

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: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/30/2021 12:30 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically prepared cost report Date: 11/30/2021 Time: 12:30 pm
 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.

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

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. JOSEPHS REG MED CENTER S. BEND (15-0012) 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) ROBERT SINK
 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	1,095,276	97,680	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0	0	0		0	6.00
200.00 Total	0	1,095,276	97,680	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0012		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 12:30 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 5215 HOLY CROSS PARKWAY			PO Box:							1.00	
2.00	City: MISHAWAKA			State: IN		Zip Code: 46545		County:			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		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		ST. JOSEPHS REG MED CENTER S. BEND		150012	43780	1	07/01/1996	N	P	P	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:		To:			
							1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2020		06/30/2021		20.00	
21.00	Type of Control (see instructions)						1				21.00	
							1.00		2.00		3.00	
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N				22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y				22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N				22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N			22.03	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.										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: 15-0012			Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 12:30 pm		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,954	916	74	287	9,217	313	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural	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.					Y	Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	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	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

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

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N	86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 12:30 pm
			V 1.00	XIX 2.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N	
		Physical 1.00	Occupational 2.00	Speech 3.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			Respiratory 4.00
				1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	
			1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.		N	
			1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		N	
			1.00	2.00
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1	
		Premiums 1.00	Losses 2.00	Insurance 3.00
118.01	List amounts of malpractice premiums and paid losses:	0	0	0
			1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	
119.00	DO NOT USE THIS LINE			
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		N	
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
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.			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0012		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 12:30 pm	
		1.00		2.00			
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		15H034		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ST JOSEPH REG MED CTR	Contractor's Name: WISCONSIN PROVIDER SERVICES CO		Contractor's Number: 08001		141.00	
142.00	Street: 5215 HOLY CROSS PARKWAY	PO Box:				142.00	
143.00	City: MISHAWAKA	State: IN		Zip Code: 46545		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	
						169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 12:30 pm
		Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0012		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part II Date/Time Prepared: 11/30/2021 12:30 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				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.	Y					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.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					Y	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/01/2021	Y	10/01/2021		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/30/2021 12:30 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		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.	TRACY		WORKMAN	41.00
42.00	Enter the employer/company name of the cost report preparer.	SAINT JOSEPH REGIONAL MEDICAL CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(574) 335-4656		WORKMANT@SJRMC.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/30/2021 12:30 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	FINANCE - REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0012

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

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2021 12:30 pm

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	213	77,745	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)		213	77,745	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	28	10,220	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 NEONATAL INTENSIVE CARE UNIT	35.00	12	4,380	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		253	92,345	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		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						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)		253				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)		4	1,460			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: 15-0012

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

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2021 12:30 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents			
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll		
	6.00	7.00	8.00	9.00	10.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15,128	3,231	45,874			1.00
2.00	HMO and other (see instructions)	13,652	8,579				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	15,128	3,231	45,874			7.00
8.00	INTENSIVE CARE UNIT	1,760	0	6,373			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	NEONATAL INTENSIVE CARE UNIT	0	0	947			12.00
13.00	NURSERY		638	4,461			13.00
14.00	Total (see instructions)	16,888	3,869	57,655	33.94	1,434.10	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			58			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)				33.94	1,434.10	27.00
28.00	Observation Bed Days		1,745	6,758			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			646			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	313	649			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: 15-0012

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

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2021 12:30 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,233	377	11,782	1.00
2.00 HMO and other (see instructions)			2,469	1,884		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	533.00	0	3,233	377	11,782	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	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						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)	533.00					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: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part II Date/Time Prepared: 11/30/2021 12:30 pm
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	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	103,884,754	0	103,884,754	2,982,933.43	34.83
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		371,959	0	371,959	2,938.00	126.60
4.01	Physicians - Part A - Teaching		2,773,793	0	2,773,793	23,981.00	115.67
5.00	Physician and Non Physician-Part B		2,939,825	0	2,939,825	35,386.00	83.08
6.00	Non-physician-Part B for hospital-based RHC and FOHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	2,245,550	89,850	2,335,400	70,545.89	33.10
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)		3,495,600	193,201	3,688,801	136,718.16	26.98
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		9,790,779	0	9,790,779	89,975.00	108.82
12.00	Contract labor: Top level management and other management and administrative services		91,309	0	91,309	1,996.00	45.75
13.00	Contract Labor: Physician-Part A - Administrative		2,109,905	0	2,109,905	18,268.00	115.50
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		26,767,242	0	26,767,242	620,079.00	43.17
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)		35,733,774	0	35,733,774		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,589,974	0	2,589,974		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		39,511	0	39,511		
22.01	Physician Part A - Teaching		322,501	0	322,501		
23.00	Physician Part B		475,878	0	475,878		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		872,963	0	872,963		
25.50	Home office wage-related (core)		7,225,045	0	7,225,045		
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: 15-0012

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

Worksheet S-3
Part II
Date/Time Prepared:
11/30/2021 12:30 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	190,297	0	190,297	3,577.00	53.20	26.00
27.00	Administrative & General	11,184,739	0	11,184,739	168,286.00	66.46	27.00
28.00	Administrative & General under contract (see inst.)	1,450,077	0	1,450,077	10,657.00	136.07	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,837,526	0	1,837,526	62,934.50	29.20	30.00
31.00	Laundry & Linen Service	127,128	0	127,128	6,432.50	19.76	31.00
32.00	Housekeeping	1,440,307	0	1,440,307	97,781.53	14.73	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,865,084	-1,230,955	634,129	36,974.26	17.15	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	4,105	1,230,955	1,235,060	72,103.77	17.13	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,152,153	0	3,152,153	88,475.48	35.63	38.00
39.00	Central Services and Supply	524,305	0	524,305	29,145.03	17.99	39.00
40.00	Pharmacy	4,413,360	-193,201	4,220,159	90,972.68	46.39	40.00
41.00	Medical Records & Medical Records Library	1,716,098	0	1,716,098	63,415.37	27.06	41.00
42.00	Social Service	2,267,020	0	2,267,020	62,841.83	36.08	42.00
43.00	Other General Service	1,010,241	0	1,010,241	48,953.46	20.64	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0012

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

Worksheet S-3
Part III
Date/Time Prepared:
11/30/2021 12:30 pm

	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)	97,375,663	-89,850	97,285,813	2,863,677.54	33.97	1.00
2.00	Excluded area salaries (see instructions)	3,495,600	193,201	3,688,801	136,718.16	26.98	2.00
3.00	Subtotal salaries (line 1 minus line 2)	93,880,063	-283,051	93,597,012	2,726,959.38	34.32	3.00
4.00	Subtotal other wages & related costs (see inst.)	38,759,235	0	38,759,235	730,318.00	53.07	4.00
5.00	Subtotal wage-related costs (see inst.)	42,998,330	0	42,998,330	0.00	45.94	5.00
6.00	Total (sum of lines 3 thru 5)	175,637,628	-283,051	175,354,577	3,457,277.38	50.72	6.00
7.00	Total overhead cost (see instructions)	31,182,440	-193,201	30,989,239	842,550.41	36.78	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 11/30/2021 12:30 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		4,336,767	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		3,316,154	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		151,557	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)		18,226,073	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		3,523,574	9.00
10.00	Dental, Hearing and Vision Plan		919,190	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		260,054	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)		754,283	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		651,148	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		212,907	16.00
TAXES				
17.00	FICA-Employers Portion Only		7,491,775	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		191,118	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		40,034,600	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: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part V Date/Time Prepared: 11/30/2021 12:30 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	9,790,779	40,034,600	1.00
2.00	Hospital	9,790,779	40,034,600	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 15-0012

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

Worksheet S-10

Date/Time Prepared:
11/30/2021 12:30 pm

				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.261140	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			61,596,742	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			210,499,302	6.00
7.00	Medicaid cost (line 1 times line 6)			54,969,788	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)			0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	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)	14,703,442	1,256,471	15,959,913	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,839,657	1,256,471	5,096,128	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)	3,839,657	1,256,471	5,096,128	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)			20,326,945	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			651,059	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,001,630	27.01
28.00	Non-Medicare bad debt expense (see instructions)			19,325,315	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			5,397,184	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			10,493,312	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			10,493,312	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0012

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

Worksheet A

Date/Time Prepared:
11/30/2021 12:30 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (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	CAP REL COSTS-BLDG & FIXT	0	0	20,759,269	20,759,269	1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	0	0	6,611,403	6,611,403	2.00
3.00 00300	OTHER CAP REL COSTS	0	0	0	0	3.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	190,297	87,536	277,833	277,833	4.00
5.01 00540	NONPATIENT TELEPHONES	191,687	68,205	259,892	259,892	5.01
5.04 00570	ADMINISTRATIVE	1,146,036	464,605	1,610,641	1,610,641	5.04
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	9,847,016	110,610,578	120,457,594	-20,012,977	100,444,617
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	1,837,526	5,138,640	6,976,166	-288,869	6,687,297
8.00 00800	LAUNDRY & LINEN SERVICE	127,128	1,204,777	1,331,905	-28,996	1,302,909
9.00 00900	HOUSEKEEPING	1,440,307	1,360,889	2,801,196	-486	2,800,710
10.00 01000	DIETARY	1,865,084	2,466,401	4,331,485	-2,869,508	1,461,977
11.00 01100	CAFETERIA	4,105	44,705	48,810	2,806,751	2,855,561
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	3,152,153	5,469,124	8,621,277	-706,720	7,914,557
14.00 01400	CENTRAL SERVICES & SUPPLY	524,305	479,700	1,004,005	-21,563	982,442
15.00 01500	PHARMACY	4,413,360	24,368,037	28,781,397	-22,867,265	5,914,132
16.00 01600	MEDICAL RECORDS & LIBRARY	1,716,098	708,004	2,424,102	-1,272	2,422,830
17.00 01700	SOCIAL SERVICE	2,267,020	1,120,826	3,387,846	-44,528	3,343,318
18.00 01850	STERILE SUPPLY	1,010,241	2,743,723	3,753,964	-82,948	3,671,016
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	2,245,550	727,603	2,973,153	-40,684	2,932,469
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,506,107	761,229	3,267,336	-23,130	3,244,206
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	23.00
23.02 02302	PHARMACY RESIDENCY PROGRAM	152,112	61,614	213,726	390,806	604,532
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	20,118,572	8,334,031	28,452,603	-1,930,768	26,521,835
31.00 03100	INTENSIVE CARE UNIT	4,445,270	3,040,534	7,485,804	-196,901	7,288,903
35.00 02060	NEONATAL INTENSIVE CARE UNIT	1,959,969	949,251	2,909,220	-68,536	2,840,684
41.00 04100	SUBPROVIDER - I&R	0	0	0	0	41.00
43.00 04300	NURSERY	0	0	0	1,993,986	1,993,986
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	9,994,420	40,584,191	50,578,611	-19,847,073	30,731,538
51.00 05100	RECOVERY ROOM	1,124,581	376,360	1,500,941	-11,583	1,489,358
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,692,845	1,044,868	3,737,713	-436,728	3,300,985
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,506,613	3,306,876	6,813,489	-1,689,841	5,123,648
55.00 05500	RADIOLOGY-THERAPEUTIC	153,403	200,615	354,018	0	354,018
57.00 05700	CT SCAN	798,246	539,181	1,337,427	-151,063	1,186,364
58.00 05800	MRI	0	1,039,587	1,039,587	0	1,039,587
59.00 05900	CARDIAC CATHETERIZATION	2,840,474	13,356,613	16,197,087	-5,644,389	10,552,698
60.00 06000	LABORATORY	1,425,713	10,257,114	11,682,827	-285,197	11,397,630
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	2,126,113	1,010,199	3,136,312	-33,572	3,102,740
65.01 03610	SLEEP LAB	5,149	650,656	655,805	-92,099	563,706
66.00 06600	PHYSICAL THERAPY	2,412,061	1,196,522	3,608,583	-353,376	3,255,207
67.00 06700	OCCUPATIONAL THERAPY	774,149	184,330	958,479	-900	957,579
68.00 06800	SPEECH PATHOLOGY	290,276	70,678	360,954	-7,018	353,936
69.00 06900	ELECTROCARDIOLOGY	1,023,329	668,201	1,691,530	-302,667	1,388,863
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-451,231	-451,231	451,231	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	23,116,382	23,116,382
73.00 07300	DRUGS CHARGED TO PATIENTS	417,215	511,749	928,964	23,978,667	24,907,631
74.00 07400	RENAL DIALYSIS	9,311	1,597,057	1,606,368	-2,762	1,603,606
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	41,552	41,552
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	270	270	-270	0
90.02 09001	MOBILE MEDICAL UNIT	86,355	185,731	272,086	-142,633	129,453
90.03 09002	FAMILY MEDICINE CENTER	780,249	969,683	1,749,932	-425,492	1,324,440
90.04 09003	WOUND HEALING CENTER	612,504	1,472,853	2,085,357	-529,928	1,555,429
90.05 09004	OUTPATIENT TREATMENT & INFUSION	658,796	237,231	896,027	0	896,027
90.06 09005	PEDIATRIC SPECIALTY CLINIC	241,055	226,960	468,015	-90,450	377,565
90.07 09006	SPORTS MED FELLOWSHIP CLINIC	714,795	315,472	1,030,267	-193,518	836,749
90.08 09007	PODIATRY RESIDENCY CLINIC	728,927	371,114	1,100,041	-53,565	1,046,476
90.09 09008	FACULTY PRACTICE CLINIC	403,030	335,381	738,411	-139,034	599,377
90.10 09009	OUR LADY OF ROSARY CLINIC	874,461	410,810	1,285,271	-64,348	1,220,923
91.00 09100	EMERGENCY	4,687,253	3,099,528	7,786,781	-233,934	7,552,847
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	100,541,266	253,978,611	354,519,877	233,456	354,753,333

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0012		Period: From 07/01/2020 To 06/30/2021		Worksheet A Date/Time Prepared: 11/30/2021 12:30 pm	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)			
	1.00	2.00	3.00	4.00	5.00			
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	40,776	40,776	0	40,776	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST	0	0	0	0	0	192.01
192.02	19202	NEONATOLOGISTS	0	0	0	0	0	192.02
192.03	19203	HOSPITALISTS/INTENSIVISTS	0	0	0	0	0	192.03
194.00	07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.00
194.01	07951	OUTREACH SERVICES	2,851,121	1,243,020	4,094,141	-85,432	4,008,709	194.01
194.02	07952	KINDRED/OUR LADY OF PEACE	0	0	0	0	0	194.02
194.03	07953	ADVANCED SPECIALTIES	0	16,194	16,194	-8,379	7,815	194.03
194.04	07954	AMBULATORY PHARMACY SERVICES	492,367	172,132	664,499	-139,645	524,854	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	103,884,754	255,450,733	359,335,487	0	359,335,487	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0012

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

Worksheet A
Date/Time Prepared:
11/30/2021 12:30 pm

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	5,348,110	26,107,379	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-25,123	6,586,280	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-392,059	-114,226	4.00
5.01	00540	NONPATIENT TELEPHONES	0	259,892	5.01
5.04	00570	ADMITTING	0	1,610,641	5.04
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-34,766,306	65,678,311	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-10,692	6,676,605	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,302,909	8.00
9.00	00900	HOUSEKEEPING	0	2,800,710	9.00
10.00	01000	DIETARY	0	1,461,977	10.00
11.00	01100	CAFETERIA	-1,134,553	1,721,008	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	7,914,557	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,471	993,913	14.00
15.00	01500	PHARMACY	-26,779	5,887,353	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-111,681	2,311,149	16.00
17.00	01700	SOCIAL SERVICE	0	3,343,318	17.00
18.00	01850	STERILE SUPPLY	0	3,671,016	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,932,469	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-30,100	3,214,106	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	604,532	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,784	26,519,051	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,288,903	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	2,840,684	35.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
43.00	04300	NURSERY	0	1,993,986	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-3,984,986	26,746,552	50.00
51.00	05100	RECOVERY ROOM	0	1,489,358	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-345	3,300,640	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-15,512	5,108,136	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	337	354,355	55.00
57.00	05700	CT SCAN	0	1,186,364	57.00
58.00	05800	MRI	0	1,039,587	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,110	10,551,588	59.00
60.00	06000	LABORATORY	0	11,397,630	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	3,102,740	65.00
65.01	03610	SLEEP LAB	-1,242	562,464	65.01
66.00	06600	PHYSICAL THERAPY	-1,400	3,253,807	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	957,579	67.00
68.00	06800	SPEECH PATHOLOGY	0	353,936	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,388,863	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	23,116,382	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,907,631	73.00
74.00	07400	RENAL DIALYSIS	0	1,603,606	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	41,552	76.98
76.99	07699	LITHOTRIpsy	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.02	09001	MOBILE MEDICAL UNIT	0	129,453	90.02
90.03	09002	FAMILY MEDICINE CENTER	-12,396	1,312,044	90.03
90.04	09003	WOUND HEALING CENTER	0	1,555,429	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	0	896,027	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	-71,129	306,436	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	-2,635	834,114	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	-784	1,045,692	90.08
90.09	09008	FACULTY PRACTICE CLINIC	-158	599,219	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	1,220,923	90.10
91.00	09100	EMERGENCY	-247,381	7,305,466	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-35,479,237	319,274,096	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	40,776	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet A Date/Time Prepared: 11/30/2021 12:30 pm
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Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
192.01	19201 MATERNAL FETAL MEDICINE/LABORIST	0	0	192.01
192.02	19202 NEONATOLOGISTS	0	0	192.02
192.03	19203 HOSPITALISTS/INTENSIVISTS	0	0	192.03
194.00	07950 SPORTS MED-ATHLETIC TRAINERS	0	0	194.00
194.01	07951 OUTREACH SERVICES	0	4,008,709	194.01
194.02	07952 KINDRED/OUR LADY OF PEACE	0	0	194.02
194.03	07953 ADVANCED SPECIALTIES	0	7,815	194.03
194.04	07954 AMBULATORY PHARMACY SERVICES	0	524,854	194.04
200.00	TOTAL (SUM OF LINES 118 through 199)	-35,479,237	323,856,250	200.00

RECLASSIFICATIONS

Provider CCN: 15-0012

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

Worksheet A-6

Date/Time Prepared:
11/30/2021 12:30 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
B - Implantable Devices					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	23,116,382	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
TOTALS			0	23,116,382	
C - Drugs Charged to Patients					
1.00	LABORATORY	60.00	0	4,742	1.00
2.00	SLEEP LAB	65.01	0	27	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	23,993,853	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
TOTALS			0	23,998,622	
E - Building Depreciation					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,282,362	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
TOTALS			0	9,282,362	
F - Equipment Depreciation					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00		6,611,403	1.00
2.00					2.00
3.00					3.00
4.00					4.00
5.00					5.00
6.00					6.00
7.00					7.00
8.00					8.00
9.00					9.00
10.00					10.00
11.00					11.00
12.00					12.00

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
13.00					13.00
14.00					14.00
15.00					15.00
16.00					16.00
17.00					17.00
18.00					18.00
19.00					19.00
20.00					20.00
21.00					21.00
22.00					22.00
23.00					23.00
24.00					24.00
25.00					25.00
26.00					26.00
27.00					27.00
28.00					28.00
29.00					29.00
30.00					30.00
31.00					31.00
32.00					32.00
33.00					33.00
34.00					34.00
35.00					35.00
36.00					36.00
37.00					37.00
38.00					38.00
			0	6,611,403	
G - Cafeteria					
1.00	CAFETERIA	11.00	1,230,955	1,606,999	1.00
			1,230,955	1,606,999	
H - OB/NURSERY					
1.00	NURSERY	43.00	1,126,137	492,783	1.00
			1,126,137	492,783	
I - Nursery and Labor/Delivery					
1.00	NURSERY	43.00	274,750	100,316	1.00
			274,750	100,316	
K - Interest Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00		11,332,407	1.00
2.00			0	11,332,407	2.00
L - SBMF CAPITAL					
1.00	CAP REL COSTS-BLDG & FIXT	1.00		144,500	1.00
2.00			0	144,500	2.00
M - Negative Balances					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		451,231	1.00
2.00			0	451,231	2.00
N - Hyperbaric Oxygen					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	19,524	22,028	1.00
			19,524	22,028	
O - 2nd YR PHARMACY RESIDENTS					
1.00	PHARMACY RESIDENCY PROGRAM	23.02	300,620	90,186	1.00
2.00			300,620	90,186	2.00
P - OTHER MEDICAL EDUCATION EXPENSES					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		157,489	1.00
			0	157,489	
Q - CLINIC MEDICAL EDUCATION					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	89,850	26,955	1.00
			89,850	26,955	
500.00	Grand Total: Increases		3,041,836	77,433,663	500.00

