.527276	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.129621	12,384	1,605	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.225373	87,595	19,742	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.130015	0	0	55.00
56.00	05600 RADIOISOTOPE	0.174426	9,044	1,578	56.00
57.00	05700 CT SCAN	0.058133	68,793	3,999	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.079842	21,546	1,720	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.136663	0	0	59.00
60.00	06000 LABORATORY	0.134055	685,332	91,872	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.361670	13,428	4,857	63.00
64.00	06400 INTRAVENOUS THERAPY	0.293352	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.330661	186,342	61,616	65.00
66.00	06600 PHYSICAL THERAPY	0.361471	1,379,870	498,783	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.313308	1,405,532	440,364	67.00
68.00	06800 SPEECH PATHOLOGY	0.364005	178,655	65,031	68.00
69.00	06900 ELECTROCARDIOLOGY	0.094234	22,993	2,167	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.113565	3,994	454	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.380300	177,310	67,431	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.593893	13,705	8,139	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.163776	1,234,713	202,216	73.00
74.00	07400 RENAL DIALYSIS	0.255146	310,046	79,107	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.437425	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.979623	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.473827	0	0	90.00
91.00	09100 EMERGENCY	0.115483	8,489	980	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.344289	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,928,281	1,574,696	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		5,928,281		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/23/2021 10:24 am
--	--	-----------------------	---	---

Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		3,622,923		30.00
31.00	03100 INTENSIVE CARE UNIT		260,520		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		211,948		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.212285	695,523	147,649	50.00
51.00	05100 RECOVERY ROOM	0.299125	52,086	15,580	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.527276	224,711	118,485	52.00
53.00	05300 ANESTHESIOLOGY	0.129621	121,173	15,707	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.225373	178,815	40,300	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.130015	0	0	55.00
56.00	05600 RADIOISOTOPE	0.174426	57,185	9,975	56.00
57.00	05700 CT SCAN	0.058133	314,844	18,303	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.079842	92,807	7,410	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.136663	67,636	9,243	59.00
60.00	06000 LABORATORY	0.134055	1,105,380	148,182	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.361670	26,811	9,697	63.00
64.00	06400 INTRAVENOUS THERAPY	0.293352	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.330661	197,632	65,349	65.00
66.00	06600 PHYSICAL THERAPY	0.361471	96,089	34,733	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.313308	62,741	19,657	67.00
68.00	06800 SPEECH PATHOLOGY	0.364005	43,593	15,868	68.00
69.00	06900 ELECTROCARDIOLOGY	0.094234	153,001	14,418	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.113565	28,099	3,191	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.380300	248,410	94,470	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.593893	68,074	40,429	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.163776	1,451,875	237,782	73.00
74.00	07400 RENAL DIALYSIS	0.255146	95,703	24,418	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.437425	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.979623	1,275	1,249	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.473827	0	0	90.00
91.00	09100 EMERGENCY	0.115483	528,610	61,045	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.344289	152,251	52,418	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		6,064,324	1,205,558	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		6,064,324		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/23/2021 10:24 am	
		Title XIX	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			41.00
43.00	04300	NURSERY		109,010	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.212285	0	50.00
51.00	05100	RECOVERY ROOM	0.299125	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.527276	0	52.00
53.00	05300	ANESTHESIOLOGY	0.129621	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.225373	1,101	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.130015	0	55.00
56.00	05600	RADIOISOTOPE	0.174426	0	56.00
57.00	05700	CT SCAN	0.058133	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.079842	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.136663	0	59.00
60.00	06000	LABORATORY	0.134055	14,571	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.361670	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.293352	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.330661	8,163	65.00
66.00	06600	PHYSICAL THERAPY	0.361471	33,085	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.313308	37,414	67.00
68.00	06800	SPEECH PATHOLOGY	0.364005	3,077	68.00
69.00	06900	ELECTROCARDIOLOGY	0.094234	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.113565	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.380300	13,035	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.593893	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.163776	63,365	73.00
74.00	07400	RENAL DIALYSIS	0.255146	30,072	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.437425	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.979623	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.473827	0	90.00
91.00	09100	EMERGENCY	0.115483	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.344289	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		203,883	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)		203,883	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/23/2021 10:24 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)		3,297,326	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,403,774	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)		19,923	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		69,305	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)		120.27	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)		12.12	30.00
31.00	Percentage of Medicaid patient days (see instructions)		42.57	31.00
32.00	Sum of lines 30 and 31		54.69	32.00
33.00	Allowable disproportionate share percentage (see instructions)		34.33	33.00
34.00	Disproportionate share adjustment (see instructions)		1,090,072	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/23/2021 10:24 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)	0.000198454	0.000210935	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,657,212	1,748,651	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	416,567	1,307,895	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,724,462		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 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 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)	15,604,862		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
		Amount		
		1.00		
49.00	Total payment for inpatient operating costs (see instructions)		15,604,862	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,097,359	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		110,874	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		16,813,095	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		16,813,095	61.00
62.00	Deductibles billed to program beneficiaries		1,167,952	62.00
63.00	Coinurance billed to program beneficiaries		100,887	63.00
64.00	Allowable bad debts (see instructions)		410,482	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		266,813	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		164,740	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		15,811,069	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		27,972	70.93
70.94	HRR adjustment amount (see instructions)		-35,544	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/23/2021 10:24 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)		Amount	
		0		1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			15,803,497	71.00
71.01	Sequestration adjustment (see instructions)			0	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			0	71.03
72.00	Interim payments			15,339,935	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)			463,562	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			569,662	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)				90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/23/2021 10:24 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		9,449	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,119,648	2.00
3.00	OPPS payments		7,613,229	3.00
4.00	Outlier payment (see instructions)		7,897	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)		9,449	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		48,488	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)		48,488	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		48,488	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		39,039	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)		9,449	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)		7,621,126	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)		1,429,492	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)		6,201,083	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)		6,201,083	30.00
31.00	Primary payer payments		5,705	31.00
32.00	Subtotal (line 30 minus line 31)		6,195,378	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)		408,841	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		265,747	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		221,074	36.00
37.00	Subtotal (see instructions)		6,461,125	37.00
38.00	MSP-LCC reconciliation amount from PS&R		58	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)		6,461,067	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		6,557,215	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)		-96,148	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0008 Component CCN: 15-T008	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/23/2021 10:24 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	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)		0	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)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	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)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		0	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		0	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0008		Period: From 07/01/2020 To 06/30/2021		Worksheet E-1 Part I Date/Time Prepared: 11/23/2021 10:24 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		14,898,750		6,196,925		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		441,185		360,290		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)		15,339,935		6,557,215		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		463,562		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		96,148		6.02
7.00	Total Medicare program liability (see instructions)		15,803,497		6,461,067		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: 15-0008 Component CCN: 15-T008	Period: From 07/01/2020 To 06/30/2021	Worksheet E-1 Part I Date/Time Prepared: 11/23/2021 10:24 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				0
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		5,441,344		0
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)				0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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)		5,441,344		0
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)				0
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				0
6.01	SETTLEMENT TO PROVIDER		110,086		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		5,551,430		0
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				0

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet E-1 Part II Date/Time Prepared: 11/23/2021 10:24 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: 15-0008 Component CCN: 15-T008	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part III Date/Time Prepared: 11/23/2021 10:24 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		5,137,273	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0691	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		428,962	3.00
4.00	Outlier Payments		37,921	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)		14.723288	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)		5,604,156	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)		5,604,156	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		5,604,156	19.00
20.00	Deductibles		28,692	20.00
21.00	Subtotal (line 19 minus line 20)		5,575,464	21.00
22.00	Coinsurance		29,757	22.00
23.00	Subtotal (line 21 minus line 22)		5,545,707	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		8,805	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		5,723	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)		5,551,430	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)		5,551,430	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		5,441,344	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)		110,086	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		37,921	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

