

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: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/30/2022 7:58 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 5/30/2022	Time: 7:58 pm
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No.	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.
		8. <input type="checkbox"/> Initial Report for this Provider CCN	
		9. <input type="checkbox"/> Final Report for this Provider CCN	

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN HEALTH- DYER (15-0090) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1		2		
1			I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Date			4

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	-78,591	-152,023	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-78,652	-199		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
200.00 Total	0	-157,243	-152,222	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 7:58 pm
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1.00	2.00	3.00	4.00
Hospital and Hospital Health Care Complex Address:			
1.00	Street: 24 JOLIET STREET	PO Box:	1.00
2.00	City: DYER	State: IN	2.00
		Zip Code: 46311-1799	County: LAKE

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	FRANCISCAN HEALTH- DYER	150090	23844	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	FRANCISCAN HEALTH - DYER -REHAB	15T090	23844	5	01/01/2002	N	P	T	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2021	12/31/2021	20.00	
21.00	Type of Control (see instructions)					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.				N	N	N			22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N				23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0090			Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 7:58 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.	39	15	1,452	344	1,913	14	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	6	66	543		25.00	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:		Ending:	
						1.00		2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N		Y/N	
						1.00		2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	Y	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	N		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					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.	N					60.00
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20
						1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N		63.00
		Unweighted FTEs Nonprovi- der Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
		1.00	2.00	3.00			
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	4.29	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)	INTERN MEDICINE	3900	0.00	0.19	0.000000		67.00
				1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N				70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0		71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y				75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0		76.00

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			1.00				
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N	80.00			
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N	81.00			
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N	85.00			
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00			
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N	87.00			
			V 1.00	XIX 2.00			
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.00		
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.01		
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.02		
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03		
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04		
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.05		
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.06		
Rural Providers							
105.00	Does this hospital qualify as a CAH?		N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00		
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00		
			Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	N	N	109.00
			1.00				
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 7:58 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	708,263	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		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.04	122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	158014	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0090		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 7:58 pm			
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: FRANCISCAN ALLIANCE, INC	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101				141.00	
142.00	Street: 1515 DRAGOON TRAIL	PO Box: -						142.00	
143.00	City: MISHAWAKA	State: IN		Zip Code: 46546				143.00	
144.00 Are provider based physicians' costs included in Worksheet A?									
Y									
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.									
N									
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.									
N									
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.									
N									
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.									
N									
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.									
N									
		Part A 1.00		Part B 2.00		Title V 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		N	
156.00	Subprovider - IPF	N		N		N		N	
157.00	Subprovider - IRF	N		N		N		N	
158.00	SUBPROVIDER	N		N		N		N	
159.00	SNF	N		N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N		N	
161.00	CMHC	N		N		N		N	
Multi campus									
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.									
N									
		Name 0		County 1.00		State 2.00		Zip Code 3.00	
		CBSA 4.00		FTE/Campus 5.00					
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)									
0.00									
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.									
Y									
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)									
168.01									
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)									
0.00									
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)									
		Beginni ng 1.00		Endi ng 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									
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									
0									

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0090		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 5/30/2022 7:58 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	05/12/2022			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/06/2022	Y	05/06/2022		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/30/2022 7:58 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				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.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	GLENN		JOHNSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCISCAN ALLIANCE INC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	541-290-2515		GLENN.JOHNSON@FRANCISCANALLIANCE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0090

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

Worksheet S-2
Part II
Date/Time Prepared:
5/30/2022 7:58 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.	MANAGER 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: 15-0090

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2022 7:58 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	90	32,468	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)		90	32,468	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	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	8	424	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		112	38,002	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,950		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		142				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0090

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2022 7:58 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)	7,685	1,838	18,447			1.00
2.00 HMO and other (see instructions)	4,608	1,913				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	1,281	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	7,685	1,838	18,447			7.00
8.00 INTENSIVE CARE UNIT	849	0	2,591			8.00
9.00 CORONARY CARE UNIT	0	0	0			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	2	70			12.00
13.00 NURSERY		10	106			13.00
14.00 Total (see instructions)	8,534	1,850	21,214	4.55	749.95	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	5,287	615	8,277	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			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)				4.55	749.95	27.00
28.00 Observation Bed Days		264	3,847			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	14	164			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: 15-0090

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2022 7:58 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	1,739	364	4,194	1.00
2.00 HMO and other (see instructions)			723	257		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)	0.00	0	1,739	364	4,194	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	421	54	665	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0090

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2022 7:58 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	71,185,599	0	71,185,599	2,017,884.00	35.28
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
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	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		7,406,708	0	7,406,708	194,096.00	38.16
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		13,718,379	388	13,718,767	457,848.00	29.96
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		1,408,719	0	1,408,719	12,743.00	110.55
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		179,031	0	179,031	1,120.00	159.85
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		9,414,179	0	9,414,179	246,727.00	38.16
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)		37,090,851	0	37,090,851		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		8,854,512	0	8,854,512		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		2,867,980	0	2,867,980		
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: 15-0090

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2022 7:58 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	376,085	0	376,085	11,622.00	32.36	26.00
27.00	Administrative & General	12,876,314	-75,529	12,800,785	320,884.00	39.89	27.00
28.00	Administrative & General under contract (see inst.)	444,364	0	444,364	3,891.00	114.20	28.00
29.00	Maintenance & Repairs	683,148	0	683,148	17,078.00	40.00	29.00
30.00	Operation of Plant	1,236,515	0	1,236,515	39,689.00	31.16	30.00
31.00	Laundry & Linen Service	188,268	0	188,268	11,129.00	16.92	31.00
32.00	Housekeeping	1,605,739	0	1,605,739	94,923.00	16.92	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,070,079	-545,645	524,434	28,242.00	18.57	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	34,726	545,645	580,371	30,195.00	19.22	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,034,619	0	2,034,619	46,841.00	43.44	38.00
39.00	Central Services and Supply	296,875	0	296,875	12,175.00	24.38	39.00
40.00	Pharmacy	1,957,981	0	1,957,981	41,556.00	47.12	40.00
41.00	Medical Records & Medical Records Library	166,991	0	166,991	4,185.00	39.90	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0090