RECLASSIFICATIONS

Provider CCN: 15-0012

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

Worksheet A-6
Date/Time Prepared:
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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
B - Implantable Devices						
1.00	OPERATING ROOM	50.00	0	17,428,096	0	1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	5,360,598	0	2.00
3.00	WOUND HEALING CENTER	90.04	0	327,688	0	3.00
	TOTALS		0	23,116,382		
C - Drugs Charged to Patients						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,900	0	1.00
2.00	PHARMACY	15.00	0	22,377,654	0	2.00
3.00	SOCIAL SERVICE	17.00	0	44,528	0	3.00
4.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	17	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	198,271	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	85,322	0	6.00
7.00	OPERATING ROOM	50.00	0	299,436	0	7.00
8.00	RECOVERY ROOM	51.00	0	7,422	0	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	35,092	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	437,116	0	10.00
11.00	CT SCAN	57.00	0	135,380	0	11.00
12.00	RESPIRATORY THERAPY	65.00	0	1,608	0	12.00
13.00	PHYSICAL THERAPY	66.00	0	1,505	0	13.00
14.00	OCCUPATIONAL THERAPY	67.00	0	510	0	14.00
15.00	ELECTROCARDIOLOGY	69.00	0	1,375	0	15.00
16.00	FAMILY MEDICINE CENTER	90.03	0	129,394	0	16.00
17.00	WOUND HEALING CENTER	90.04	0	40,829	0	17.00
18.00	FACULTY PRACTICE CLINIC	90.09	0	15,179	0	18.00
19.00	EMERGENCY	91.00	0	181,084	0	19.00
	TOTALS		0	23,998,622		
E - Building Depreciation						
1.00		0.00	0	0	9	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	6,345,412	0	2.00
3.00	OPERATION OF PLANT	7.00	0	113,505	0	3.00
4.00	DIETARY	10.00	0	3,020	0	4.00
5.00	CAFETERIA	11.00	0	16,933	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	346,248	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,010	0	7.00
8.00	PHARMACY	15.00	0	26,420	0	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	1	0	9.00
10.00	STERILE SUPPLY	18.00	0	10,681	0	10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	180,602	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	8,119	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	39,788	0	13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	3,453	0	14.00
15.00	OPERATING ROOM	50.00	0	61,142	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	553,596	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	27,485	0	17.00
18.00	LABORATORY	60.00	0	145,439	0	18.00
19.00	SLEEP LAB	65.01	0	91,858	0	19.00
20.00	PHYSICAL THERAPY	66.00	0	330,148	0	20.00
21.00	ELECTROCARDIOLOGY	69.00	0	135,426	0	21.00
22.00	MOBILE MEDICAL UNIT	90.02	0	7,231	0	22.00
23.00	FAMILY MEDICINE CENTER	90.03	0	280,533	0	23.00
24.00	WOUND HEALING CENTER	90.04	0	117,915	0	24.00
25.00	PEDIATRIC SPECIALTY CLINIC	90.06	0	90,377	0	25.00
26.00	SPORTS MED FELLOWSHIP CLINIC	90.07	0	57,529	0	26.00
27.00	PODIATRY RESIDENCY CLINIC	90.08	0	51,459	0	27.00
28.00	FACULTY PRACTICE CLINIC	90.09	0	123,855	0	28.00
29.00	OUR LADY OF ROSARY CLINIC	90.10	0	33,707	0	29.00
30.00	EMERGENCY	91.00	0	1,055	0	30.00
31.00	OUTREACH SERVICES	194.01	0	64,036	0	31.00
32.00	ADVANCED SPECIALTIES	194.03	0	8,379	0	32.00
	TOTALS		0	9,282,362		
F - Equipment Depreciation						
1.00					9	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06		1,884,197		2.00
3.00	OPERATION OF PLANT	7.00		175,364		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00		28,996		4.00
5.00	HOUSEKEEPING	9.00		486		5.00
6.00	DIETARY	10.00		28,534		6.00
7.00	CAFETERIA	11.00		14,270		7.00
8.00	NURSING ADMINISTRATION	13.00		360,472		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00		7,653		9.00

RECLASSIFICATIONS

Provider CCN: 15-0012

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

Worksheet A-6
Date/Time Prepared:
11/30/2021 12:30 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
10.00	PHARMACY	15.00	212,030		10.00	
11.00	MEDICAL RECORDS & LIBRARY	16.00	1,271		11.00	
12.00	STERILE SUPPLY	18.00	72,267		12.00	
13.00	ADULTS & PEDIATRICS	30.00	105,458		13.00	
14.00	INTENSIVE CARE UNIT	31.00	71,791		14.00	
15.00	NEONATAL INTENSIVE CARE UNIT	35.00	65,083		15.00	
16.00	OPERATING ROOM	50.00	2,058,399		16.00	
17.00	RECOVERY ROOM	51.00	4,161		17.00	
18.00	DELIVERY ROOM & LABOR ROOM	52.00	26,570		18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	699,129		19.00	
20.00	CT SCAN	57.00	15,683		20.00	
21.00	CARDIAC CATHETERIZATION	59.00	256,306		21.00	
22.00	RESPIRATORY THERAPY	65.00	31,964		22.00	
23.00	SLEEP LAB	65.01	268		23.00	
24.00	PHYSICAL THERAPY	66.00	21,723		24.00	
25.00	OCCUPATIONAL THERAPY	67.00	390		25.00	
26.00	SPEECH PATHOLOGY	68.00	7,018		26.00	
27.00	ELECTROCARDIOLOGY	69.00	165,866		27.00	
28.00	DRUGS CHARGED TO PATIENTS	73.00	15,186		28.00	
29.00	RENAL DIALYSIS	74.00	2,762		29.00	
30.00	MOBILE MEDICAL UNIT	90.02	135,402		30.00	
31.00	FAMILY MEDICINE CENTER	90.03	15,565		31.00	
32.00	WOUND HEALING CENTER	90.04	1,944		32.00	
33.00	PEDIATRIC SPECIALTY CLINIC	90.06	73		33.00	
34.00	SPORTS MED FELLOWSHIP CLINIC	90.07	19,184		34.00	
35.00	PODIATRY RESIDENCY CLINIC	90.08	2,106		35.00	
36.00	OUR LADY OF ROSARY CLINIC	90.10	30,641		36.00	
37.00	EMERGENCY	91.00	51,795		37.00	
38.00	OUTREACH SERVICES	194.01	21,396		38.00	
			0	6,611,403		
G - Cafeteria						
1.00	DIETARY	10.00	1,230,955	1,606,999	1.00	
			1,230,955	1,606,999		
H - OB/NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,126,137	492,783	1.00	
			1,126,137	492,783		
I - Nursery and Labor/Delivery						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	274,750	100,316	1.00	
			274,750	100,316		
K - Interest Expense						
1.00					11	
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06		11,332,407	2.00	
			0	11,332,407		
L - SBMF CAPITAL						
1.00					14	
2.00	LABORATORY	60.00		144,500	2.00	
			0	144,500		
M - Negative Balances						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06		450,961	1.00	
2.00	CLINIC	90.00		270	2.00	
			0	451,231		
N - Hyperbaric Oxygen						
1.00	WOUND HEALING CENTER	90.04	19,524	22,028	1.00	
			19,524	22,028		
O - 2nd YR PHARMACY RESIDENTS						
1.00	PHARMACY	15.00	193,201	57,960	1.00	
2.00	AMBULATORY PHARMACY SERVICES	194.04	107,419	32,226	2.00	
			300,620	90,186		
P - OTHER MEDICAL EDUCATION EXPENSES						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00		157,489	1.00	
			0	157,489		
Q - CLINIC MEDICAL EDUCATION						
1.00	SPORTS MED FELLOWSHIP CLINIC	90.07	89,850	26,955	1.00	
			89,850	26,955		
500.00	Grand Total: Decreases		3,041,836	77,433,663	500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0012

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

Worksheet A-7
Part I
Date/Time Prepared:
11/30/2021 12:30 pm

	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	289,730	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	2.00
3.00	Buildings and Fixtures	306,651,963	0	0	0	3.00
4.00	Building Improvements	2,530,859	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	117,539,562	0	0	74,913	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	427,012,114	0	0	74,913	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	427,012,114	0	0	74,913	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	289,730	0			1.00
2.00	Land Improvements	0	0			2.00
3.00	Buildings and Fixtures	306,651,963	8,305,949			3.00
4.00	Building Improvements	2,530,859	547,215			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	117,464,649	73,757,604			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	426,937,201	82,610,768			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	426,937,201	82,610,768			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0012

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

Worksheet A-7
Part II
Date/Time Prepared:
11/30/2021 12:30 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet A-7 Part III Date/Time Prepared: 11/30/2021 12:30 pm
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	14,630,472	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,586,280	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	21,216,752	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	11,332,407	0	0	144,500	26,107,379	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	6,586,280	2.00
3.00	Total (sum of lines 1-2)	11,332,407	0	0	144,500	32,693,659	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0012

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

Worksheet A-8

Date/Time Prepared:
11/30/2021 12:30 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	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)	B		0	OTHER ADMINISTRATIVE & GENERAL	5.06	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-7,416,556				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	-3,739,185				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-943,192	CAFETERIA		11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	B		0	EMERGENCY	91.00	0	16.00
17.00 Sale of drugs to other than patients	B	-26,779	PHARMACY		15.00	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	B	-191,361	CAFETERIA		11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	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

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0012

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

Worksheet A-8

Date/Time Prepared:
11/30/2021 12:30 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.00 Other Operating Rev - Adults and Peds	B	-2,784	ADULTS & PEDIATRICS	30.00	0	33.00
33.01 OTHER REVENUE	B		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.01
33.02 Other Operating Rev - Cardiac Cath	B	-1,110	CARDIAC CATHETERIZATION	59.00	0	33.02
33.03 Other Operating Rev - Resp Care	B		RESPIRATORY THERAPY	65.00	0	33.03
33.04 Other Operating Rev - Radiation Oncology	B	337	RADIOLOGY-THERAPEUTIC	55.00	0	33.04
33.06 Other Operating Rev - Imaging	B	-3,612	RADIOLOGY-DIAGNOSTIC	54.00	0	33.06
33.08 Other Operating Rev - Physical Therapy	B		PHYSICAL THERAPY	66.00	0	33.08
33.09 OTHER REVENUE	B		OT&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.09
33.10 Other Operating Rev - Sports Med Fellowship	B	-2,635	SPORTS MED FELLOWSHIP CLINIC	90.07	0	33.10
33.11 Other Operating Rev - Emergency Room	B	-1,531	EMERGENCY	91.00	0	33.11
33.12 Other Operating Rev - Information Resources	B	-111,681	MEDICAL RECORDS & LIBRARY	16.00	0	33.12
33.13 Other Operating Rev - Security	B	-10,692	OPERATION OF PLANT	7.00	0	33.13
33.14 Other Operating Rev - Administration	B	-125,784	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.14
33.15 Other Operating Rev - Dual Employee	B	-48,436	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.15
33.16 Other Operating Rev - Mobile Medical Unit	B	100	RADIOLOGY-DIAGNOSTIC	54.00	0	33.16
33.17 OTHER REVENUE	B		RADIOLOGY-THERAPEUTIC	55.00	0	33.17
33.18 Other Operating Rev - Med Ed Non-Labor	B	-30,100	OT&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.18
33.19 Other Operating Rev - Family Medicine Center	B	-12,396	FAMILY MEDICINE CENTER	90.03	0	33.19
33.20 Other Operating Rev - Faculty Practice	B	-158	FACULTY PRACTICE CLINIC	90.09	0	33.20
33.21 Other Operating Rev - St Joe Foot & Ankle	B	-784	PODIATRY RESIDENCY CLINIC	90.08	0	33.21
33.22 Other Operating Rev - Emergency Medical Svcs	B		OPARAMED ED PRGM-(SPECIFY)	23.00	0	33.22
33.23 Other Operating Rev - Labor and Delivery	B	-345	DELIVERY ROOM & LABOR ROOM	52.00	0	33.23
33.24 Other Operating Rev - Physical Therapy	B	-1,400	PHYSICAL THERAPY	66.00	0	33.24
33.25 OTHER REVENUE	B		SPORTS MED FELLOWSHIP CLINIC	90.07	0	33.25
33.29 OTHER REVENUE	B		EMERGENCY	91.00	0	33.29
33.30 Gain Loss on Sale of Building	B		CAP REL COSTS-BLDG & FIXT	1.00	14	33.30
33.31 Gain Loss on Sale of Equipment	B	-25,123	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.31
33.32 Other NG Revenue Peds Clinic	B		OPEDIATRIC SPECIALTY CLINIC	90.06	0	33.32
33.33 OTHER REVENUE - CDU	B		OPERATING ROOM	50.00	0	33.33
33.34 Other NG Rev - Foot & Ankle	B		PODIATRY RESIDENCY CLINIC	90.08	0	33.34
33.35 Other NG Revenue - Fam Medicine	B		OFAMILY MEDICINE CENTER	90.03	0	33.35
33.36 Other Revenue - Dual Employee	B		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.36
33.40 Non-Operating Adjustment	B	366	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.40
34.00 Medicaid Provider Bed Tax	A	-22,441,016	OTHER ADMINISTRATIVE & GENERAL	5.06	0	34.00
34.40 Donations Expense	A	-157,200	OTHER ADMINISTRATIVE & GENERAL	5.06	0	34.40
35.00 Discounts	A		OTHER ADMINISTRATIVE & GENERAL	5.06	0	35.00
35.01 Discounts	A	11,471	CENTRAL SERVICES & SUPPLY	14.00	0	35.01
35.10 Property Tax	A	-197,651	OTHER ADMINISTRATIVE & GENERAL	5.06	0	35.10
36.00 PROPERTY TAX	A		SUBPROVIDER - I RF	41.00	0	36.00
37.00 DISCOUNTS	A		OTHER ADMINISTRATIVE & GENERAL	5.06	0	37.00
37.01 DISCOUNTS	A		CENTRAL SERVICES & SUPPLY	14.00	0	37.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0012

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

Worksheet A-8

Date/Time Prepared:
11/30/2021 12:30 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-35,479,237				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: 15-0012
 Period: From 07/01/2020 To 06/30/2021
 Worksheet A-8-1
 Date/Time Prepared: 11/30/2021 12:30 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.06	OTHER ADMINISTRATIVE & GENERAL	HO NON CAPITAL COSTS	45,148,806	51,760,234 1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	WORKERS COMP	580,964	484,261 2.00
3.00	5.06	OTHER ADMINISTRATIVE & GENERAL	INSURANCE	961,980	3,036,234 3.00
3.01	5.06	OTHER ADMINISTRATIVE & GENERAL	PENSION	138,419	147,973 3.01
3.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	RETIREE HEALTH COSTS	0	199,179 3.02
3.03	1.00	CAP REL COSTS-BLDG & FIXT	HO CAPITAL COSTS	5,348,110	0 3.03
3.04	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMP HEALTH STOP LOSS	0	289,583 3.04
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			52,178,279	55,917,464 5.00

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

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

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

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

6.00	G		0.00	TRINITY HEALTH	0.00	6.00
7.00	G		0.00	SJRCM - INC	0.00	7.00
8.00	G	SJRCM - PLY	0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

(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: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet A-8-1 Date/Time Prepared: 11/30/2021 12:30 pm
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	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	-6,611,428	0	1.00
2.00	96,703	0	2.00
3.00	-2,074,254	0	3.00
3.01	-9,554	0	3.01
3.02	-199,179	0	3.02
3.03	5,348,110	9	3.03
3.04	-289,583	0	3.04
4.00	0	0	4.00
5.00	-3,739,185		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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0012

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

Worksheet A-8-2

Date/Time Prepared: 11/30/2021 12:30 pm

1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
1.00	13.00 NURSING ADMINISTRATION	-1,142	0	-1,142	179,000	6	1.00
2.00	0.00	0	0	0	0	0	2.00
3.00	5.06 OTHER ADMINISTRATIVE & GENERAL	977,303	947,513	29,790	179,000	213	3.00
4.00	31.00 INTENSIVE CARE UNIT	-2,690	0	-2,690	179,000	4	4.00
5.00	50.00 OPERATING ROOM	3,960,622	3,984,986	-24,364	246,400	102	5.00
6.00	54.00 RADIOLOGY-DIAGNOSTIC	-97,251	12,000	-109,251	271,900	482	6.00
7.00	0.00	0	0	0	0	0	7.00
8.00	59.00 CARDIAC CATHETERIZATION	-165	0	-165	179,000	1	8.00
9.00	0.00	0	0	0	0	0	9.00
10.00	90.06 PEDIATRIC SPECIALTY CLINIC	68,504	71,129	-2,625	169,700	20	10.00
12.00	91.00 EMERGENCY	471,493	52,000	419,493	179,000	2,622	12.00
14.00	69.00 ELECTROCARDIOLOGY	-4,080	0	-4,080	179,000	13	14.00
16.00	5.06 OTHER ADMINISTRATIVE & GENERAL	1,534,275	1,534,275	0	0	0	16.00
17.00	5.06 OTHER ADMINISTRATIVE & GENERAL	608,101	608,101	0	0	0	17.00
18.00	65.01 SLEEP LAB	2,963	0	2,963	179,000	20	18.00
200.00		7,517,933	7,210,004	307,929		3,483	200.00
1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	13.00 NURSING ADMINISTRATION	516	26	0	0	0	1.00
2.00	0.00	0	0	0	0	0	2.00
3.00	5.06 OTHER ADMINISTRATIVE & GENERAL	18,330	917	0	0	0	3.00
4.00	31.00 INTENSIVE CARE UNIT	344	17	0	0	0	4.00
5.00	50.00 OPERATING ROOM	12,083	604	0	0	0	5.00
6.00	54.00 RADIOLOGY-DIAGNOSTIC	63,008	3,150	0	0	0	6.00
7.00	0.00	0	0	0	0	0	7.00
8.00	59.00 CARDIAC CATHETERIZATION	86	4	0	0	0	8.00
9.00	0.00	0	0	0	0	0	9.00
10.00	90.06 PEDIATRIC SPECIALTY CLINIC	1,632	82	0	0	0	10.00
12.00	91.00 EMERGENCY	225,643	11,282	0	0	0	12.00
14.00	69.00 ELECTROCARDIOLOGY	1,119	56	0	0	0	14.00
16.00	5.06 OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	16.00
17.00	5.06 OTHER ADMINISTRATIVE & GENERAL	0	0	0	0	0	17.00
18.00	65.01 SLEEP LAB	1,721	86	0	0	0	18.00
200.00		324,482	16,224	0	0	0	200.00
1.00	2.00	15.00	16.00	17.00	18.00		
1.00	13.00 NURSING ADMINISTRATION	0	516	0	0		1.00
2.00	0.00	0	0	0	0		2.00
3.00	5.06 OTHER ADMINISTRATIVE & GENERAL	0	18,330	11,460	958,973		3.00
4.00	31.00 INTENSIVE CARE UNIT	0	344	0	0		4.00
5.00	50.00 OPERATING ROOM	0	12,083	0	3,984,986		5.00
6.00	54.00 RADIOLOGY-DIAGNOSTIC	0	63,008	0	12,000		6.00
7.00	0.00	0	0	0	0		7.00
8.00	59.00 CARDIAC CATHETERIZATION	0	86	0	0		8.00
9.00	0.00	0	0	0	0		9.00
10.00	90.06 PEDIATRIC SPECIALTY CLINIC	0	1,632	0	71,129		10.00
12.00	91.00 EMERGENCY	0	225,643	193,850	245,850		12.00
14.00	69.00 ELECTROCARDIOLOGY	0	1,119	0	0		14.00
16.00	5.06 OTHER ADMINISTRATIVE & GENERAL	0	0	0	1,534,275		16.00
17.00	5.06 OTHER ADMINISTRATIVE & GENERAL	0	0	0	608,101		17.00
18.00	65.01 SLEEP LAB	0	1,721	1,242	1,242		18.00
200.00		0	324,482	206,552	7,416,556		200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet B Part I Date/Time Prepared: 11/30/2021 12:30 pm
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	26,107,379	26,107,379			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	6,586,280		6,586,280		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	-114,226	16,979	4,283	-92,964	4.00
5.01 00540	NONPATIENT TELEPHONES	259,892	26,220	6,615	0	5.01
5.04 00570	ADMITTING	1,610,641	100,261	25,294	0	5.04
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	65,678,311	3,286,856	829,197	0	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	6,676,605	6,727,862	1,697,282	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,302,909	0	0	0	8.00
9.00 00900	HOUSEKEEPING	2,800,710	324,425	81,845	0	9.00
10.00 01000	DIETARY	1,461,977	460,363	116,139	0	10.00
11.00 01100	CAFETERIA	1,721,008	625,638	157,834	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	7,914,557	102,142	25,768	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	993,913	0	0	0	14.00
15.00 01500	PHARMACY	5,887,353	357,308	90,140	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,311,149	52,387	13,216	0	16.00
17.00 01700	SOCIAL SERVICE	3,343,318	31,862	8,038	0	17.00
18.00 01850	STERILE SUPPLY	3,671,016	413,832	104,400	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	2,932,469	48,357	12,199	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,214,106	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.02 02302	PHARMACY RESIDENCY PROGRAM	604,532	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	26,519,051	6,114,262	1,542,485	0	30.00
31.00 03100	INTENSIVE CARE UNIT	7,288,903	768,776	193,944	0	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	2,840,684	271,984	68,615	0	35.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00 04300	NURSERY	1,993,986	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	26,746,552	2,566,974	647,587	0	50.00
51.00 05100	RECOVERY ROOM	1,489,358	170,111	42,915	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,300,640	0	0	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,108,136	725,093	182,924	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	354,355	0	0	0	55.00
57.00 05700	CT SCAN	1,186,364	91,664	23,125	0	57.00
58.00 05800	MRI	1,039,587	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	10,551,588	788,065	198,810	0	59.00
60.00 06000	LABORATORY	11,397,630	105,742	26,676	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	3,102,740	192,946	48,676	0	65.00
65.01 03610	SLEEP LAB	562,464	0	0	0	65.01
66.00 06600	PHYSICAL THERAPY	3,253,807	174,839	44,108	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	957,579	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	353,936	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,388,863	144,535	36,463	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	23,116,382	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	24,907,631	25,146	6,344	0	73.00
74.00 07400	RENAL DIALYSIS	1,603,606	60,877	15,358	0	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	41,552	0	0	0	76.98
76.99 07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.02 09001	MOBILE MEDICAL UNIT	129,453	0	0	0	90.02
90.03 09002	FAMILY MEDICINE CENTER	1,312,044	0	0	0	90.03
90.04 09003	WOUND HEALING CENTER	1,555,429	0	0	0	90.04
90.05 09004	OUTPATIENT TREATMENT & INFUSION	896,027	83,175	20,983	0	90.05
90.06 09005	PEDIATRIC SPECIALTY CLINIC	306,436	0	0	0	90.06
90.07 09006	SPORTS MED FELLOWSHIP CLINIC	834,114	0	0	0	90.07
90.08 09007	PODIATRY RESIDENCY CLINIC	1,045,692	0	0	0	90.08
90.09 09008	FACULTY PRACTICE CLINIC	599,219	0	0	0	90.09
90.10 09009	OUR LADY OF ROSARY CLINIC	1,220,923	0	0	0	90.10
91.00 09100	EMERGENCY	7,305,466	1,135,863	286,552	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0012