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

Provider CCN: 15-0008

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

Worksheet G

Date/Time Prepared: 11/23/2021 10:24 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	2,100	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	13,589,365	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	6,871,592	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	4,116,302	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)	24,579,359	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	34,771,499	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	34,771,499	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,663,799	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,663,799	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	61,014,657	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	761,263	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,836,872	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	53,618,241	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	61,216,376	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	8,963,017	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	8,963,017	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	70,179,393	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-9,164,736	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-9,164,736	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	61,014,657	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0008

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

Worksheet G-1

Date/Time Prepared:
11/23/2021 10:24 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		-6,041,245		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		938,848			2.00
3.00	Total (sum of line 1 and line 2)		-5,102,397		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	NET ASSETS RELEASED	172,000		0		5.00
6.00	NET ASSETS TRANSFERRED	0		0		6.00
7.00	CONTRIBUTIONS	760,000		0		7.00
8.00	INVESTMENT INCOME	13,000		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		945,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		-4,157,397		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	NET ASSETS TRANSFERRED	4,425,000		0		13.00
14.00	NET ASSETS RELEASED	582,000		0		14.00
15.00	ROUNDING	339		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		5,007,339		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-9,164,736		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	NET ASSETS RELEASED		0			5.00
6.00	NET ASSETS TRANSFERRED		0			6.00
7.00	CONTRIBUTIONS		0			7.00
8.00	INVESTMENT INCOME		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	NET ASSETS TRANSFERRED		0			13.00
14.00	NET ASSETS RELEASED		0			14.00
15.00	ROUNDING		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: 15-0008

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/23/2021 10:24 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	79,421,302		79,421,302	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	7,429,595		7,429,595	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	86,850,897		86,850,897	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,087,422		8,087,422	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)	8,087,422		8,087,422	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	94,938,319		94,938,319	17.00
18.00	Ancillary services	152,114,067		152,114,067	18.00
19.00	Outpatient services	0	285,191,269	285,191,269	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN OFFICES	2,392,278	5,232,109	7,624,387	27.00
27.01	REGENCY	0	4,981,648	4,981,648	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	249,444,664	295,405,026	544,849,690	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		143,664,452		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		143,664,452		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0008

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

Worksheet G-3

Date/Time Prepared:

11/23/2021 10:24 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	544,849,690	1.00
2.00	Less contractual allowances and discounts on patients' accounts	409,508,263	2.00
3.00	Net patient revenues (line 1 minus line 2)	135,341,427	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	143,664,452	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-8,323,025	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	2,126,025	6.00
7.00	Income from investments	98,522	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	588,512	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	6,727	21.00
22.00	Rental of hospital space	1,230,456	22.00
23.00	Governmental appropriations	0	23.00
24.00	CAPITATION REVENUE	-7,937,643	24.00
24.01	GRANT INCOME	0	24.01
24.02	OTHER INCOME	482,957	24.02
24.03	PHARMACY INCOME	8,906,782	24.03
24.04	CLASSES	1,250	24.04
24.05	TEMP RESTRICTED	409,412	24.05
24.50	COVID-19 PHE Funding	3,348,873	24.50
25.00	Total other income (sum of lines 6-24)	9,261,873	25.00
26.00	Total (line 5 plus line 25)	938,848	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	938,848	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0008	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/23/2021 10:24 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		981,319	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,128	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)		82.65	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)		12.12	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		42.57	8.00
9.00	Sum of lines 7 and 8		54.69	9.00
10.00	Allowable disproportionate share percentage (see instructions)		11.71	10.00
11.00	Disproportionate share adjustment (see instructions)		114,912	11.00
12.00	Total prospective capital payments (see instructions)		1,097,359	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