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2021 12:30 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	319,274,096	25,994,544	6,557,815	0	254,762	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	40,776	101,175	25,524	0	539	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	6,233	1,572	0	28,798	192.00
192.01	19201 MATERNAL FETAL MEDICINE/LABORIST	0	5,427	1,369	0	0	192.01
192.02	19202 NEONATOLOGISTS	0	0	0	0	324	192.02
192.03	19203 HOSPITALISTS/INTENSIVISTS	0	0	0	0	1,294	192.03
194.00	07950 SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.00
194.01	07951 OUTREACH SERVICES	4,008,709	0	0	0	4,961	194.01
194.02	07952 KINDRED/OUR LADY OF PEACE	0	0	0	0	2,049	194.02
194.03	07953 ADVANCED SPECIALTIES	7,815	0	0	0	0	194.03
194.04	07954 AMBULATORY PHARMACY SERVICES	524,854	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	-92,964	0	201.00
202.00	TOTAL (sum lines 118 through 201)	323,856,250	26,107,379	6,586,280	-92,964	292,727	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0012

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2021 12:30 pm

Cost Center Description		ADMINISTRATIVE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.04	5A.04	5.06	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	00540	NONPATIENT TELEPHONES					5.01
5.04	00570	ADMINISTRATIVE	1,740,402				5.04
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	69,833,301	69,833,301		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	15,110,917	4,154,747	19,265,664	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,303,448	358,383	0	8.00
9.00	00900	HOUSEKEEPING	0	3,208,814	882,263	391,885	9.00
10.00	01000	DIETARY	0	2,041,068	561,192	556,090	10.00
11.00	01100	CAFETERIA	0	2,506,745	689,230	755,733	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	8,045,487	2,212,107	123,381	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	994,237	273,365	0	14.00
15.00	01500	PHARMACY	3	6,340,952	1,743,445	431,606	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,381,498	654,793	63,281	16.00
17.00	01700	SOCIAL SERVICE	0	3,387,101	931,283	38,488	17.00
18.00	01850	STERILE SUPPLY	0	4,190,434	1,152,160	499,884	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,993,025	822,932	58,413	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,217,881	884,756	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	604,856	166,305	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	186,493	34,421,397	9,464,082	7,385,657	30.00
31.00	03100	INTENSIVE CARE UNIT	49,593	8,306,070	2,283,754	928,635	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	16,494	3,200,042	879,852	328,540	35.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
43.00	04300	NURSERY	5,629	1,999,615	549,794	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	331,708	30,319,786	8,336,425	3,100,749	50.00
51.00	05100	RECOVERY ROOM	28,141	1,734,516	476,905	205,483	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,960	3,323,600	913,824	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	92,984	6,124,345	1,683,889	875,868	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	761	355,116	97,639	0	55.00
57.00	05700	CT SCAN	115,097	1,417,221	389,665	110,725	57.00
58.00	05800	MRI	12,303	1,053,292	289,603	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	114,995	11,661,871	3,206,431	951,935	59.00
60.00	06000	LABORATORY	218,381	11,752,635	3,231,387	127,729	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	25,097	3,373,665	927,589	233,067	65.00
65.01	03610	SLEEP LAB	6,666	569,130	156,482	0	65.01
66.00	06600	PHYSICAL THERAPY	22,322	3,501,008	962,602	211,195	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,701	967,251	265,946	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,060	357,427	98,275	0	68.00
69.00	06900	ELECTROCARDIOLOGY	40,306	1,613,618	443,664	174,590	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	122,665	23,239,047	6,389,576	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	206,008	25,145,776	6,913,831	30,375	73.00
74.00	07400	RENAL DIALYSIS	3,137	1,683,086	462,764	73,535	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	600	42,368	11,649	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09001	MOBILE MEDICAL UNIT	708	130,161	0	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	5,251	1,323,335	363,851	0	90.03
90.04	09003	WOUND HEALING CENTER	7,824	1,564,871	430,261	0	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	2,039	1,003,518	275,917	100,470	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	299	308,569	84,841	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	834,869	229,547	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	1,047,418	287,988	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	1,097	600,316	165,057	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	1,898	1,222,821	336,215	0	90.10
91.00	09100	EMERGENCY	78,674	8,821,763	2,425,544	1,372,053	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,731,894	319,179,287	68,521,810	19,129,367	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	168,014	46,195	122,213	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	36,603	10,064	7,529	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0012

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2021 12:30 pm

Cost Center Description			ADMITTING	Subtotal	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.04	5A.04	5.06	6.00	7.00	
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST	437	7,233	1,989	0	6,555	192.01
192.02	19202	NEONATOLOGISTS	2,251	2,575	708	0	0	192.02
192.03	19203	HOSPITALISTS/INTENSIVISTS	3,446	4,740	1,303	0	0	192.03
194.00	07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.00
194.01	07951	OUTREACH SERVICES	2,374	4,016,044	1,104,211	0	0	194.01
194.02	07952	KINDRED/OUR LADY OF PEACE	0	2,049	563	0	0	194.02
194.03	07953	ADVANCED SPECIALTIES	0	7,815	2,149	0	0	194.03
194.04	07954	AMBULATORY PHARMACY SERVICES	0	524,854	144,309	0	0	194.04
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	-92,964	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,740,402	323,856,250	69,833,301	0	19,265,664	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0012

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2021 12:30 pm

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		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	00540	NONPATIENT TELEPHONES					5.01
5.04	00570	ADMITTING					5.04
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,661,831				8.00
9.00	00900	HOUSEKEEPING	0	4,482,962			9.00
10.00	01000	DIETARY	0	132,084	3,290,434		10.00
11.00	01100	CAFETERIA	0	179,504	0	4,131,212	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	29,306	0	137,551	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	48,012	14.00
15.00	01500	PHARMACY	3	102,517	0	148,195	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	15,031	0	102,582	16.00
17.00	01700	SOCIAL SERVICE	0	9,142	0	100,671	17.00
18.00	01850	STERILE SUPPLY	0	118,734	0	80,169	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	13,874	0	124,021	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	43,102	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	22,188	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	178,108	1,754,265	3,030,662	944,263	30.00
31.00	03100	INTENSIVE CARE UNIT	47,363	220,572	87,578	206,589	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	15,753	78,036	31,328	84,105	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	5,376	0	0	64,990	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	316,470	736,500	94,979	464,450	50.00
51.00	05100	RECOVERY ROOM	26,876	48,807	4,116	55,470	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,928	0	0	111,465	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	88,803	208,039	0	175,593	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	727	0	0	6,559	55.00
57.00	05700	CT SCAN	109,922	26,300	0	35,194	57.00
58.00	05800	MRI	11,750	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	109,825	226,107	0	114,501	59.00
60.00	06000	LABORATORY	208,563	30,339	0	98,197	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	23,968	55,359	0	103,219	65.00
65.01	03610	SLEEP LAB	6,367	0	0	150	65.01
66.00	06600	PHYSICAL THERAPY	21,319	50,164	0	104,044	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,310	0	0	28,335	67.00
68.00	06800	SPEECH PATHOLOGY	2,923	0	0	10,269	68.00
69.00	06900	ELECTROCARDIOLOGY	38,494	41,469	0	48,574	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	117,150	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	196,746	7,215	0	17,503	73.00
74.00	07400	RENAL DIALYSIS	2,996	17,466	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	573	0	0	937	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09001	MOBILE MEDICAL UNIT	676	0	0	5,360	90.02
90.03	09002	FAMILY MEDICINE CENTER	5,015	0	0	57,232	90.03
90.04	09003	WOUND HEALING CENTER	7,472	0	0	28,897	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	1,947	23,864	1,744	27,173	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	285	0	0	10,157	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	18,065	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	25,936	90.08
90.09	09008	FACULTY PRACTICE CLINIC	1,048	0	0	16,679	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	1,813	0	0	33,619	90.10
91.00	09100	EMERGENCY	75,137	325,895	40,027	228,065	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,653,706	4,450,589	3,290,434	3,932,081	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	29,028	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,788	0	0	192.00
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST	417	1,557	0	0	192.01

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		8.00	9.00	10.00	11.00	12.00	
192.02	19202 NEONATOLOGISTS	2,150	0	0	0	0	0 192.02
192.03	19203 HOSPITALISTS/INTENSIVISTS	3,291	0	0	0	0	0 192.03
194.00	07950 SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	0 194.00
194.01	07951 OUTREACH SERVICES	2,267	0	0	184,551	0	0 194.01
194.02	07952 KINDRED/OUR LADY OF PEACE	0	0	0	0	0	0 194.02
194.03	07953 ADVANCED SPECIALTIES	0	0	0	0	0	0 194.03
194.04	07954 AMBULATORY PHARMACY SERVICES	0	0	0	14,580	0	0 194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	1,661,831	4,482,962	3,290,434	4,131,212	0	0 202.00

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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.04	00570						5.04
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300	10,547,832					13.00
14.00	01400	126,806	1,442,420				14.00
15.00	01500	391,405	3	9,158,126			15.00
16.00	01600	270,934	0	0	3,488,119		16.00
17.00	01700	265,886	0	0	0	4,732,571	17.00
18.00	01850	211,739	0	7	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	327,556	0	0	0	0	21.00
22.00	02200	113,838	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.02	02302	58,602	0	4,502	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,493,942	154,606	0	373,875	4,206,730	30.00
31.00	03100	545,630	41,114	0	99,423	473,257	31.00
35.00	02060	222,133	13,674	142	33,067	52,584	35.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	171,648	4,666	0	11,284	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,226,679	274,583	0	664,021	0	50.00
51.00	05100	146,505	23,330	0	56,417	0	51.00
52.00	05200	294,395	19,034	0	46,029	0	52.00
54.00	05400	463,766	77,085	0	186,411	0	54.00
55.00	05500	17,323	631	0	1,526	0	55.00
57.00	05700	92,951	95,418	0	230,743	0	57.00
58.00	05800	0	10,200	0	24,665	0	58.00
59.00	05900	302,413	95,333	77,044	230,538	0	59.00
60.00	06000	259,353	181,042	0	437,803	0	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	272,617	20,806	0	50,313	0	65.00
65.01	03610	396	5,527	0	13,365	0	65.01
66.00	06600	274,795	18,506	0	44,751	0	66.00
67.00	06700	74,836	7,213	0	17,443	0	67.00
68.00	06800	27,123	2,537	0	6,135	0	68.00
69.00	06900	128,290	33,415	0	80,805	0	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	101,692	0	245,915	0	72.00
73.00	07300	46,228	170,784	9,021,071	412,998	0	73.00
74.00	07400	0	2,601	0	6,289	0	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	2,475	497	20	1,202	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.02	09001	14,156	587	0	1,420	0	90.02
90.03	09002	151,157	4,353	0	10,526	0	90.03
90.04	09003	76,321	6,486	886	15,685	0	90.04
90.05	09004	71,767	1,690	1,321	4,087	0	90.05
90.06	09005	26,826	248	241	599	0	90.06
90.07	09006	47,713	0	6,587	0	0	90.07
90.08	09007	68,501	0	1,078	0	0	90.08
90.09	09008	44,050	909	0	2,199	0	90.09
90.10	09009	88,794	1,574	19,762	3,806	0	90.10
91.00	09100	602,351	65,223	0	157,724	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		10,021,900	1,435,367	9,132,661	3,471,064	4,732,571	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE	
			ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY		
			13.00	14.00	15.00	16.00	17.00	
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST	0	362	0	876	0	192.01
192.02	19202	NEONATOLOGISTS	0	1,866	0	4,512	0	192.02
192.03	19203	HOSPITALISTS/INTENSIVISTS	0	2,857	0	6,909	0	192.03
194.00	07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.00
194.01	07951	OUTREACH SERVICES	487,425	1,968	25,465	4,758	0	194.01
194.02	07952	KINDRED/OUR LADY OF PEACE	0	0	0	0	0	194.02
194.03	07953	ADVANCED SPECIALTIES	0	0	0	0	0	194.03
194.04	07954	AMBULATORY PHARMACY SERVICES	38,507	0	0	0	0	194.04
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)	10,547,832	1,442,420	9,158,126	3,488,119	4,732,571	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED PRGM	
	STERILE SUPPLY		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
	18.00		19.00	21.00		
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 00540	NONPATIENT TELEPHONES					5.01
5.04 00570	ADMITTING					5.04
5.06 00590	OTHER ADMINISTRATIVE & GENERAL					5.06
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
18.00 01850	STERILE SUPPLY	6,253,127				18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0		4,339,821		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			4,259,577	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0				23.00
23.02 02302	PHARMACY RESIDENCY PROGRAM	0				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	102,809	0	2,408,296	2,363,766	30.00
31.00 03100	INTENSIVE CARE UNIT	950	0	226,160	221,978	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	5,350	0	61,124	59,994	35.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00 04300	NURSERY	0	0	275,059	269,973	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,695,017	0	134,473	131,987	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	30,562	29,997	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,526	0	30,562	29,997	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	30,621	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	11,650	0	0	0	65.00
65.01 03610	SLEEP LAB	0	0	0	0	65.01
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	103,911	101,990	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	18,337	17,998	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.02 09001	MOBILE MEDICAL UNIT	0	0	0	0	90.02
90.03 09002	FAMILY MEDICINE CENTER	32,451	0	788,503	773,923	90.03
90.04 09003	WOUND HEALING CENTER	22,490	0	0	0	90.04
90.05 09004	OUTPATIENT TREATMENT & INFUSION	0	0	0	0	90.05
90.06 09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	90.06
90.07 09006	SPORTS MED FELLOWSHIP CLINIC	1,584	0	0	0	90.07
90.08 09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	90.08
90.09 09008	FACULTY PRACTICE CLINIC	1,021	0	0	0	90.09
90.10 09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	90.10
91.00 09100	EMERGENCY	5,526	0	262,834	257,974	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	5,914,995	0	4,339,821	4,259,577	118.00

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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED ED PRGM	
	STERILE SUPPLY		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
	18.00		19.00	21.00		
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01 19201	MATERNAL FETAL MEDICINE/LABORIST	0	0	0	0	0 192.01
192.02 19202	NEONATOLOGISTS	0	0	0	0	0 192.02
192.03 19203	HOSPITALISTS/INTENSIVISTS	0	0	0	0	0 192.03
194.00 07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0 194.00
194.01 07951	OUTREACH SERVICES	242,292	0	0	0	0 194.01
194.02 07952	KINDRED/OUR LADY OF PEACE	0	0	0	0	0 194.02
194.03 07953	ADVANCED SPECIALTIES	95,840	0	0	0	0 194.03
194.04 07954	AMBULATORY PHARMACY SERVICES	0	0	0	0	0 194.04
200.00	Cross Foot Adjustments		0	0	0	0 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	6,253,127	0	4,339,821	4,259,577	0 202.00

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Cost Center Description			PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	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	00540	NONPATIENT TELEPHONES					5.01
5.04	00570	ADMINISTRATIVE					5.04
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
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
18.00	01850	STERILE SUPPLY					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	856,453				23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	69,282,458	-4,772,062	64,510,396	30.00
31.00	03100	INTENSIVE CARE UNIT	0	13,689,073	-448,138	13,240,935	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	5,065,724	-121,118	4,944,606	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	3,352,405	-545,032	2,807,373	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	51,496,119	-266,460	51,229,659	50.00
51.00	05100	RECOVERY ROOM	0	2,778,425	0	2,778,425	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,790,834	-60,559	4,730,275	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,949,884	-60,559	9,889,325	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	479,521	0	479,521	55.00
57.00	05700	CT SCAN	0	2,508,139	0	2,508,139	57.00
58.00	05800	MRI	0	1,389,510	0	1,389,510	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	17,006,619	0	17,006,619	59.00
60.00	06000	LABORATORY	0	16,327,048	0	16,327,048	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	5,072,253	0	5,072,253	65.00
65.01	03610	SLEEP LAB	0	751,417	0	751,417	65.01
66.00	06600	PHYSICAL THERAPY	0	5,188,384	0	5,188,384	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,369,334	0	1,369,334	67.00
68.00	06800	SPEECH PATHOLOGY	0	504,689	0	504,689	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,808,820	-205,901	2,602,919	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	30,093,380	0	30,093,380	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	856,453	42,818,980	0	42,818,980	73.00
74.00	07400	RENAL DIALYSIS	0	2,285,072	-36,335	2,248,737	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	59,721	0	59,721	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09001	MOBILE MEDICAL UNIT	0	152,360	0	152,360	90.02
90.03	09002	FAMILY MEDICINE CENTER	0	3,510,346	-1,562,426	1,947,920	90.03
90.04	09003	WOUND HEALING CENTER	0	2,153,369	0	2,153,369	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	0	1,513,498	0	1,513,498	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	431,766	0	431,766	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	1,138,365	0	1,138,365	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	1,430,921	0	1,430,921	90.08
90.09	09008	FACULTY PRACTICE CLINIC	0	831,279	0	831,279	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	1,708,404	0	1,708,404	90.10
91.00	09100	EMERGENCY	0	14,640,116	-520,808	14,119,308	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	856,453	316,578,233	-8,599,398	307,978,835	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0012

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2021 12:30 pm

Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.02	24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	365,450	0	365,450	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	55,984	0	55,984	192.00
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST	0	18,989	0	18,989	192.01
192.02	19202	NEONATOLOGISTS	0	11,811	0	11,811	192.02
192.03	19203	HOSPITALISTS/INTENSIVISTS	0	19,100	0	19,100	192.03
194.00	07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	194.00
194.01	07951	OUTREACH SERVICES	0	6,068,981	0	6,068,981	194.01
194.02	07952	KINDRED/OUR LADY OF PEACE	0	2,612	0	2,612	194.02
194.03	07953	ADVANCED SPECIALTIES	0	105,804	0	105,804	194.03
194.04	07954	AMBULATORY PHARMACY SERVICES	0	722,250	0	722,250	194.04
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	-92,964	0	-92,964	201.00
202.00		TOTAL (sum lines 118 through 201)	856,453	323,856,250	-8,599,398	315,256,852	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet B Part II Date/Time Prepared: 11/30/2021 12:30 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		BLDG & FIXT	MVBLE EQUIP		
		0	2.00		
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	16,979	4,283	21,262
5.01 00540	NONPATIENT TELEPHONES	0	26,220	6,615	32,835
5.04 00570	ADMINISTRATIVE	0	100,261	25,294	125,555
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	0	3,286,856	829,197	4,116,053
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0
7.00 00700	OPERATION OF PLANT	0	6,727,862	1,697,282	8,425,144
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0
9.00 00900	HOUSEKEEPING	0	324,425	81,845	406,270
10.00 01000	DIETARY	0	460,363	116,139	576,502
11.00 01100	CAFETERIA	0	625,638	157,834	783,472
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	0	102,142	25,768	127,910
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0
15.00 01500	PHARMACY	0	357,308	90,140	447,448
16.00 01600	MEDICAL RECORDS & LIBRARY	0	52,387	13,216	65,603
17.00 01700	SOCIAL SERVICE	0	31,862	8,038	39,900
18.00 01850	STERILE SUPPLY	0	413,832	104,400	518,232
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	48,357	12,199	60,556
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0
23.02 02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	6,114,262	1,542,485	7,656,747
31.00 03100	INTENSIVE CARE UNIT	0	768,776	193,944	962,720
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	271,984	68,615	340,599
41.00 04100	SUBPROVIDER - IRF	0	0	0	0
43.00 04300	NURSERY	0	0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	2,566,974	647,587	3,214,561
51.00 05100	RECOVERY ROOM	0	170,111	42,915	213,026
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	725,093	182,924	908,017
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
57.00 05700	CT SCAN	0	91,664	23,125	114,789
58.00 05800	MRI	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	788,065	198,810	986,875
60.00 06000	LABORATORY	0	105,742	26,676	132,418
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	192,946	48,676	241,622
65.01 03610	SLEEP LAB	0	0	0	0
66.00 06600	PHYSICAL THERAPY	0	174,839	44,108	218,947
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	144,535	36,463	180,998
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	25,146	6,344	31,490
74.00 07400	RENAL DIALYSIS	0	60,877	15,358	76,235
76.97 07697	CARDIAC REHABILITATION	0	0	0	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0
76.99 07699	LITHOTRIPSY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	0	0
90.02 09001	MOBILE MEDICAL UNIT	0	0	0	0
90.03 09002	FAMILY MEDICINE CENTER	0	0	0	0
90.04 09003	WOUND HEALING CENTER	0	0	0	0
90.05 09004	OUTPATIENT TREATMENT & INFUSION	0	83,175	20,983	104,158
90.06 09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0
90.07 09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0
90.08 09007	PODIATRY RESIDENCY CLINIC	0	0	0	0
90.09 09008	FACULTY PRACTICE CLINIC	0	0	0	0
90.10 09009	OUR LADY OF ROSARY CLINIC	0	0	0	0
91.00 09100	EMERGENCY	0	1,135,863	286,552	1,422,415
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	25,994,544	6,557,815	32,552,359

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0012

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

Worksheet B
Part II
Date/Time Prepared:
11/30/2021 12:30 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	101,175	25,524	126,699	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	6,233	1,572	7,805	0 192.00
192.01 19201	MATERNAL FETAL MEDICINE/LABORIST	0	5,427	1,369	6,796	0 192.01
192.02 19202	NEONATOLOGISTS	0	0	0	0	0 192.02
192.03 19203	HOSPITALISTS/INTENSIVISTS	0	0	0	0	0 192.03
194.00 07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0 194.00
194.01 07951	OUTREACH SERVICES	0	0	0	0	0 194.01
194.02 07952	KINDRED/OUR LADY OF PEACE	0	0	0	0	0 194.02
194.03 07953	ADVANCED SPECIALTIES	0	0	0	0	0 194.03
194.04 07954	AMBULATORY PHARMACY SERVICES	0	0	0	0	0 194.04
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	21,262 201.00
202.00	TOTAL (sum lines 118 through 201)	0	26,107,379	6,586,280	32,693,659	21,262 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0012		Period: From 07/01/2020 To 06/30/2021		Worksheet B Part II Date/Time Prepared: 11/30/2021 12:30 pm	
Cost Center Description			NONPATIENT TELEPHONES	ADMINISTRATIVE	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.01	5.04	5.06	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	00540	NONPATIENT TELEPHONES	32,835					5.01
5.04	00570	ADMINISTRATIVE	472	126,027				5.04
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	4,368	0	4,120,421			5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	1,028	0	245,144	0	8,671,316	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	60	0	21,146	0	0	8.00
9.00	00900	HOUSEKEEPING	206	0	52,057	0	176,384	9.00
10.00	01000	DIETARY	290	0	33,112	0	250,292	10.00
11.00	01100	CAFETERIA	254	0	40,667	0	340,149	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	339	0	130,522	0	55,533	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	36	0	16,130	0	0	14.00
15.00	01500	PHARMACY	690	0	102,869	0	194,262	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	532	0	38,635	0	28,482	16.00
17.00	01700	SOCIAL SERVICE	436	0	54,949	0	17,323	17.00
18.00	01850	STERILE SUPPLY	133	0	67,981	0	224,994	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	48,556	0	26,291	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	423	0	52,204	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	36	0	9,813	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,630	13,466	558,426	0	3,324,223	30.00
31.00	03100	INTENSIVE CARE UNIT	544	3,581	134,749	0	417,971	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	254	1,191	51,914	0	147,873	35.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	406	32,440	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,025	24,311	491,878	0	1,395,622	50.00
51.00	05100	RECOVERY ROOM	448	2,032	28,139	0	92,486	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,658	53,919	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,706	6,714	99,355	0	394,221	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55	5,761	0	0	55.00
57.00	05700	CT SCAN	109	8,311	22,992	0	49,836	57.00
58.00	05800	MRI	157	888	17,088	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	944	8,303	189,191	0	428,458	59.00
60.00	06000	LABORATORY	472	15,769	190,663	0	57,490	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	472	1,812	54,731	0	104,902	65.00
65.01	03610	SLEEP LAB	0	481	9,233	0	0	65.01
66.00	06600	PHYSICAL THERAPY	665	1,612	56,797	0	95,057	66.00
67.00	06700	OCCUPATIONAL THERAPY	109	628	15,692	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	48	221	5,799	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	387	2,910	26,178	0	78,581	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,857	377,007	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73	14,875	407,940	0	13,671	73.00
74.00	07400	RENAL DIALYSIS	12	227	27,305	0	33,098	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	24	43	687	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09001	MOBILE MEDICAL UNIT	0	51	0	0	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	678	379	21,468	0	0	90.03
90.04	09003	WOUND HEALING CENTER	181	565	25,387	0	0	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	145	147	16,280	0	45,221	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	206	22	5,006	0	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	85	0	13,544	0	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	194	0	16,992	0	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	0	79	9,739	0	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	0	137	19,838	0	0	90.10
91.00	09100	EMERGENCY	1,706	5,681	143,115	0	617,550	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,577	125,412	4,043,038	0	8,609,970	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	60	0	2,726	0	55,007	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,230	0	594	0	3,389	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0012

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

Worksheet B
Part II
Date/Time Prepared:
11/30/2021 12:30 pm

Cost Center Description			NONPATIENT TELEPHONES	ADMINISTRATIVE	OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.01	5.04	5.06	6.00	7.00	
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST	0	32	117	0	2,950	192.01
192.02	19202	NEONATOLOGISTS	36	163	42	0	0	192.02
192.03	19203	HOSPITALISTS/INTENSIVISTS	145	249	77	0	0	192.03
194.00	07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.00
194.01	07951	OUTREACH SERVICES	557	171	65,152	0	0	194.01
194.02	07952	KINDRED/OUR LADY OF PEACE	230	0	33	0	0	194.02
194.03	07953	ADVANCED SPECIALTIES	0	0	127	0	0	194.03
194.04	07954	AMBULATORY PHARMACY SERVICES	0	0	8,515	0	0	194.04
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)	32,835	126,027	4,120,421	0	8,671,316	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet B Part II Date/Time Prepared: 11/30/2021 12:30 pm			
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		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	00540	NONPATIENT TELEPHONES					5.01
5.04	00570	ADMITTING					5.04
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	21,206				8.00
9.00	00900	HOUSEKEEPING	0	634,917			9.00
10.00	01000	DIETARY	0	18,707	878,903		10.00
11.00	01100	CAFETERIA	0	25,423	0	1,189,965	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	4,151	0	39,621	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	13,829	14.00
15.00	01500	PHARMACY	0	14,519	0	42,687	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,129	0	29,548	16.00
17.00	01700	SOCIAL SERVICE	0	1,295	0	28,997	17.00
18.00	01850	STERILE SUPPLY	0	16,816	0	23,092	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,965	0	35,723	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	12,415	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	6,391	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,287	248,455	809,515	271,988	30.00
31.00	03100	INTENSIVE CARE UNIT	608	31,239	23,393	59,506	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	202	11,052	8,368	24,226	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	69	0	0	18,720	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,933	104,310	25,370	133,781	50.00
51.00	05100	RECOVERY ROOM	345	6,912	1,099	15,978	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	282	0	0	32,107	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,140	29,464	0	50,578	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9	0	0	1,889	55.00
57.00	05700	CT SCAN	1,411	3,725	0	10,137	57.00
58.00	05800	MRI	151	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,410	32,023	0	32,981	59.00
60.00	06000	LABORATORY	2,678	4,297	0	28,285	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	308	7,840	0	29,732	65.00
65.01	03610	SLEEP LAB	82	0	0	43	65.01
66.00	06600	PHYSICAL THERAPY	274	7,105	0	29,969	66.00
67.00	06700	OCCUPATIONAL THERAPY	107	0	0	8,162	67.00
68.00	06800	SPEECH PATHOLOGY	38	0	0	2,958	68.00
69.00	06900	ELECTROCARDIOLOGY	494	5,873	0	13,991	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,504	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,526	1,022	0	5,042	73.00
74.00	07400	RENAL DIALYSIS	38	2,474	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	7	0	0	270	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09001	MOBILE MEDICAL UNIT	9	0	0	1,544	90.02
90.03	09002	FAMILY MEDICINE CENTER	64	0	0	16,485	90.03
90.04	09003	WOUND HEALING CENTER	96	0	0	8,324	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	25	3,380	466	7,827	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	4	0	0	2,926	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	5,204	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	7,471	90.08
90.09	09008	FACULTY PRACTICE CLINIC	13	0	0	4,804	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	23	0	0	9,684	90.10
91.00	09100	EMERGENCY	965	46,156	10,692	65,692	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,102	630,332	878,903	1,132,607	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,111	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	253	0	0	192.00
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST	5	221	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0012		Period: From 07/01/2020 To 06/30/2021		Worksheet B Part II Date/Time Prepared: 11/30/2021 12:30 pm	
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		8.00	9.00	10.00	11.00	12.00	
192.02	19202	NEONATOLOGISTS	28	0	0	0	0
192.03	19203	HOSPITALISTS/INTENSIVISTS	42	0	0	0	0
194.00	07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0
194.01	07951	OUTREACH SERVICES	29	0	0	53,158	0
194.02	07952	KINDRED/OUR LADY OF PEACE	0	0	0	0	0
194.03	07953	ADVANCED SPECIALTIES	0	0	0	0	0
194.04	07954	AMBULATORY PHARMACY SERVICES	0	0	0	4,200	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	21,206	634,917	878,903	1,189,965	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet B Part II Date/Time Prepared: 11/30/2021 12:30 pm		
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		13.00	14.00	15.00	16.00	17.00
GENERAL SERVICE COST CENTERS						
1.00	00100	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	00540	NONPATIENT TELEPHONES				5.01
5.04	00570	ADMITTING				5.04
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
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	358,076			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,305	34,300		14.00
15.00	01500	PHARMACY	13,287	0	815,762	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,198	0	0	16.00
17.00	01700	SOCIAL SERVICE	9,026	0	0	17.00
18.00	01850	STERILE SUPPLY	7,188	0	1	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	11,120	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,865	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	1,989	0	401	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	84,665	3,684	0	18,675
31.00	03100	INTENSIVE CARE UNIT	18,523	980	0	4,966
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,541	326	13	1,652
41.00	04100	SUBPROVIDER - I RF	0	0	0	0
43.00	04300	NURSERY	5,827	111	0	564
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	41,643	6,469	0	33,067
51.00	05100	RECOVERY ROOM	4,974	556	0	2,818
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,994	454	0	2,299
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,744	1,837	0	9,311
55.00	05500	RADIOLOGY-THERAPEUTIC	588	15	0	76
57.00	05700	CT SCAN	3,155	2,274	0	11,525
58.00	05800	MRI	0	243	0	1,232
59.00	05900	CARDIAC CATHETERIZATION	10,266	2,272	6,863	11,515
60.00	06000	LABORATORY	8,804	4,314	0	21,868
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	9,255	496	0	2,513
65.01	03610	SLEEP LAB	13	132	0	668
66.00	06600	PHYSICAL THERAPY	9,329	441	0	2,235
67.00	06700	OCCUPATIONAL THERAPY	2,541	172	0	871
68.00	06800	SPEECH PATHOLOGY	921	60	0	306
69.00	06900	ELECTROCARDIOLOGY	4,355	796	0	4,036
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,423	0	12,283
73.00	07300	DRUGS CHARGED TO PATIENTS	1,569	4,070	803,553	20,629
74.00	07400	RENAL DIALYSIS	0	62	0	314
76.97	07697	CARDIAC REHABILITATION	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	84	12	2	60
76.99	07699	LITHOTRIpsy	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0
90.02	09001	MOBILE MEDICAL UNIT	481	14	0	71
90.03	09002	FAMILY MEDICINE CENTER	5,131	104	0	526
90.04	09003	WOUND HEALING CENTER	2,591	155	79	783
90.05	09004	OUTPATIENT TREATMENT & INFUSION	2,436	40	118	204
90.06	09005	PEDIATRIC SPECIALTY CLINIC	911	6	21	30
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	1,620	0	587	0
90.08	09007	PODIATRY RESIDENCY CLINIC	2,325	0	96	0
90.09	09008	FACULTY PRACTICE CLINIC	1,495	22	0	110
90.10	09009	OUR LADY OF ROSARY CLINIC	3,014	38	1,760	190
91.00	09100	EMERGENCY	20,449	1,554	0	7,878
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	340,222	34,132	813,494	173,275
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0012		Period: From 07/01/2020 To 06/30/2021		Worksheet B Part II Date/Time Prepared: 11/30/2021 12:30 pm	
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST	0	9	0	44	0	192.01
192.02	19202	NEONATOLOGISTS	0	44	0	225	0	192.02
192.03	19203	HOSPITALISTS/INTENSIVISTS	0	68	0	345	0	192.03
194.00	07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.00
194.01	07951	OUTREACH SERVICES	16,547	47	2,268	238	0	194.01
194.02	07952	KINDRED/OUR LADY OF PEACE	0	0	0	0	0	194.02
194.03	07953	ADVANCED SPECIALTIES	0	0	0	0	0	194.03
194.04	07954	AMBULATORY PHARMACY SERVICES	1,307	0	0	0	0	194.04
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)	358,076	34,300	815,762	174,127	151,926	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0012

Period:
From 07/01/2020
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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED PRGM	
	STERILE SUPPLY		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
	18.00		19.00	21.00		
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 00540	NONPATIENT TELEPHONES					5.01
5.04 00570	ADMITTING					5.04
5.06 00590	OTHER ADMINISTRATIVE & GENERAL					5.06
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
18.00 01850	STERILE SUPPLY	858,437				18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV			184,211		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV				68,907	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)					23.00
23.02 02302	PHARMACY RESIDENCY PROGRAM					23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	14,114				30.00
31.00 03100	INTENSIVE CARE UNIT	130				31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	734				35.00
41.00 04100	SUBPROVIDER - I RF	0				41.00
43.00 04300	NURSERY	0				43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	781,819				50.00
51.00 05100	RECOVERY ROOM	0				51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0				52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	759				54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0				55.00
57.00 05700	CT SCAN	0				57.00
58.00 05800	MRI	0				58.00
59.00 05900	CARDIAC CATHETERIZATION	4,204				59.00
60.00 06000	LABORATORY	0				60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0				62.30
65.00 06500	RESPIRATORY THERAPY	1,599				65.00
65.01 03610	SLEEP LAB	0				65.01
66.00 06600	PHYSICAL THERAPY	0				66.00
67.00 06700	OCCUPATIONAL THERAPY	0				67.00
68.00 06800	SPEECH PATHOLOGY	0				68.00
69.00 06900	ELECTROCARDIOLOGY	0				69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0				71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0				72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0				73.00
74.00 07400	RENAL DIALYSIS	0				74.00
76.97 07697	CARDIAC REHABILITATION	0				76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0				76.98
76.99 07699	LITHOTRIpsy	0				76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0				90.00
90.02 09001	MOBILE MEDICAL UNIT	0				90.02
90.03 09002	FAMILY MEDICINE CENTER	4,455				90.03
90.04 09003	WOUND HEALING CENTER	3,088				90.04
90.05 09004	OUTPATIENT TREATMENT & INFUSION	0				90.05
90.06 09005	PEDIATRIC SPECIALTY CLINIC	0				90.06
90.07 09006	SPORTS MED FELLOWSHIP CLINIC	217				90.07
90.08 09007	PODIATRY RESIDENCY CLINIC	0				90.08
90.09 09008	FACULTY PRACTICE CLINIC	140				90.09
90.10 09009	OUR LADY OF ROSARY CLINIC	0				90.10
91.00 09100	EMERGENCY	759				91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	812,018	0	0	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED ED PRGM		
	STERILE SUPPLY		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
	18.00		19.00	21.00			22.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0				192.00
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST	0				192.01
192.02	19202	NEONATOLOGISTS	0				192.02
192.03	19203	HOSPITALISTS/INTENSIVISTS	0				192.03
194.00	07950	SPORTS MED-ATHLETIC TRAINERS	0				194.00
194.01	07951	OUTREACH SERVICES	33,262				194.01
194.02	07952	KINDRED/OUR LADY OF PEACE	0				194.02
194.03	07953	ADVANCED SPECIALTIES	13,157				194.03
194.04	07954	AMBULATORY PHARMACY SERVICES	0				194.04
200.00		Cross Foot Adjustments		0	184,211	68,907	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	858,437	0	184,211	68,907	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet B Part II Date/Time Prepared: 11/30/2021 12:30 pm
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Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.02	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	00540	NONPATIENT TELEPHONES				5.01
5.04	00570	ADMINISTRATIVE				5.04
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
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
18.00	01850	STERILE SUPPLY				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.02	02302	PHARMACY RESIDENCY PROGRAM	18,630			23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,147,920	0	13,147,920	30.00
31.00	03100	INTENSIVE CARE UNIT	1,674,103	0	1,674,103	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	597,633	0	597,633	35.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	41.00
43.00	04300	NURSERY	58,137	0	58,137	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,259,789	0	6,259,789	50.00
51.00	05100	RECOVERY ROOM	368,813	0	368,813	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	100,713	0	100,713	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,518,846	0	1,518,846	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,393	0	8,393	55.00
57.00	05700	CT SCAN	228,264	0	228,264	57.00
58.00	05800	MRI	19,759	0	19,759	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,715,305	0	1,715,305	59.00
60.00	06000	LABORATORY	467,058	0	467,058	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	455,282	0	455,282	65.00
65.01	03610	SLEEP LAB	10,652	0	10,652	65.01
66.00	06600	PHYSICAL THERAPY	422,431	0	422,431	66.00
67.00	06700	OCCUPATIONAL THERAPY	28,282	0	28,282	67.00
68.00	06800	SPEECH PATHOLOGY	10,351	0	10,351	68.00
69.00	06900	ELECTROCARDIOLOGY	318,599	0	318,599	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	402,074	0	402,074	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,306,460	0	1,306,460	73.00
74.00	07400	RENAL DIALYSIS	139,765	0	139,765	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,189	0	1,189	76.98
76.99	07699	LITHOTRIpsy	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.02	09001	MOBILE MEDICAL UNIT	2,170	0	2,170	90.02
90.03	09002	FAMILY MEDICINE CENTER	49,290	0	49,290	90.03
90.04	09003	WOUND HEALING CENTER	41,249	0	41,249	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	180,447	0	180,447	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	9,132	0	9,132	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	21,257	0	21,257	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	27,078	0	27,078	90.08
90.09	09008	FACULTY PRACTICE CLINIC	16,402	0	16,402	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	34,684	0	34,684	90.10
91.00	09100	EMERGENCY	2,344,612	0	2,344,612	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	31,986,139	0	31,986,139

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0012		Period: From 07/01/2020 To 06/30/2021		Worksheet B Part II Date/Time Prepared: 11/30/2021 12:30 pm	
Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.02	24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		188,603	0	188,603	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		15,271	0	15,271	192.00
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST		10,174	0	10,174	192.01
192.02	19202	NEONATOLOGISTS		538	0	538	192.02
192.03	19203	HOSPITALISTS/INTENSIVISTS		926	0	926	192.03
194.00	07950	SPORTS MED-ATHLETIC TRAINERS		0	0	0	194.00
194.01	07951	OUTREACH SERVICES		171,429	0	171,429	194.01
194.02	07952	KINDRED/OUR LADY OF PEACE		263	0	263	194.02
194.03	07953	ADVANCED SPECIALTIES		13,284	0	13,284	194.03
194.04	07954	AMBULATORY PHARMACY SERVICES		14,022	0	14,022	194.04
200.00		Cross Foot Adjustments	18,630	271,748	0	271,748	200.00
201.00		Negative Cost Centers	0	21,262	0	21,262	201.00
202.00		TOTAL (sum lines 118 through 201)	18,630	32,693,659	0	32,693,659	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0012

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

Worksheet B-1

Date/Time Prepared: 11/30/2021 12:30 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE EXTENSIONS)	ADMITTING (GROSS REVENUE)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5.01	5.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	485,895				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		485,895			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	316	316	103,694,457		4.00
5.01	00540	NONPATIENT TELEPHONES	488	488	191,687	2,714	5.01
5.04	00570	ADMITTING	1,866	1,866	1,146,036	39	1,185,161,265
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	61,173	61,173	9,847,016	361	0
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	125,215	125,215	1,837,526	85	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	127,128	5	0
9.00	00900	HOUSEKEEPING	6,038	6,038	1,440,307	17	0
10.00	01000	DIETARY	8,568	8,568	634,129	24	0
11.00	01100	CAFETERIA	11,644	11,644	1,235,060	21	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,901	1,901	3,152,153	28	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	524,305	3	0
15.00	01500	PHARMACY	6,650	6,650	4,220,159	57	2,164
16.00	01600	MEDICAL RECORDS & LIBRARY	975	975	1,716,098	44	0
17.00	01700	SOCIAL SERVICE	593	593	2,267,020	36	0
18.00	01850	STERILE SUPPLY	7,702	7,702	1,010,241	11	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	900	900	2,335,400	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	2,506,107	35	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	452,732	3	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	113,795	113,795	18,992,435	548	127,038,749
31.00	03100	INTENSIVE CARE UNIT	14,308	14,308	4,445,270	45	33,782,721
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,062	5,062	1,959,969	21	11,235,857
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
43.00	04300	NURSERY	0	0	1,400,887	0	3,834,274
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,775	47,775	9,994,420	250	225,560,559
51.00	05100	RECOVERY ROOM	3,166	3,166	1,124,581	37	19,169,815
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,418,095	0	15,640,276
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,495	13,495	3,506,613	141	63,340,385
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	153,403	0	518,550
57.00	05700	CT SCAN	1,706	1,706	798,246	9	78,403,910
58.00	05800	MRI	0	0	0	13	8,381,005
59.00	05900	CARDIAC CATHETERIZATION	14,667	14,667	2,840,474	78	78,334,386
60.00	06000	LABORATORY	1,968	1,968	1,425,713	39	148,760,867
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	3,591	3,591	2,126,113	39	17,095,739
65.01	03610	SLEEP LAB	0	0	5,149	0	4,541,146
66.00	06600	PHYSICAL THERAPY	3,254	3,254	2,412,061	55	15,206,024
67.00	06700	OCCUPATIONAL THERAPY	0	0	774,149	9	5,926,979
68.00	06800	SPEECH PATHOLOGY	0	0	290,276	4	2,084,659
69.00	06900	ELECTROCARDIOLOGY	2,690	2,690	1,023,329	32	27,456,573
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	83,559,415
73.00	07300	DRUGS CHARGED TO PATIENTS	468	468	417,215	6	140,332,190
74.00	07400	RENAL DIALYSIS	1,133	1,133	9,311	1	2,136,946
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	19,524	2	408,388
76.99	07699	LITHOTRIpsy	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09001	MOBILE MEDICAL UNIT	0	0	86,355	0	482,332
90.03	09002	FAMILY MEDICINE CENTER	0	0	780,249	56	3,576,711
90.04	09003	WOUND HEALING CENTER	0	0	592,980	15	5,329,756
90.05	09004	OUTPATIENT TREATMENT & INFUSION	1,548	1,548	658,796	12	1,388,763
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	0	241,055	17	203,407
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	624,945	7	0
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	728,927	16	0
90.09	09008	FACULTY PRACTICE CLINIC	0	0	403,030	0	747,199
90.10	09009	OUR LADY OF ROSARY CLINIC	0	0	874,461	0	1,293,246
91.00	09100	EMERGENCY	21,140	21,140	4,687,253	141	53,592,860
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0012

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 12:30 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE EXTENSIONS)	ADMITTING (GROSS REVENUE)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)						
	1.00	2.00					4.00	5.01
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		483,795	483,795	100,458,388	2,362	1,179,365,851	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	1,883	1,883	0	5	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	116	116	0	267	0	192.00
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST	101	101	0	0	297,589	192.01
192.02	19202	NEONATOLOGISTS	0	0	0	3	1,533,271	192.02
192.03	19203	HOSPITALISTS/INTENSIVISTS	0	0	0	12	2,347,670	192.03
194.00	07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.00
194.01	07951	OUTREACH SERVICES	0	0	2,851,121	46	1,616,884	194.01
194.02	07952	KINDRED/OUR LADY OF PEACE	0	0	0	19	0	194.02
194.03	07953	ADVANCED SPECIALTIES	0	0	0	0	0	194.03
194.04	07954	AMBULATORY PHARMACY SERVICES	0	0	384,948	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	26,107,379	6,586,280	-92,964	292,727	1,740,402	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	53.730495	13.554945	0.000000	107.858143	0.001468	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			21,262	32,835	126,027	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000205	12.098379	0.000106	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: 15-0012

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 12:30 pm

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (GROSS REVENUE)	
		5A.06	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.04	00570						5.04
5.06	00590	-69,833,301	253,985,752				5.06
6.00	00600	0	0	0			6.00
7.00	00700	0	15,110,917	0	296,837		7.00
8.00	00800	0	1,303,448	0	0	1,185,161,265	8.00
9.00	00900	0	3,208,814	0	6,038	0	9.00
10.00	01000	0	2,041,068	0	8,568	0	10.00
11.00	01100	0	2,506,745	0	11,644	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	8,045,487	0	1,901	0	13.00
14.00	01400	0	994,237	0	0	0	14.00
15.00	01500	0	6,340,952	0	6,650	2,164	15.00
16.00	01600	0	2,381,498	0	975	0	16.00
17.00	01700	0	3,387,101	0	593	0	17.00
18.00	01850	0	4,190,434	0	7,702	0	18.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	0	2,993,025	0	900	0	21.00
22.00	02200	0	3,217,881	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.02	02302	0	604,856	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	34,421,397	0	113,795	127,038,749	30.00
31.00	03100	0	8,306,070	0	14,308	33,782,721	31.00
35.00	02060	0	3,200,042	0	5,062	11,235,857	35.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	1,999,615	0	0	3,834,274	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	30,319,786	0	47,775	225,560,559	50.00
51.00	05100	0	1,734,516	0	3,166	19,169,815	51.00
52.00	05200	0	3,323,600	0	0	15,640,276	52.00
54.00	05400	0	6,124,345	0	13,495	63,340,385	54.00
55.00	05500	0	355,116	0	0	518,550	55.00
57.00	05700	0	1,417,221	0	1,706	78,403,910	57.00
58.00	05800	0	1,053,292	0	0	8,381,005	58.00
59.00	05900	0	11,661,871	0	14,667	78,334,386	59.00
60.00	06000	0	11,752,635	0	1,968	148,760,867	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	3,373,665	0	3,591	17,095,739	65.00
65.01	03610	0	569,130	0	0	4,541,146	65.01
66.00	06600	0	3,501,008	0	3,254	15,206,024	66.00
67.00	06700	0	967,251	0	0	5,926,979	67.00
68.00	06800	0	357,427	0	0	2,084,659	68.00
69.00	06900	0	1,613,618	0	2,690	27,456,573	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	23,239,047	0	0	83,559,415	72.00
73.00	07300	0	25,145,776	0	468	140,332,190	73.00
74.00	07400	0	1,683,086	0	1,133	2,136,946	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	42,368	0	0	408,388	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.02	09001	-130,161	0	0	0	482,332	90.02
90.03	09002	0	1,323,335	0	0	3,576,711	90.03
90.04	09003	0	1,564,871	0	0	5,329,756	90.04
90.05	09004	0	1,003,518	0	1,548	1,388,763	90.05
90.06	09005	0	308,569	0	0	203,407	90.06
90.07	09006	0	834,869	0	0	0	90.07
90.08	09007	0	1,047,418	0	0	0	90.08
90.09	09008	0	600,316	0	0	747,199	90.09
90.10	09009	0	1,222,821	0	0	1,293,246	90.10
91.00	09100	0	8,821,763	0	21,140	53,592,860	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00							
118.00		-69,963,462	249,215,825	0	294,737	1,179,365,851	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	168,014	0	1,883	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0012

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 12:30 pm

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (GROSS REVENUE)		
		5A.06	5.06	6.00	7.00	8.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	36,603	0	116	0	192.00
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST	0	7,233	0	101	297,589	192.01
192.02	19202	NEONATOLOGISTS	0	2,575	0	0	1,533,271	192.02
192.03	19203	HOSPITALISTS/INTENSIVISTS	0	4,740	0	0	2,347,670	192.03
194.00	07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.00
194.01	07951	OUTREACH SERVICES	0	4,016,044	0	0	1,616,884	194.01
194.02	07952	KINDRED/OUR LADY OF PEACE	0	2,049	0	0	0	194.02
194.03	07953	ADVANCED SPECIALTIES	0	7,815	0	0	0	194.03
194.04	07954	AMBULATORY PHARMACY SERVICES	0	524,854	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		69,833,301	0	19,265,664	1,661,831	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.274950	0.000000	64.903176	0.001402	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		4,120,421	0	8,671,316	21,206	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.016223	0.000000	29.212383	0.000018	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: 15-0012		Period: From 07/01/2020 To 06/30/2021		Worksheet B-1	
Date/Time Prepared: 11/30/2021 12:30 pm							
Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES)		
	9.00	10.00	11.00	12.00	13.00		
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 00540	NONPATIENT TELEPHONES						5.01
5.04 00570	ADMINISTRATIVE						5.04
5.06 00590	OTHER ADMINISTRATIVE & GENERAL						5.06
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	290,799					9.00
10.00 01000	DIETARY	8,568	162,272				10.00
11.00 01100	CAFETERIA	11,644	0	110,225			11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00 01300	NURSING ADMINISTRATION	1,901	0	3,670	0	106,555	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	1,281	0	1,281	14.00
15.00 01500	PHARMACY	6,650	0	3,954	0	3,954	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	975	0	2,737	0	2,737	16.00
17.00 01700	SOCIAL SERVICE	593	0	2,686	0	2,686	17.00
18.00 01850	STERILE SUPPLY	7,702	0	2,139	0	2,139	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	900	0	3,309	0	3,309	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,150	0	1,150	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02 02302	PHARMACY RESIDENCY PROGRAM	0	0	592	0	592	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	113,795	149,461	25,194	0	25,194	30.00
31.00 03100	INTENSIVE CARE UNIT	14,308	4,319	5,512	0	5,512	31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	5,062	1,545	2,244	0	2,244	35.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00 04300	NURSERY	0	0	1,734	0	1,734	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	47,775	4,684	12,392	0	12,392	50.00
51.00 05100	RECOVERY ROOM	3,166	203	1,480	0	1,480	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	2,974	0	2,974	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,495	0	4,685	0	4,685	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	175	0	175	55.00
57.00 05700	CT SCAN	1,706	0	939	0	939	57.00
58.00 05800	MRI	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	14,667	0	3,055	0	3,055	59.00
60.00 06000	LABORATORY	1,968	0	2,620	0	2,620	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	3,591	0	2,754	0	2,754	65.00
65.01 03610	SLEEP LAB	0	0	4	0	4	65.01
66.00 06600	PHYSICAL THERAPY	3,254	0	2,776	0	2,776	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	756	0	756	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	274	0	274	68.00
69.00 06900	ELECTROCARDIOLOGY	2,690	0	1,296	0	1,296	69.00
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	468	0	467	0	467	73.00
74.00 07400	RENAL DIALYSIS	1,133	0	0	0	0	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	25	0	25	76.98
76.99 07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.02 09001	MOBILE MEDICAL UNIT	0	0	143	0	143	90.02
90.03 09002	FAMILY MEDICINE CENTER	0	0	1,527	0	1,527	90.03
90.04 09003	WOUND HEALING CENTER	0	0	771	0	771	90.04
90.05 09004	OUTPATIENT TREATMENT & INFUSION	1,548	86	725	0	725	90.05
90.06 09005	PEDIATRIC SPECIALTY CLINIC	0	0	271	0	271	90.06
90.07 09006	SPORTS MED FELLOWSHIP CLINIC	0	0	482	0	482	90.07
90.08 09007	PODIATRY RESIDENCY CLINIC	0	0	692	0	692	90.08
90.09 09008	FACULTY PRACTICE CLINIC	0	0	445	0	445	90.09
90.10 09009	OUR LADY OF ROSARY CLINIC	0	0	897	0	897	90.10
91.00 09100	EMERGENCY	21,140	1,974	6,085	0	6,085	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	288,699	162,272	104,912	0	101,242	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,883	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0012

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 12:30 pm

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FTES)	
		9.00	10.00	11.00	12.00	13.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	116	0	0	0	192.00
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST	101	0	0	0	192.01
192.02	19202	NEONATOLOGISTS	0	0	0	0	192.02
192.03	19203	HOSPITALISTS/INTENSIVISTS	0	0	0	0	192.03
194.00	07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	194.00
194.01	07951	OUTREACH SERVICES	0	0	4,924	4,924	194.01
194.02	07952	KINDRED/OUR LADY OF PEACE	0	0	0	0	194.02
194.03	07953	ADVANCED SPECIALTIES	0	0	0	0	194.03
194.04	07954	AMBULATORY PHARMACY SERVICES	0	0	389	389	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,482,962	3,290,434	4,131,212	0	10,547,832
203.00		Unit cost multiplier (Wkst. B, Part I)	15.416016	20.277275	37.479809	0.000000	98.989555
204.00		Cost to be allocated (per Wkst. B, Part II)	634,917	878,903	1,189,965	0	358,076
205.00		Unit cost multiplier (Wkst. B, Part II)	2.183353	5.416233	10.795781	0.000000	3.360481
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: 15-0012

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CENTRAL SERVICES & SUPPLY (GROSS REVENUE)	PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE STERILE SUPPLY (TIME SPENT)	
	14.00	15.00	16.00	17.00	18.00	
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 00540 NONPATIENT TELEPHONES						5.01
5.04 00570 ADMI TTING						5.04
5.06 00590 OTHER ADMINI STRATIVE & GENERAL						5.06
6.00 00600 MAI NTENANCE & 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 ADMINI STRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,185,161,265					14.00
15.00 01500 PHARMACY	2,164	23,219,171				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	1,185,159,101			16.00
17.00 01700 SOCIAL SERVICE	0	0	0	90		17.00
18.00 01850 STERILE SUPPLY	0	18	0	0	177,664	18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	11,414	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	127,038,749	0	127,038,749	80	2,921	30.00
31.00 03100 INTENSIVE CARE UNIT	33,782,721	0	33,782,721	9	27	31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	11,235,857	360	11,235,857	1	152	35.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00 04300 NURSERY	3,834,274	0	3,834,274	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	225,560,559	0	225,560,559	0	161,807	50.00
51.00 05100 RECOVERY ROOM	19,169,815	0	19,169,815	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	15,640,276	0	15,640,276	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	63,340,385	0	63,340,385	0	157	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	518,550	0	518,550	0	0	55.00
57.00 05700 CT SCAN	78,403,910	0	78,403,910	0	0	57.00
58.00 05800 MRI	8,381,005	0	8,381,005	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	78,334,386	195,334	78,334,386	0	870	59.00
60.00 06000 LABORATORY	148,760,867	0	148,760,867	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	17,095,739	0	17,095,739	0	331	65.00
65.01 03610 SLEEP LAB	4,541,146	0	4,541,146	0	0	65.01
66.00 06600 PHYSICAL THERAPY	15,206,024	0	15,206,024	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	5,926,979	0	5,926,979	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	2,084,659	0	2,084,659	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	27,456,573	0	27,456,573	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	83,559,415	0	83,559,415	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	140,332,190	22,871,686	140,332,190	0	0	73.00
74.00 07400 RENAL DIALYSIS	2,136,946	0	2,136,946	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	408,388	51	408,388	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.02 09001 MOBILE MEDICAL UNIT	482,332	0	482,332	0	0	90.02
90.03 09002 FAMILY MEDICINE CENTER	3,576,711	0	3,576,711	0	922	90.03
90.04 09003 WOUND HEALING CENTER	5,329,756	2,247	5,329,756	0	639	90.04
90.05 09004 OUTPATIENT TREATMENT & INFUSION	1,388,763	3,350	1,388,763	0	0	90.05
90.06 09005 PEDIATRIC SPECIALTY CLINIC	203,407	610	203,407	0	0	90.06
90.07 09006 SPORTS MED FELLOWSHIP CLINIC	0	16,700	0	0	45	90.07
90.08 09007 PODIATRY RESIDENCY CLINIC	0	2,734	0	0	0	90.08
90.09 09008 FACULTY PRACTICE CLINIC	747,199	0	747,199	0	29	90.09
90.10 09009 OUR LADY OF ROSARY CLINIC	1,293,246	50,105	1,293,246	0	0	90.10
91.00 09100 EMERGENCY	53,592,860	0	53,592,860	0	157	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0012

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 12:30 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY (GROSS REVENUE)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE STERILE SUPPLY (TIME SPENT)		
	14.00	15.00	16.00	17.00	18.00		
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,179,365,851	23,154,609	1,179,363,687	90	168,057	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 MATERNAL FETAL MEDICINE/LABORIST	297,589	0	297,589	0	0	192.01
192.02	19202 NEONATOLOGISTS	1,533,271	0	1,533,271	0	0	192.02
192.03	19203 HOSPITALISTS/INTENSIVISTS	2,347,670	0	2,347,670	0	0	192.03
194.00	07950 SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	194.00
194.01	07951 OUTREACH SERVICES	1,616,884	64,562	1,616,884	0	6,884	194.01
194.02	07952 KINDRED/OUR LADY OF PEACE	0	0	0	0	0	194.02
194.03	07953 ADVANCED SPECIALTIES	0	0	0	0	2,723	194.03
194.04	07954 AMBULATORY PHARMACY SERVICES	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,442,420	9,158,126	3,488,119	4,732,571	6,253,127	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.001217	0.394421	0.002943	52,584.122222	35.196365	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	34,300	815,762	174,127	151,926	858,437	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000029	0.035133	0.000147	1,688.066667	4.831800	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: 15-0012

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY PROGRAM (PATIENT DAYS)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		19.00	21.00			22.00
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 00540	NONPATIENT TELEPHONES					5.01
5.04 00570	ADMITTING					5.04
5.06 00590	OTHER ADMINISTRATIVE & GENERAL					5.06
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
18.00 01850	STERILE SUPPLY					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		710			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			710		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)				0	23.00
23.02 02302	PHARMACY RESIDENCY PROGRAM					100 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	394	394	0	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	37	37	0	0 31.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	10	10	0	0 35.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
43.00 04300	NURSERY	0	45	45	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	22	22	0	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	5	5	0	0 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	5	5	0	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	0	0	0	0 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
65.01 03610	SLEEP LAB	0	0	0	0	0 65.01
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	17	17	0	0 69.00
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	3	3	0	0 74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LI THOTRI PSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.02 09001	MOBILE MEDICAL UNIT	0	0	0	0	0 90.02
90.03 09002	FAMILY MEDICINE CENTER	0	129	129	0	0 90.03
90.04 09003	WOUND HEALING CENTER	0	0	0	0	0 90.04
90.05 09004	OUTPATIENT TREATMENT & INFUSION	0	0	0	0	0 90.05
90.06 09005	PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0 90.06
90.07 09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0 90.07
90.08 09007	PODIATRY RESIDENCY CLINIC	0	0	0	0	0 90.08
90.09 09008	FACULTY PRACTICE CLINIC	0	0	0	0	0 90.09
90.10 09009	OUR LADY OF ROSARY CLINIC	0	0	0	0	0 90.10
91.00 09100	EMERGENCY	0	43	43	0	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0012

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

Worksheet B-1

Date/Time Prepared:
11/30/2021 12:30 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY PROGRAM (PATIENT DAYS)						
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)								
		19.00	21.00				22.00	23.00	23.02		
SPECIAL PURPOSE COST CENTERS											
118.00	SUBTOTALS (SUM OF LINES 1 through 117)					0	710	710	0	100	118.00
NONREIMBURSABLE COST CENTERS											
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	0	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	192.00	
192.01	19201	MATERNAL FETAL MEDICINE/LABORIST	0	0	0	0	0	0	0	192.01	
192.02	19202	NEONATOLOGISTS	0	0	0	0	0	0	0	192.02	
192.03	19203	HOSPITALISTS/INTENSIVISTS	0	0	0	0	0	0	0	192.03	
194.00	07950	SPORTS MED-ATHLETIC TRAINERS	0	0	0	0	0	0	0	194.00	
194.01	07951	OUTREACH SERVICES	0	0	0	0	0	0	0	194.01	
194.02	07952	KINDRED/OUR LADY OF PEACE	0	0	0	0	0	0	0	194.02	
194.03	07953	ADVANCED SPECIALTIES	0	0	0	0	0	0	0	194.03	
194.04	07954	AMBULATORY PHARMACY SERVICES	0	0	0	0	0	0	0	194.04	
200.00		Cross Foot Adjustments								200.00	
201.00		Negative Cost Centers								201.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	0	4,339,821	4,259,577	0	0	0	856,453	202.00	
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	6,112.423944	5,999.404225	0.000000	0	0	8,564.530000	203.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	0	184,211	68,907	0	0	0	18,630	204.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	259.452113	97.052113	0.000000	0	0	186.300000	205.00	
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0	0	0	206.00	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	0.000000	0.000000	207.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/30/2021 12:30 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		64,510,396	0	64,510,396	30.00
31.00	03100 INTENSIVE CARE UNIT		13,240,935	0	13,240,935	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		4,944,606	0	4,944,606	35.00
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00
43.00	04300 NURSERY		2,807,373	0	2,807,373	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		51,229,659	0	51,229,659	50.00
51.00	05100 RECOVERY ROOM		2,778,425	0	2,778,425	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,730,275	0	4,730,275	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		9,889,325	0	9,889,325	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		479,521	0	479,521	55.00
57.00	05700 CT SCAN		2,508,139	0	2,508,139	57.00
58.00	05800 MRI		1,389,510	0	1,389,510	58.00
59.00	05900 CARDIAC CATHETERIZATION		17,006,619	0	17,006,619	59.00
60.00	06000 LABORATORY		16,327,048	0	16,327,048	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	5,072,253	0	5,072,253	65.00
65.01	03610 SLEEP LAB	0	751,417	1,242	752,659	65.01
66.00	06600 PHYSICAL THERAPY	0	5,188,384	0	5,188,384	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,369,334	0	1,369,334	67.00
68.00	06800 SPEECH PATHOLOGY	0	504,689	0	504,689	68.00
69.00	06900 ELECTROCARDIOLOGY		2,602,919	0	2,602,919	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		30,093,380	0	30,093,380	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		42,818,980	0	42,818,980	73.00
74.00	07400 RENAL DIALYSIS		2,248,737	0	2,248,737	74.00
76.97	07697 CARDIAC REHABILITATION		0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		59,721	0	59,721	76.98
76.99	07699 LI THOTRI PSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		0	0	0	90.00
90.02	09001 MOBILE MEDICAL UNIT		152,360	0	152,360	90.02
90.03	09002 FAMILY MEDICINE CENTER		1,947,920	0	1,947,920	90.03
90.04	09003 WOUND HEALING CENTER		2,153,369	0	2,153,369	90.04
90.05	09004 OUTPATIENT TREATMENT & INFUSION		1,513,498	0	1,513,498	90.05
90.06	09005 PEDIATRIC SPECIALTY CLINIC		431,766	0	431,766	90.06
90.07	09006 SPORTS MED FELLOWSHIP CLINIC		1,138,365	0	1,138,365	90.07
90.08	09007 PODIATRY RESIDENCY CLINIC		1,430,921	0	1,430,921	90.08
90.09	09008 FACULTY PRACTICE CLINIC		831,279	0	831,279	90.09
90.10	09009 OUR LADY OF ROSARY CLINIC		1,708,404	0	1,708,404	90.10
91.00	09100 EMERGENCY		14,119,308	193,850	14,313,158	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		8,283,213	0	8,283,213	92.00
200.00	Subtotal (see instructions)	0	316,262,048	195,092	316,457,140	200.00
201.00	Less Observation Beds		8,283,213	0	8,283,213	201.00
202.00	Total (see instructions)	0	307,978,835	195,092	308,173,927	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0012		Period: From 07/01/2020 To 06/30/2021		Worksheet C Part I Date/Time Prepared: 11/30/2021 12:30 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	117,862,806		117,862,806				30.00
31.00	03100	INTENSIVE CARE UNIT	33,782,721		33,782,721				31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,235,857		11,235,857				35.00
41.00	04100	SUBPROVIDER - IRF	0		0				41.00
43.00	04300	NURSERY	3,834,274		3,834,274				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	93,859,139	131,701,420	225,560,559	0.227122	0.000000		50.00
51.00	05100	RECOVERY ROOM	6,633,060	12,536,755	19,169,815	0.144937	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,576,835	1,063,441	15,640,276	0.302442	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,457,537	47,882,847	63,340,384	0.156130	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	412,747	105,803	518,550	0.924734	0.000000		55.00
57.00	05700	CT SCAN	26,462,641	51,941,269	78,403,910	0.031990	0.000000		57.00
58.00	05800	MRI	6,008,705	2,372,300	8,381,005	0.165793	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	32,701,674	45,632,712	78,334,386	0.217103	0.000000		59.00
60.00	06000	LABORATORY	95,823,235	52,937,632	148,760,867	0.109754	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	14,881,170	2,214,569	17,095,739	0.296697	0.000000		65.00
65.01	03610	SLEEP LAB	4,402	4,536,744	4,541,146	0.165469	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	4,193,649	11,012,375	15,206,024	0.341206	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,462,197	2,464,782	5,926,979	0.231034	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,396,743	687,916	2,084,659	0.242097	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	11,827,251	15,629,322	27,456,573	0.094801	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,417,879	38,141,536	83,559,415	0.360143	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	75,196,974	65,135,217	140,332,191	0.305126	0.000000		73.00
74.00	07400	RENAL DIALYSIS	1,550,059	586,887	2,136,946	1.052313	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	408,388	408,388	0.146236	0.000000		76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.02	09001	MOBILE MEDICAL UNIT	0	482,332	482,332	0.315882	0.000000		90.02
90.03	09002	FAMILY MEDICINE CENTER	720,192	2,856,519	3,576,711	0.544612	0.000000		90.03
90.04	09003	WOUND HEALING CENTER	39,452	5,290,304	5,329,756	0.404028	0.000000		90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	286,773	1,101,990	1,388,763	1.089817	0.000000		90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	203,407	203,407	2.122670	0.000000		90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0.000000	0.000000		90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	0.000000	0.000000		90.08
90.09	09008	FACULTY PRACTICE CLINIC	56,374	690,825	747,199	1.112527	0.000000		90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	225,525	1,067,721	1,293,246	1.321020	0.000000		90.10
91.00	09100	EMERGENCY	15,674,102	37,918,758	53,592,860	0.263455	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,312,314	6,863,629	9,175,943	0.902710	0.000000		92.00
200.00		Subtotal (see instructions)	635,896,287	543,467,400	1,179,363,687				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	635,896,287	543,467,400	1,179,363,687				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/30/2021 12:30 pm
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
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.227122		50.00
51.00	05100 RECOVERY ROOM	0.144937		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.302442		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.156130		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.924734		55.00
57.00	05700 CT SCAN	0.031990		57.00
58.00	05800 MRI	0.165793		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.217103		59.00
60.00	06000 LABORATORY	0.109754		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.296697		65.00
65.01	03610 SLEEP LAB	0.165742		65.01
66.00	06600 PHYSICAL THERAPY	0.341206		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.231034		67.00
68.00	06800 SPEECH PATHOLOGY	0.242097		68.00
69.00	06900 ELECTROCARDIOLOGY	0.094801		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.360143		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.305126		73.00
74.00	07400 RENAL DIALYSIS	1.052313		74.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.146236		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.02	09001 MOBILE MEDICAL UNIT	0.315882		90.02
90.03	09002 FAMILY MEDICINE CENTER	0.544612		90.03
90.04	09003 WOUND HEALING CENTER	0.404028		90.04
90.05	09004 OUTPATIENT TREATMENT & INFUSION	1.089817		90.05
90.06	09005 PEDIATRIC SPECIALTY CLINIC	2.122670		90.06
90.07	09006 SPORTS MED FELLOWSHIP CLINIC	0.000000		90.07
90.08	09007 PODIATRY RESIDENCY CLINIC	0.000000		90.08
90.09	09008 FACULTY PRACTICE CLINIC	1.112527		90.09
90.10	09009 OUR LADY OF ROSARY CLINIC	1.321020		90.10
91.00	09100 EMERGENCY	0.267072		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.902710		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0012

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

Worksheet C
Part I
Date/Time Prepared:
11/30/2021 12:30 pm

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	64,510,396		64,510,396	0	64,510,396	30.00
31.00	03100 INTENSIVE CARE UNIT	13,240,935		13,240,935	0	13,240,935	31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	4,944,606		4,944,606	0	4,944,606	35.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
43.00	04300 NURSERY	2,807,373		2,807,373	0	2,807,373	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	51,229,659		51,229,659	0	51,229,659	50.00
51.00	05100 RECOVERY ROOM	2,778,425		2,778,425	0	2,778,425	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,730,275		4,730,275	0	4,730,275	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,889,325		9,889,325	0	9,889,325	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	479,521		479,521	0	479,521	55.00
57.00	05700 CT SCAN	2,508,139		2,508,139	0	2,508,139	57.00
58.00	05800 MRI	1,389,510		1,389,510	0	1,389,510	58.00
59.00	05900 CARDIAC CATHETERIZATION	17,006,619		17,006,619	0	17,006,619	59.00
60.00	06000 LABORATORY	16,327,048		16,327,048	0	16,327,048	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	5,072,253	0	5,072,253	0	5,072,253	65.00
65.01	03610 SLEEP LAB	751,417	0	751,417	1,242	752,659	65.01
66.00	06600 PHYSICAL THERAPY	5,188,384	0	5,188,384	0	5,188,384	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,369,334	0	1,369,334	0	1,369,334	67.00
68.00	06800 SPEECH PATHOLOGY	504,689	0	504,689	0	504,689	68.00
69.00	06900 ELECTROCARDIOLOGY	2,602,919		2,602,919	0	2,602,919	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	30,093,380		30,093,380	0	30,093,380	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	42,818,980		42,818,980	0	42,818,980	73.00
74.00	07400 RENAL DIALYSIS	2,248,737		2,248,737	0	2,248,737	74.00
76.97	07697 CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	59,721		59,721	0	59,721	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.02	09001 MOBILE MEDICAL UNIT	152,360		152,360	0	152,360	90.02
90.03	09002 FAMILY MEDICINE CENTER	1,947,920		1,947,920	0	1,947,920	90.03
90.04	09003 WOUND HEALING CENTER	2,153,369		2,153,369	0	2,153,369	90.04
90.05	09004 OUTPATIENT TREATMENT & INFUSION	1,513,498		1,513,498	0	1,513,498	90.05
90.06	09005 PEDIATRIC SPECIALTY CLINIC	431,766		431,766	0	431,766	90.06
90.07	09006 SPORTS MED FELLOWSHIP CLINIC	1,138,365		1,138,365	0	1,138,365	90.07
90.08	09007 PODIATRY RESIDENCY CLINIC	1,430,921		1,430,921	0	1,430,921	90.08
90.09	09008 FACULTY PRACTICE CLINIC	831,279		831,279	0	831,279	90.09
90.10	09009 OUR LADY OF ROSARY CLINIC	1,708,404		1,708,404	0	1,708,404	90.10
91.00	09100 EMERGENCY	14,119,308		14,119,308	193,850	14,313,158	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	8,283,213		8,283,213	0	8,283,213	92.00
200.00	Subtotal (see instructions)	316,262,048	0	316,262,048	195,092	316,457,140	200.00
201.00	Less Observation Beds	8,283,213		8,283,213	0	8,283,213	201.00
202.00	Total (see instructions)	307,978,835	0	307,978,835	195,092	308,173,927	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0012		Period: From 07/01/2020 To 06/30/2021		Worksheet C Part I Date/Time Prepared: 11/30/2021 12:30 pm	
			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	117,862,806		117,862,806			30.00
31.00	03100	INTENSIVE CARE UNIT	33,782,721		33,782,721			31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,235,857		11,235,857			35.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
43.00	04300	NURSERY	3,834,274		3,834,274			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	93,859,139	131,701,420	225,560,559	0.227122	0.000000	50.00
51.00	05100	RECOVERY ROOM	6,633,060	12,536,755	19,169,815	0.144937	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,576,835	1,063,441	15,640,276	0.302442	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,457,537	47,882,847	63,340,384	0.156130	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	412,747	105,803	518,550	0.924734	0.000000	55.00
57.00	05700	CT SCAN	26,462,641	51,941,269	78,403,910	0.031990	0.000000	57.00
58.00	05800	MRI	6,008,705	2,372,300	8,381,005	0.165793	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	32,701,674	45,632,712	78,334,386	0.217103	0.000000	59.00
60.00	06000	LABORATORY	95,823,235	52,937,632	148,760,867	0.109754	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	14,881,170	2,214,569	17,095,739	0.296697	0.000000	65.00
65.01	03610	SLEEP LAB	4,402	4,536,744	4,541,146	0.165469	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	4,193,649	11,012,375	15,206,024	0.341206	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,462,197	2,464,782	5,926,979	0.231034	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,396,743	687,916	2,084,659	0.242097	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	11,827,251	15,629,322	27,456,573	0.094801	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,417,879	38,141,536	83,559,415	0.360143	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	75,196,974	65,135,217	140,332,191	0.305126	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,550,059	586,887	2,136,946	1.052313	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	408,388	408,388	0.146236	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.02	09001	MOBILE MEDICAL UNIT	0	482,332	482,332	0.315882	0.000000	90.02
90.03	09002	FAMILY MEDICINE CENTER	720,192	2,856,519	3,576,711	0.544612	0.000000	90.03
90.04	09003	WOUND HEALING CENTER	39,452	5,290,304	5,329,756	0.404028	0.000000	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	286,773	1,101,990	1,388,763	1.089817	0.000000	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	0	203,407	203,407	2.122670	0.000000	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0	0	0	0.000000	0.000000	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0	0	0	0.000000	0.000000	90.08
90.09	09008	FACULTY PRACTICE CLINIC	56,374	690,825	747,199	1.112527	0.000000	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	225,525	1,067,721	1,293,246	1.321020	0.000000	90.10
91.00	09100	EMERGENCY	15,674,102	37,918,758	53,592,860	0.263455	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,312,314	6,863,629	9,175,943	0.902710	0.000000	92.00
200.00		Subtotal (see instructions)	635,896,287	543,467,400	1,179,363,687			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	635,896,287	543,467,400	1,179,363,687			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/30/2021 12:30 pm
		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
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.227122		50.00
51.00	05100 RECOVERY ROOM	0.144937		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.302442		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.156130		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.924734		55.00
57.00	05700 CT SCAN	0.031990		57.00
58.00	05800 MRI	0.165793		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.217103		59.00
60.00	06000 LABORATORY	0.109754		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.296697		65.00
65.01	03610 SLEEP LAB	0.165742		65.01
66.00	06600 PHYSICAL THERAPY	0.341206		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.231034		67.00
68.00	06800 SPEECH PATHOLOGY	0.242097		68.00
69.00	06900 ELECTROCARDIOLOGY	0.094801		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.360143		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.305126		73.00
74.00	07400 RENAL DIALYSIS	1.052313		74.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.146236		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.02	09001 MOBILE MEDICAL UNIT	0.315882		90.02
90.03	09002 FAMILY MEDICINE CENTER	0.544612		90.03
90.04	09003 WOUND HEALING CENTER	0.404028		90.04
90.05	09004 OUTPATIENT TREATMENT & INFUSION	1.089817		90.05
90.06	09005 PEDIATRIC SPECIALTY CLINIC	2.122670		90.06
90.07	09006 SPORTS MED FELLOWSHIP CLINIC	0.000000		90.07
90.08	09007 PODIATRY RESIDENCY CLINIC	0.000000		90.08
90.09	09008 FACULTY PRACTICE CLINIC	1.112527		90.09
90.10	09009 OUR LADY OF ROSARY CLINIC	1.321020		90.10
91.00	09100 EMERGENCY	0.267072		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.902710		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 15-0012

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

Worksheet C Part II Date/Time Prepared: 11/30/2021 12:30 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	51,229,659	6,259,789	44,969,870	0	0	50.00
51.00	05100	RECOVERY ROOM	2,778,425	368,813	2,409,612	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,730,275	100,713	4,629,562	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,889,325	1,518,846	8,370,479	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	479,521	8,393	471,128	0	0	55.00
57.00	05700	CT SCAN	2,508,139	228,264	2,279,875	0	0	57.00
58.00	05800	MRI	1,389,510	19,759	1,369,751	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,006,619	1,715,305	15,291,314	0	0	59.00
60.00	06000	LABORATORY	16,327,048	467,058	15,859,990	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	5,072,253	455,282	4,616,971	0	0	65.00
65.01	03610	SLEEP LAB	751,417	10,652	740,765	0	0	65.01
66.00	06600	PHYSICAL THERAPY	5,188,384	422,431	4,765,953	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,369,334	28,282	1,341,052	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	504,689	10,351	494,338	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,602,919	318,599	2,284,320	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,093,380	402,074	29,691,306	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,818,980	1,306,460	41,512,520	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,248,737	139,765	2,108,972	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	59,721	1,189	58,532	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09001	MOBILE MEDICAL UNIT	152,360	2,170	150,190	0	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	1,947,920	49,290	1,898,630	0	0	90.03
90.04	09003	WOUND HEALING CENTER	2,153,369	41,249	2,112,120	0	0	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	1,513,498	180,447	1,333,051	0	0	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	431,766	9,132	422,634	0	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	1,138,365	21,257	1,117,108	0	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	1,430,921	27,078	1,403,843	0	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	831,279	16,402	814,877	0	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	1,708,404	34,684	1,673,720	0	0	90.10
91.00	09100	EMERGENCY	14,119,308	2,344,612	11,774,696	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,283,213	1,688,210	6,595,003	0	0	92.00
200.00		Subtotal (sum of lines 50 thru 199)	230,758,738	18,196,556	212,562,182	0	0	200.00
201.00		Less Observation Beds	8,283,213	1,688,210	6,595,003	0	0	201.00
202.00		Total (line 200 minus line 201)	222,475,525	16,508,346	205,967,179	0	0	202.00

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

Provider CCN: 15-0012

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

Worksheet C Part II Date/Time Prepared: 11/30/2021 12:30 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	51,229,659	225,560,559	0.227122		50.00
51.00	05100 RECOVERY ROOM	2,778,425	19,169,815	0.144937		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,730,275	15,640,276	0.302442		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,889,325	63,340,384	0.156130		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	479,521	518,550	0.924734		55.00
57.00	05700 CT SCAN	2,508,139	78,403,910	0.031990		57.00
58.00	05800 MRI	1,389,510	8,381,005	0.165793		58.00
59.00	05900 CARDIAC CATHETERIZATION	17,006,619	78,334,386	0.217103		59.00
60.00	06000 LABORATORY	16,327,048	148,760,867	0.109754		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	5,072,253	17,095,739	0.296697		65.00
65.01	03610 SLEEP LAB	751,417	4,541,146	0.165469		65.01
66.00	06600 PHYSICAL THERAPY	5,188,384	15,206,024	0.341206		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,369,334	5,926,979	0.231034		67.00
68.00	06800 SPEECH PATHOLOGY	504,689	2,084,659	0.242097		68.00
69.00	06900 ELECTROCARDIOLOGY	2,602,919	27,456,573	0.094801		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	30,093,380	83,559,415	0.360143		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	42,818,980	140,332,191	0.305126		73.00
74.00	07400 RENAL DIALYSIS	2,248,737	2,136,946	1.052313		74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	59,721	408,388	0.146236		76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000		90.00
90.02	09001 MOBILE MEDICAL UNIT	152,360	482,332	0.315882		90.02
90.03	09002 FAMILY MEDICINE CENTER	1,947,920	3,576,711	0.544612		90.03
90.04	09003 WOUND HEALING CENTER	2,153,369	5,329,756	0.404028		90.04
90.05	09004 OUTPATIENT TREATMENT & INFUSION	1,513,498	1,388,763	1.089817		90.05
90.06	09005 PEDIATRIC SPECIALTY CLINIC	431,766	203,407	2.122670		90.06
90.07	09006 SPORTS MED FELLOWSHIP CLINIC	1,138,365	0	0.000000		90.07
90.08	09007 PODIATRY RESIDENCY CLINIC	1,430,921	0	0.000000		90.08
90.09	09008 FACULTY PRACTICE CLINIC	831,279	747,199	1.112527		90.09
90.10	09009 OUR LADY OF ROSARY CLINIC	1,708,404	1,293,246	1.321020		90.10
91.00	09100 EMERGENCY	14,119,308	53,592,860	0.263455		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	8,283,213	9,175,943	0.902710		92.00
200.00	Subtotal (sum of lines 50 thru 199)	230,758,738	1,012,648,029			200.00
201.00	Less Observation Beds	8,283,213	0			201.00
202.00	Total (line 200 minus line 201)	222,475,525	1,012,648,029			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part I Date/Time Prepared: 11/30/2021 12:30 pm
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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	13,147,920	0	13,147,920	52,632	249.81	30.00
31.00	INTENSIVE CARE UNIT	1,674,103		1,674,103	6,373	262.69	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	597,633		597,633	947	631.08	35.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	58,137		58,137	4,461	13.03	43.00
200.00	Total (lines 30 through 199)	15,477,793		15,477,793	64,413		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	15,128	3,779,126				
31.00	INTENSIVE CARE UNIT	1,760	462,334				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
41.00	SUBPROVIDER - IRF	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	16,888	4,241,460				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0012

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

Worksheet D
Part II
Date/Time Prepared:
11/30/2021 12:30 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,259,789	225,560,559	0.027752	29,513,717	819,065	50.00
51.00	05100	RECOVERY ROOM	368,813	19,169,815	0.019239	2,007,632	38,625	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	100,713	15,640,276	0.006439	19,099	123	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,518,846	63,340,384	0.023979	5,141,389	123,285	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,393	518,550	0.016186	179,852	2,911	55.00
57.00	05700	CT SCAN	228,264	78,403,910	0.002911	8,927,201	25,987	57.00
58.00	05800	MRI	19,759	8,381,005	0.002358	1,924,318	4,538	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,715,305	78,334,386	0.021897	10,751,303	235,421	59.00
60.00	06000	LABORATORY	467,058	148,760,867	0.003140	31,289,449	98,249	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	455,282	17,095,739	0.026631	4,717,912	125,643	65.00
65.01	03610	SLEEP LAB	10,652	4,541,146	0.002346	2,192	5	65.01
66.00	06600	PHYSICAL THERAPY	422,431	15,206,024	0.027781	1,563,750	43,443	66.00
67.00	06700	OCCUPATIONAL THERAPY	28,282	5,926,979	0.004772	1,356,087	6,471	67.00
68.00	06800	SPEECH PATHOLOGY	10,351	2,084,659	0.004965	560,711	2,784	68.00
69.00	06900	ELECTROCARDIOLOGY	318,599	27,456,573	0.011604	4,360,161	50,595	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	402,074	83,559,415	0.004812	16,339,730	78,627	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,306,460	140,332,191	0.009310	22,744,537	211,752	73.00
74.00	07400	RENAL DIALYSIS	139,765	2,136,946	0.065404	754,615	49,355	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,189	408,388	0.002911	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.02	09001	MOBILE MEDICAL UNIT	2,170	482,332	0.004499	0	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	49,290	3,576,711	0.013781	0	0	90.03
90.04	09003	WOUND HEALING CENTER	41,249	5,329,756	0.007739	24,042	186	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	180,447	1,388,763	0.129934	96,000	12,474	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	9,132	203,407	0.044895	0	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	21,257	0	0.000000	0	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	27,078	0	0.000000	0	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	16,402	747,199	0.021951	0	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	34,684	1,293,246	0.026819	0	0	90.10
91.00	09100	EMERGENCY	2,344,612	53,592,860	0.043749	5,177,352	226,504	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,688,210	9,175,943	0.183982	1,035,274	190,472	92.00
200.00		Total (lines 50 through 199)	18,196,556	1,012,648,029		148,486,323	2,346,515	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part III Date/Time Prepared: 11/30/2021 12:30 pm
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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	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
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. 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	52,632	0.00	15,128 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	6,373	0.00	1,760 31.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	947	0.00	0 35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0 41.00	
43.00	04300	NURSERY	0	0	4,461	0.00	0 43.00	
200.00		Total (lines 30 through 199)	0	0	64,413	0.00	16,888 200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
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: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/30/2021 12:30 pm
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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	
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	
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00	
58.00 05800 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	
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
65.01 03610 SLEEP LAB	0	0	0	0	0	0	65.01	
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	
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	856,453	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98	
76.99 07699 LITHOTRIpsy	0	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	0	0	0	0	0	0	90.00	
90.02 09001 MOBILE MEDICAL UNIT	0	0	0	0	0	0	90.02	
90.03 09002 FAMILY MEDICINE CENTER	0	0	0	0	0	0	90.03	
90.04 09003 WOUND HEALING CENTER	0	0	0	0	0	0	90.04	
90.05 09004 OUTPATIENT TREATMENT & INFUSION	0	0	0	0	0	0	90.05	
90.06 09005 PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0	0	90.06	
90.07 09006 SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0	0	90.07	
90.08 09007 PODIATRY RESIDENCY CLINIC	0	0	0	0	0	0	90.08	
90.09 09008 FACULTY PRACTICE CLINIC	0	0	0	0	0	0	90.09	
90.10 09009 OUR LADY OF ROSARY CLINIC	0	0	0	0	0	0	90.10	
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	856,453	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/30/2021 12:30 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Title XVIII		Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
				Hospital	PPS	
	4.00	5.00	6.00	Total Charges (from Wkst. C, Part I, col. 8)	7.00	8.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	225,560,559	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	19,169,815	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	15,640,276	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	63,340,384	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	518,550	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	78,403,910	0.000000	57.00
58.00 05800 MRI	0	0	0	8,381,005	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	78,334,386	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	148,760,867	0.000000	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	17,095,739	0.000000	65.00
65.01 03610 SLEEP LAB	0	0	0	4,541,146	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	15,206,024	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	5,926,979	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,084,659	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	27,456,573	0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	83,559,415	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	856,453	856,453	140,332,191	0.006103	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	2,136,946	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	408,388	0.000000	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.02 09001 MOBILE MEDICAL UNIT	0	0	0	482,332	0.000000	90.02
90.03 09002 FAMILY MEDICINE CENTER	0	0	0	3,576,711	0.000000	90.03
90.04 09003 WOUND HEALING CENTER	0	0	0	5,329,756	0.000000	90.04
90.05 09004 OUTPATIENT TREATMENT & INFUSION	0	0	0	1,388,763	0.000000	90.05
90.06 09005 PEDIATRIC SPECIALTY CLINIC	0	0	0	203,407	0.000000	90.06
90.07 09006 SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0.000000	90.07
90.08 09007 PODIATRY RESIDENCY CLINIC	0	0	0	0	0.000000	90.08
90.09 09008 FACULTY PRACTICE CLINIC	0	0	0	747,199	0.000000	90.09
90.10 09009 OUR LADY OF ROSARY CLINIC	0	0	0	1,293,246	0.000000	90.10
91.00 09100 EMERGENCY	0	0	0	53,592,860	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,175,943	0.000000	92.00
200.00 Total (lines 50 through 199)	0	856,453	856,453	1,012,648,029		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/30/2021 12:30 pm
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Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	29,513,717	0	24,337,649	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	2,007,632	0	2,383,842	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	19,099	0	643	0	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	5,141,389	0	8,341,721	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	179,852	0	19,665	0	55.00	
57.00	05700 CT SCAN	0.000000	8,927,201	0	10,470,582	0	57.00	
58.00	05800 MRI	0.000000	1,924,318	0	678,056	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	10,751,303	0	15,578,347	0	59.00	
60.00	06000 LABORATORY	0.000000	31,289,449	0	8,762,173	0	60.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
65.00	06500 RESPIRATORY THERAPY	0.000000	4,717,912	0	431,990	0	65.00	
65.01	03610 SLEEP LAB	0.000000	2,192	0	670,098	0	65.01	
66.00	06600 PHYSICAL THERAPY	0.000000	1,563,750	0	88,882	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,356,087	0	25,335	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	560,711	0	27,309	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	4,360,161	0	3,852,486	0	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	16,339,730	0	11,358,831	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.006103	22,744,537	138,810	22,221,070	135,615	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	754,615	0	76,319	0	74.00	
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	142,820	0	76.98	
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00	
90.02	09001 MOBILE MEDICAL UNIT	0.000000	0	0	0	0	90.02	
90.03	09002 FAMILY MEDICINE CENTER	0.000000	0	0	0	0	90.03	
90.04	09003 WOUND HEALING CENTER	0.000000	24,042	0	1,810,817	0	90.04	
90.05	09004 OUTPATIENT TREATMENT & INFUSION	0.000000	96,000	0	477,027	0	90.05	
90.06	09005 PEDIATRIC SPECIALTY CLINIC	0.000000	0	0	0	0	90.06	
90.07	09006 SPORTS MED FELLOWSHIP CLINIC	0.000000	0	0	0	0	90.07	
90.08	09007 PODIATRY RESIDENCY CLINIC	0.000000	0	0	0	0	90.08	
90.09	09008 FACULTY PRACTICE CLINIC	0.000000	0	0	0	0	90.09	
90.10	09009 OUR LADY OF ROSARY CLINIC	0.000000	0	0	0	0	90.10	
91.00	09100 EMERGENCY	0.000000	5,177,352	0	6,125,487	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,035,274	0	2,087,080	0	92.00	
200.00	Total (lines 50 through 199)		148,486,323	138,810	119,968,229	135,615	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/30/2021 12:30 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.227122	24,337,649	51,940	0	5,527,616	50.00
51.00	05100	RECOVERY ROOM	0.144937	2,383,842	0	0	345,507	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.302442	643	0	0	194	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156130	8,341,721	0	0	1,302,393	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.924734	19,665	0	0	18,185	55.00
57.00	05700	CT SCAN	0.031990	10,470,582	0	0	334,954	57.00
58.00	05800	MRI	0.165793	678,056	0	0	112,417	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.217103	15,578,347	0	0	3,382,106	59.00
60.00	06000	LABORATORY	0.109754	8,762,173	3,474	0	961,684	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.296697	431,990	0	0	128,170	65.00
65.01	03610	SLEEP LAB	0.165469	670,098	0	0	110,880	65.01
66.00	06600	PHYSICAL THERAPY	0.341206	88,882	0	0	30,327	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.231034	25,335	0	0	5,853	67.00
68.00	06800	SPEECH PATHOLOGY	0.242097	27,309	0	0	6,611	68.00
69.00	06900	ELECTROCARDIOLOGY	0.094801	3,852,486	0	0	365,220	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.360143	11,358,831	0	0	4,090,803	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.305126	22,221,070	0	44,481	6,780,226	73.00
74.00	07400	RENAL DIALYSIS	1.052313	76,319	0	0	80,311	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.146236	142,820	0	0	20,885	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.02	09001	MOBILE MEDICAL UNIT	0.315882	0	0	0	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	0.544612	0	0	0	0	90.03
90.04	09003	WOUND HEALING CENTER	0.404028	1,810,817	0	0	731,621	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	1.089817	477,027	0	0	519,872	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	2.122670	0	0	0	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0.000000	0	0	0	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0.000000	0	0	0	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	1.112527	0	0	0	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	1.321020	0	0	0	0	90.10
91.00	09100	EMERGENCY	0.263455	6,125,487	0	0	1,613,790	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.902710	2,087,080	0	0	1,884,028	92.00
200.00		Subtotal (see instructions)		119,968,229	55,414	44,481	28,353,653	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		119,968,229	55,414	44,481	28,353,653	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/30/2021 12:30 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	11,797	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	381	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 03610 SLEEP LAB	0	0		65.01
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
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	13,572		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.02 09001 MOBILE MEDICAL UNIT	0	0		90.02
90.03 09002 FAMILY MEDICINE CENTER	0	0		90.03
90.04 09003 WOUND HEALING CENTER	0	0		90.04
90.05 09004 OUTPATIENT TREATMENT & INFUSION	0	0		90.05
90.06 09005 PEDIATRIC SPECIALTY CLINIC	0	0		90.06
90.07 09006 SPORTS MED FELLOWSHIP CLINIC	0	0		90.07
90.08 09007 PODIATRY RESIDENCY CLINIC	0	0		90.08
90.09 09008 FACULTY PRACTICE CLINIC	0	0		90.09
90.10 09009 OUR LADY OF ROSARY CLINIC	0	0		90.10
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)	12,178	13,572		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	12,178	13,572		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part I Date/Time Prepared: 11/30/2021 12:30 pm
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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	13,147,920	0	13,147,920	52,632	249.81	30.00
31.00	INTENSIVE CARE UNIT	1,674,103		1,674,103	6,373	262.69	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	597,633		597,633	947	631.08	35.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	58,137		58,137	4,461	13.03	43.00
200.00	Total (lines 30 through 199)	15,477,793		15,477,793	64,413		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,231	807,136				
31.00	INTENSIVE CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
41.00	SUBPROVIDER - IRF	0	0				
43.00	NURSERY	638	8,313				
200.00	Total (lines 30 through 199)	3,869	815,449				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0012

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

Worksheet D
Part II
Date/Time Prepared:
11/30/2021 12:30 pm

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	6,259,789	225,560,559	0.027752	15,670,340	434,883	50.00
51.00	05100	RECOVERY ROOM	368,813	19,169,815	0.019239	917,834	17,658	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	100,713	15,640,276	0.006439	6,050,638	38,960	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,518,846	63,340,384	0.023979	2,357,074	56,520	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,393	518,550	0.016186	52,622	852	55.00
57.00	05700	CT SCAN	228,264	78,403,910	0.002911	4,056,655	11,809	57.00
58.00	05800	MRI	19,759	8,381,005	0.002358	1,017,388	2,399	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,715,305	78,334,386	0.021897	3,591,296	78,639	59.00
60.00	06000	LABORATORY	467,058	148,760,867	0.003140	15,581,459	48,926	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	455,282	17,095,739	0.026631	2,327,502	61,984	65.00
65.01	03610	SLEEP LAB	10,652	4,541,146	0.002346	0	0	65.01
66.00	06600	PHYSICAL THERAPY	422,431	15,206,024	0.027781	490,451	13,625	66.00
67.00	06700	OCCUPATIONAL THERAPY	28,282	5,926,979	0.004772	358,964	1,713	67.00
68.00	06800	SPEECH PATHOLOGY	10,351	2,084,659	0.004965	174,555	867	68.00
69.00	06900	ELECTROCARDIOLOGY	318,599	27,456,573	0.011604	1,633,775	18,958	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	402,074	83,559,415	0.004812	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,306,460	140,332,191	0.009310	11,409,284	106,220	73.00
74.00	07400	RENAL DIALYSIS	139,765	2,136,946	0.065404	183,008	11,969	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,189	408,388	0.002911	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.02	09001	MOBILE MEDICAL UNIT	2,170	482,332	0.004499	0	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	49,290	3,576,711	0.013781	0	0	90.03
90.04	09003	WOUND HEALING CENTER	41,249	5,329,756	0.007739	4,308	33	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	180,447	1,388,763	0.129934	7,949	1,033	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	9,132	203,407	0.044895	0	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	21,257	0	0.000000	0	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	27,078	0	0.000000	0	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	16,402	747,199	0.021951	0	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	34,684	1,293,246	0.026819	0	0	90.10
91.00	09100	EMERGENCY	2,344,612	53,592,860	0.043749	3,373,161	147,572	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,688,210	9,175,943	0.183982	0	0	92.00
200.00		Total (lines 50 through 199)	18,196,556	1,012,648,029		69,258,263	1,054,620	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part III Date/Time Prepared: 11/30/2021 12:30 pm
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Cost Center Description		Title XIX		Hospital		PPS		
		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
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		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	52,632	0.00	3,231	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	6,373	0.00	0	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	947	0.00	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00
43.00	04300	NURSERY	0	0	4,461	0.00	638	43.00
200.00		Total (lines 30 through 199)	0	0	64,413	0.00	3,869	200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
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: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/30/2021 12:30 pm
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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
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
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 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
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01 03610 SLEEP LAB	0	0	0	0	0	0	65.01
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
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	856,453	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99 07699 LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.02 09001 MOBILE MEDICAL UNIT	0	0	0	0	0	0	90.02
90.03 09002 FAMILY MEDICINE CENTER	0	0	0	0	0	0	90.03
90.04 09003 WOUND HEALING CENTER	0	0	0	0	0	0	90.04
90.05 09004 OUTPATIENT TREATMENT & INFUSION	0	0	0	0	0	0	90.05
90.06 09005 PEDIATRIC SPECIALTY CLINIC	0	0	0	0	0	0	90.06
90.07 09006 SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0	0	90.07
90.08 09007 PODIATRY RESIDENCY CLINIC	0	0	0	0	0	0	90.08
90.09 09008 FACULTY PRACTICE CLINIC	0	0	0	0	0	0	90.09
90.10 09009 OUR LADY OF ROSARY CLINIC	0	0	0	0	0	0	90.10
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	856,453	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/30/2021 12:30 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	225,560,559	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	19,169,815	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	15,640,276	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	63,340,384	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	518,550	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	78,403,910	0.000000	57.00
58.00 05800 MRI	0	0	0	8,381,005	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	78,334,386	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	148,760,867	0.000000	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	17,095,739	0.000000	65.00
65.01 03610 SLEEP LAB	0	0	0	4,541,146	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	15,206,024	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	5,926,979	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,084,659	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	27,456,573	0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	83,559,415	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	856,453	856,453	140,332,191	0.006103	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	2,136,946	0.000000	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	408,388	0.000000	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.02 09001 MOBILE MEDICAL UNIT	0	0	0	482,332	0.000000	90.02
90.03 09002 FAMILY MEDICINE CENTER	0	0	0	3,576,711	0.000000	90.03
90.04 09003 WOUND HEALING CENTER	0	0	0	5,329,756	0.000000	90.04
90.05 09004 OUTPATIENT TREATMENT & INFUSION	0	0	0	1,388,763	0.000000	90.05
90.06 09005 PEDIATRIC SPECIALTY CLINIC	0	0	0	203,407	0.000000	90.06
90.07 09006 SPORTS MED FELLOWSHIP CLINIC	0	0	0	0	0.000000	90.07
90.08 09007 PODIATRY RESIDENCY CLINIC	0	0	0	0	0.000000	90.08
90.09 09008 FACULTY PRACTICE CLINIC	0	0	0	747,199	0.000000	90.09
90.10 09009 OUR LADY OF ROSARY CLINIC	0	0	0	1,293,246	0.000000	90.10
91.00 09100 EMERGENCY	0	0	0	53,592,860	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,175,943	0.000000	92.00
200.00 Total (lines 50 through 199)	0	856,453	856,453	1,012,648,029		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/30/2021 12:30 pm
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Cost Center Description		Title XIX				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	15,670,340	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	917,834	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	6,050,638	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	2,357,074	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	52,622	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	4,056,655	0	0	0	57.00
58.00	05800 MRI	0.000000	1,017,388	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	3,591,296	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	15,581,459	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	2,327,502	0	0	0	65.00
65.01	03610 SLEEP LAB	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	490,451	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	358,964	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	174,555	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,633,775	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.006103	11,409,284	69,631	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	183,008	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.02	09001 MOBILE MEDICAL UNIT	0.000000	0	0	0	0	90.02
90.03	09002 FAMILY MEDICINE CENTER	0.000000	0	0	0	0	90.03
90.04	09003 WOUND HEALING CENTER	0.000000	4,308	0	0	0	90.04
90.05	09004 OUTPATIENT TREATMENT & INFUSION	0.000000	7,949	0	0	0	90.05
90.06	09005 PEDIATRIC SPECIALTY CLINIC	0.000000	0	0	0	0	90.06
90.07	09006 SPORTS MED FELLOWSHIP CLINIC	0.000000	0	0	0	0	90.07
90.08	09007 PODIATRY RESIDENCY CLINIC	0.000000	0	0	0	0	90.08
90.09	09008 FACULTY PRACTICE CLINIC	0.000000	0	0	0	0	90.09
90.10	09009 OUR LADY OF ROSARY CLINIC	0.000000	0	0	0	0	90.10
91.00	09100 EMERGENCY	0.000000	3,373,161	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)		69,258,263	69,631	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/30/2021 12:30 pm
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)		52,632	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		52,632	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)		45,874	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)		15,128	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)		64,510,396	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)		64,510,396	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)		64,510,396	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,225.69	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		18,542,238	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)		18,542,238	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0012		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 11/30/2021 12:30 pm	
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	13,240,935	6,373	2,077.66	1,760	3,656,682		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 NEONATAL INTENSIVE CARE UNIT	4,944,606	947	5,221.34	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					33,188,315		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					55,387,235		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)					4,241,460		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,485,325		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					6,726,785		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					48,660,450		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)					6,758		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,225.69		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					8,283,213		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0012		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/30/2021 12:30 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	13,147,920	64,510,396	0.203811	8,283,213	1,688,210	90.00
91.00	Nursing School cost	0	64,510,396	0.000000	8,283,213	0	91.00
92.00	Allied health cost	0	64,510,396	0.000000	8,283,213	0	92.00
93.00	All other Medical Education	0	64,510,396	0.000000	8,283,213	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/30/2021 12:30 pm
Cost Center Description		Title XIX	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)		52,632	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		52,632	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)		45,874	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		3,231	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		4,461	15.00
16.00	Nursery days (title V or XIX only)		638	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)		64,510,396	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)		64,510,396	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)		64,510,396	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,225.69	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,960,204	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)		3,960,204	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/30/2021 12:30 pm	
Title XIX			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00 NURSERY (title V & XIX only)	2,807,373	4,461	629.31	638	401,500	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	13,240,935	6,373	2,077.66	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 NEONATAL INTENSIVE CARE UNIT	4,944,606	947	5,221.34	0	0	47.00
Cost Center Description						
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					14,450,117	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					18,811,821	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)					815,449	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,124,251	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,939,700	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					16,872,121	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)					6,758	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,225.69	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					8,283,213	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0012		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/30/2021 12:30 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	13,147,920	64,510,396	0.203811	8,283,213	1,688,210	90.00
91.00	Nursing School cost	0	64,510,396	0.000000	8,283,213	0	91.00
92.00	Allied health cost	0	64,510,396	0.000000	8,283,213	0	92.00
93.00	All other Medical Education	0	64,510,396	0.000000	8,283,213	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/30/2021 12:30 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		40,525,024	30.00
31.00	03100	INTENSIVE CARE UNIT		9,148,509	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.227122	29,513,717	6,703,214 50.00
51.00	05100	RECOVERY ROOM	0.144937	2,007,632	290,980 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.302442	19,099	5,776 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156130	5,141,389	802,725 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.924734	179,852	166,315 55.00
57.00	05700	CT SCAN	0.031990	8,927,201	285,581 57.00
58.00	05800	MRI	0.165793	1,924,318	319,038 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.217103	10,751,303	2,334,140 59.00
60.00	06000	LABORATORY	0.109754	31,289,449	3,434,142 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.296697	4,717,912	1,399,790 65.00
65.01	03610	SLEEP LAB	0.165742	2,192	363 65.01
66.00	06600	PHYSICAL THERAPY	0.341206	1,563,750	533,561 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.231034	1,356,087	313,302 67.00
68.00	06800	SPEECH PATHOLOGY	0.242097	560,711	135,746 68.00
69.00	06900	ELECTROCARDIOLOGY	0.094801	4,360,161	413,348 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.360143	16,339,730	5,884,639 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.305126	22,744,537	6,939,950 73.00
74.00	07400	RENAL DIALYSIS	1.052313	754,615	794,091 74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.146236	0	0 76.98
76.99	07699	LITHOTRIpsy	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.02	09001	MOBILE MEDICAL UNIT	0.315882	0	0 90.02
90.03	09002	FAMILY MEDICINE CENTER	0.544612	0	0 90.03
90.04	09003	WOUND HEALING CENTER	0.404028	24,042	9,714 90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	1.089817	96,000	104,622 90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	2.122670	0	0 90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0.000000	0	0 90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0.000000	0	0 90.08
90.09	09008	FACULTY PRACTICE CLINIC	1.112527	0	0 90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	1.321020	0	0 90.10
91.00	09100	EMERGENCY	0.267072	5,177,352	1,382,726 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.902710	1,035,274	934,552 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		148,486,323	33,188,315 200.00
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)		148,486,323	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/30/2021 12:30 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		19,460,832	30.00
31.00	03100	INTENSIVE CARE UNIT		5,300,153	31.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		6,070,266	35.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.227122	15,670,340	50.00
51.00	05100	RECOVERY ROOM	0.144937	917,834	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.302442	6,050,638	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156130	2,357,074	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.924734	52,622	55.00
57.00	05700	CT SCAN	0.031990	4,056,655	57.00
58.00	05800	MRI	0.165793	1,017,388	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.217103	3,591,296	59.00
60.00	06000	LABORATORY	0.109754	15,581,459	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.296697	2,327,502	65.00
65.01	03610	SLEEP LAB	0.165742	0	65.01
66.00	06600	PHYSICAL THERAPY	0.341206	490,451	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.231034	358,964	67.00
68.00	06800	SPEECH PATHOLOGY	0.242097	174,555	68.00
69.00	06900	ELECTROCARDIOLOGY	0.094801	1,633,775	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.360143	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.305126	11,409,284	73.00
74.00	07400	RENAL DIALYSIS	1.052313	183,008	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.146236	0	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.02	09001	MOBILE MEDICAL UNIT	0.315882	0	90.02
90.03	09002	FAMILY MEDICINE CENTER	0.544612	0	90.03
90.04	09003	WOUND HEALING CENTER	0.404028	4,308	90.04
90.05	09004	OUTPATIENT TREATMENT & INFUSION	1.089817	7,949	90.05
90.06	09005	PEDIATRIC SPECIALTY CLINIC	2.122670	0	90.06
90.07	09006	SPORTS MED FELLOWSHIP CLINIC	0.000000	0	90.07
90.08	09007	PODIATRY RESIDENCY CLINIC	0.000000	0	90.08
90.09	09008	FACULTY PRACTICE CLINIC	1.112527	0	90.09
90.10	09009	OUR LADY OF ROSARY CLINIC	1.321020	0	90.10
91.00	09100	EMERGENCY	0.267072	3,373,161	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.902710	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		69,258,263	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)		69,258,263	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/30/2021 12:30 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		36,523,178	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		0	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)		2,020,919	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		0	2.04
3.00	Managed Care Simulated Payments		28,636,359	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		238.33	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)		17.61	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		1.02	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)		5.87	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)		22.46	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		28.28	10.00
11.00	FTE count for residents in dental and podiatric programs.		5.67	11.00
12.00	Current year allowable FTE (see instructions)		28.13	12.00
13.00	Total allowable FTE count for the prior year.		28.46	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.		27.46	14.00
15.00	Sum of lines 12 through 14 divided by 3.		28.02	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		28.02	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.117568	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.118811	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.117568	21.00
22.00	IME payment adjustment (see instructions)		2,270,354	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,780,093	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)		5.82	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)		2,270,354	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,780,093	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.59	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.65	31.00
32.00	Sum of lines 30 and 31		25.24	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.04	33.00
34.00	Disproportionate share adjustment (see instructions)		916,732	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/30/2021 12:30 pm	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		4,124,698	2,448,644	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,036,809	1,831,451	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,868,260		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	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 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)		44,599,443		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)			46,379,536	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			3,528,019	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).			1,489,954	52.00
53.00	Nursing and Allied Health Managed Care payment			35,935	53.00
54.00	Special add-on payments for new technologies			794,877	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)			138,810	58.00
59.00	Total (sum of amounts on lines 49 through 58)			52,367,131	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			52,367,131	61.00
62.00	Deductibles billed to program beneficiaries			3,503,180	62.00
63.00	Coinurance billed to program beneficiaries			36,065	63.00
64.00	Allowable bad debts (see instructions)			416,134	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			270,487	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			46,882	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			49,098,373	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)			-146,685	70.93
70.94	HRR adjustment amount (see instructions)			0	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/30/2021 12:30 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)		Amount	
		0		1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			48,951,688	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			47,856,412	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)			1,095,276	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			1,703,199	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0012

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2021 12:30 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	36,523,178	0	36,523,178		36,523,178	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0		0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	2,020,919	0	2,020,919		2,020,919	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0	0		0	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	28,636,359	0	28,636,359	0	28,636,359	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.117568	0.117568	0.117568	0.117568		5.00
6.00	IME payment adjustment (see instructions)	22.00	2,270,354	0	2,270,354	0	2,270,354	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,780,093	0	1,780,093	0	1,780,093	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,270,354	0	2,270,354	0	2,270,354	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,780,093	0	1,780,093	0	1,780,093	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1004	0.1004	0.1004	0.1004		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	916,732	0	916,732	0	916,732	11.00
11.01	Uncompensated care payments	36.00	2,868,260	0	1,036,809	1,831,451	2,868,260	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	44,599,443	0	42,767,992	1,831,451	44,599,443	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	46,379,536	0	44,548,085	1,831,451	46,379,536	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,528,019	0	3,528,019	0	3,528,019	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0012

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2021 12:30 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	794,877	0	794,877	0	794,877	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	48,870,981	1,831,451	50,702,432	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,787,625	0	2,787,625	0	2,787,625	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	442,675	0	442,675	0	442,675	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0544	0.0544	0.0544	0.0544		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	151,647	0	151,647	0	151,647	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0524	0.0524	0.0524	0.0524		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	146,072	0	146,072	0	146,072	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,528,019	0	3,528,019	0	3,528,019	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5			Provider CCN: 15-0012		Period: From 07/01/2020 To 06/30/2021		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/30/2021 12:30 pm	
			Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00						1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	36,523,178	36,523,178			36,523,178	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0	0		0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0			0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0			0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0		0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	2,020,919	2,020,919			2,020,919	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0	0	0		0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0		0	3.00
4.00	Managed care simulated payments	3.00	28,636,359	28,636,359	0		28,636,359	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.117568	0.117568	0.117568			5.00
6.00	IME payment adjustment (see instructions)	22.00	2,270,354	2,270,354	0		2,270,354	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,780,093	1,780,093	0		1,780,093	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000			7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0		0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0		0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,270,354	2,270,354	0		2,270,354	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,780,093	1,780,093	0		1,780,093	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1004	0.1004	0.1004			10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	916,732	916,732	0		916,732	11.00
11.01	Uncompensated care payments	36.00	2,868,260	1,036,809	1,831,451		2,868,260	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0		0	12.00
13.00	Subtotal (see instructions)	47.00	44,599,443	42,767,992	1,831,451		44,599,443	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0		0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	46,379,536	44,548,085	1,831,451		46,379,536	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,528,019	3,528,019	0		3,528,019	16.00
17.00	Special add-on payments for new technologies	54.00	794,877	794,877	0		794,877	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0		0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0		0	18.00
19.00	SUBTOTAL			48,870,981	1,831,451		50,702,432	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0012

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/30/2021 12:30 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,787,625	2,787,625	0	2,787,625	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	442,675	442,675	0	442,675	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0544	0.0544	0.0544		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	151,647	151,647	0	151,647	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0524	0.0524	0.0524		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	146,072	146,072	0	146,072	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,528,019	3,528,019	0	3,528,019	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-146,685	-146,685	0	-146,685	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	0	0	0	0	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/30/2021 12:30 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		25,750	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		28,218,038	2.00
3.00	OPPS payments		24,051,866	3.00
4.00	Outlier payment (see instructions)		113,876	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		135,615	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		25,750	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		99,895	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)		99,895	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)		99,895	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		74,145	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)		25,750	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		24,301,357	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		10,388	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,396,796	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		20,919,923	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		763,074	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)		21,682,997	30.00
31.00	Primary payer payments		13,075	31.00
32.00	Subtotal (line 30 minus line 31)		21,669,922	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)		585,496	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		380,572	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		285,223	36.00
37.00	Subtotal (see instructions)		22,050,494	37.00
38.00	MSP-LCC reconciliation amount from PS&R		125	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		22,050,369	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		21,952,689	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)		97,680	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: 15-0012

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

Worksheet E-1
Part I
Date/Time Prepared:
11/30/2021 12:30 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		47,856,412		21,952,689	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		47,856,412		21,952,689	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		1,095,276		97,680	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		48,951,688		22,050,369	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 15-0012

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

Worksheet E-1
Part II
Date/Time Prepared:
11/30/2021 12:30 pm

Title XVIII		Hospital	PPS
			1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS			
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		1.00
2.00	Medicare days 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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0012		Period: From 07/01/2020 To 06/30/2021		Worksheet E-4	
		Title XVIII		Hospital		Date/Time Prepared: 11/30/2021 12:30 pm	
						PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					22.87	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					2.14	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					7.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					27.73	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					33.95	6.00
7.00	Enter the lesser of line 5 or line 6					27.73	7.00
		Primary Care	Other	Total			
		1.00	2.00	3.00			
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	27.78	0.00	27.78		8.00	
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	22.69	0.00	22.69		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		5.67	5.67		10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year		5.67	5.67		10.01	
11.00	Total weighted FTE count	22.69	5.67	28.36		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	21.92	6.83	28.75		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	26.63	5.77	32.40		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	23.75	6.09	29.84		14.00	
15.00	Adjustment for residents in initial years of new programs	0.00	0.00	0.00		15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00	0.00		15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00	0.00		16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00	0.00		16.01	
17.00	Adjusted rolling average FTE count	23.75	6.09	29.84		17.00	
18.00	Per resident amount	136,983.44	130,116.41	267,099.85		18.00	
19.00	Approved amount for resident costs	3,253,357	792,409	4,045,766		19.00	
				1.00			
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00		20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			6.22		21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00		22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00		23.00	
24.00	Multiply line 22 time line 23			0		24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)			4,045,766		25.00	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total		
		1.00	2.00	2.01	3.00		
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	16,888	13,652	0			26.00
27.00	Total Inpatient Days (see instructions)	53,843	53,843	53,843			27.00
28.00	Ratio of inpatient days to total inpatient days	0.313653	0.253552	0.000000			28.00
29.00	Program direct GME amount	1,268,967	1,025,812	0	2,294,779		29.00
29.01	Percent reduction for MA DGME		4.07	4.07			29.01
30.00	Reduction for direct GME payments for Medicare Advantage		41,751	0	41,751		30.00
31.00	Net Program direct GME amount				2,253,028		31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/30/2021 12:30 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		2,136,946	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		55,387,235	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		55,387,235	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		28,379,403	42.00
43.00	Primary payer payments (see instructions)		13,075	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		28,366,328	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		83,753,563	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.661312	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.338688	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		2,253,028	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		1,489,954	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		763,074	50.00

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

Provider CCN: 15-0012

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

Worksheet G

Date/Time Prepared:
11/30/2021 12:30 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	9,225	0	0	0	1.00
2.00	Temporary investments	13,027,611	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	58,206,310	0	0	0	4.00
5.00	Other receivable	286,451,342	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-8,671,501	0	0	0	6.00
7.00	Inventory	9,168,439	0	0	0	7.00
8.00	Prepaid expenses	673,785	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	358,865,211	0	0	0	11.00
FIXED ASSETS						
12.00	Land	289,730	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	0	0	0	0	15.00
16.00	Accumulated depreciation	-168,526	0	0	0	16.00
17.00	Leasehold improvements	309,182,821	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	117,464,649	0	0	0	23.00
24.00	Accumulated depreciation	-190,556,703	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	236,211,971	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	39,741,796	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	39,741,796	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	634,818,978	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	234,411,620	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,288,235	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	8,983,393	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	648,687	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	253,331,935	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	269,170,355	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	13,581,353	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	282,751,708	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	536,083,643	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	98,735,335	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)	98,735,335	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	634,818,978	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0012

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

Worksheet G-1

Date/Time Prepared:
11/30/2021 12:30 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		66,668,244			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		31,780,863				2.00
3.00	Total (sum of line 1 and line 2)		98,449,107			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	Unrest NA Rel From Rest For Cap	276,224		0		0	5.00
6.00	Unrest Contr Long Lived Assets	10,000		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		286,224			0	10.00
11.00	Subtotal (line 3 plus line 10)		98,735,331			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		98,735,331			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	Unrest NA Rel From Rest For Cap		0				5.00
6.00	Unrest Contr Long Lived Assets		0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0012

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/30/2021 12:30 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	121,697,080		121,697,080	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	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)	121,697,080		121,697,080	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	33,782,721		33,782,721	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	NEONATAL INTENSIVE CARE UNIT	11,235,857		11,235,857	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	45,018,578		45,018,578	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	166,715,658		166,715,658	17.00
18.00	Ancillary services	449,865,898	486,991,914	936,857,812	18.00
19.00	Outpatient services	19,314,732	56,475,485	75,790,217	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHARMACY	-399,444	401,608	2,164	27.00
27.01	MATERNAL FETAL MEDICINE/LABORIST	110,427	1,804,046	1,914,473	27.01
27.02	NEONATOLOGISTS	1,531,121	2,150	1,533,271	27.02
27.03	HOSPITALISTS/INTENSIVISTS	2,286,370	61,300	2,347,670	27.03
27.99	REVENUE ADJUSTMENTS	7,222,998	18,995,500	26,218,498	27.99
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	646,647,760	564,732,003	1,211,379,763	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		359,335,487		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)		359,335,487		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet G-3 Date/Time Prepared: 11/30/2021 12:30 pm
				1.00
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)			1,211,379,763 1.00
2.00	Less contractual allowances and discounts on patients' accounts			854,869,152 2.00
3.00	Net patient revenues (line 1 minus line 2)			356,510,611 3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)			359,335,487 4.00
5.00	Net income from service to patients (line 3 minus line 4)			-2,824,876 5.00
OTHER INCOME				
6.00	Contributions, donations, bequests, etc			0 6.00
7.00	Income from investments			0 7.00
8.00	Revenues from telephone and other miscellaneous communication services			0 8.00
9.00	Revenue from television and radio service			0 9.00
10.00	Purchase discounts			0 10.00
11.00	Rebates and refunds of expenses			0 11.00
12.00	Parking lot receipts			0 12.00
13.00	Revenue from laundry and linen service			0 13.00
14.00	Revenue from meals sold to employees and guests			0 14.00
15.00	Revenue from rental of living quarters			0 15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients			0 16.00
17.00	Revenue from sale of drugs to other than patients			0 17.00
18.00	Revenue from sale of medical records and abstracts			0 18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)			0 19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen			10,520 20.00
21.00	Rental of vending machines			0 21.00
22.00	Rental of hospital space			0 22.00
23.00	Governmental appropriations			0 23.00
24.00	Other specify			11,662,774 24.00
24.50	COVID-19 PHE Funding			22,932,445 24.50
25.00	Total other income (sum of lines 6-24)			34,605,739 25.00
26.00	Total (line 5 plus line 25)			31,780,863 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)			31,780,863 29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0012	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/30/2021 12:30 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,787,625	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		442,675	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)		149.28	3.00
4.00	Number of interns & residents (see instructions)		28.02	4.00
5.00	Indirect medical education percentage (see instructions)		5.44	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)		151,647	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.59	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		21.65	8.00
9.00	Sum of lines 7 and 8		25.24	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.24	10.00
11.00	Disproportionate share adjustment (see instructions)		146,072	11.00
12.00	Total prospective capital payments (see instructions)		3,528,019	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