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2022 7:58 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)	64,223,255	0	64,223,255	1,827,679.00	35.14	1.00
2.00	Excluded area salaries (see instructions)	13,718,379	388	13,718,767	457,848.00	29.96	2.00
3.00	Subtotal salaries (line 1 minus line 2)	50,504,876	-388	50,504,488	1,369,831.00	36.87	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,001,929	0	11,001,929	260,590.00	42.22	4.00
5.00	Subtotal wage-related costs (see inst.)	39,958,831	0	39,958,831	0.00	79.12	5.00
6.00	Total (sum of lines 3 thru 5)	101,465,636	-388	101,465,248	1,630,421.00	62.23	6.00
7.00	Total overhead cost (see instructions)	22,971,704	-75,529	22,896,175	662,410.00	34.56	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2022 7:58 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	11,992,434	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)	5,881,033	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	17,621,652	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	1,127,129	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	9,323,115	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	45,945,363	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: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part V Date/Time Prepared: 5/30/2022 7:58 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	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			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/30/2022 7:58 pm
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			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)		0.233919	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		16,152,266	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		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		107,035,664	6.00	
7.00	Medicaid cost (line 1 times line 6)		25,037,675	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)		8,885,409	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)		8,885,409	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	8,125,114	1,428,173	9,553,287	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,900,619	1,428,173	3,328,792	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,900,619	1,428,173	3,328,792	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)		11,238,664	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		331,765	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		510,408	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		10,728,256	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,688,186	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		6,016,978	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		14,902,387	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet A Date/Time Prepared: 5/30/2022 7:58 pm			
Cost Center Description				Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (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			4,073,929	4,073,929	4,482,451	8,556,380	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			0	0	3,312,502	3,312,502	2.00
3.00	00300	OTHER CAP REL COSTS			0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	376,085	222,340	598,425	-12,256	586,169	4.00	
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	12,876,314	21,993,485	34,869,799	-4,905,547	29,964,252	5.04	
6.00	00600	MAINTENANCE & REPAIRS	683,148	2,370,672	3,053,820	-561,425	2,492,395	6.00	
7.00	00700	OPERATION OF PLANT	1,236,515	8,239,842	9,476,357	-2,391,047	7,085,310	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	188,268	355,048	543,316	0	543,316	8.00	
9.00	00900	HOUSEKEEPING	1,605,739	1,340,179	2,945,918	-6,200	2,939,718	9.00	
10.00	01000	DIETARY	1,070,079	1,263,883	2,333,962	-1,212,632	1,121,330	10.00	
11.00	01100	CAFETERIA	34,726	68,152	102,878	1,190,293	1,293,171	11.00	
13.00	01300	NURSING ADMINISTRATION	2,034,619	1,355,639	3,390,258	-63,555	3,326,703	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	296,875	245,114	541,989	-138,289	403,700	14.00	
15.00	01500	PHARMACY	1,957,981	5,252,262	7,210,243	-4,079,135	3,131,108	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	166,991	150,799	317,790	0	317,790	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	26,554	408,884	435,438	83,511	518,949	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	11,192,610	5,770,307	16,962,917	-1,481,018	15,481,899	30.00	
31.00	03100	INTENSIVE CARE UNIT	2,049,748	1,544,624	3,594,372	-440,292	3,154,080	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	166,000	76,950	242,950	0	242,950	35.00	
41.00	04100	SUBPROVIDER - I RF	3,555,165	2,186,676	5,741,841	-391,985	5,349,856	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	188,252	188,252	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	1,549,982	9,155,631	10,705,613	-8,045,341	2,660,272	50.00	
50.01	05001	OUTPATIENT SURGERY	646,044	516,885	1,162,929	-308,793	854,136	50.01	
51.00	05100	RECOVERY ROOM	345,095	145,905	491,000	-66,761	424,239	51.00	
53.00	05300	ANESTHESIOLOGY	35,290	3,094,468	3,129,758	-293,113	2,836,645	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,245,148	1,834,760	3,079,908	-1,008,339	2,071,569	54.00	
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	499,807	699,957	1,199,764	-580,482	619,282	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	316,090	431,813	747,903	-309,297	438,606	56.00	
60.00	06000	LABORATORY	208,621	6,286,360	6,494,981	-3,319	6,491,662	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	289,177	289,177	-275,443	13,734	63.00	
65.00	06500	RESPIRATORY THERAPY	1,392,303	1,556,297	2,948,600	-269,044	2,679,556	65.00	
66.00	06600	PHYSICAL THERAPY	3,364,463	4,002,749	7,367,212	-50,741	7,316,471	66.00	
67.00	06700	OCCUPATIONAL THERAPY	722,378	183,783	906,161	-3,604	902,557	67.00	
68.00	06800	SPEECH PATHOLOGY	365,704	214,369	580,073	-51,708	528,365	68.00	
69.00	06900	ELECTROCARDIOLOGY	819,593	411,601	1,231,194	-161,884	1,069,310	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	166,902	69,997	236,899	-28,754	208,145	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,153,767	9,153,767	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,767,489	8,767,489	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,722,051	4,722,051	73.00	
76.00	03630	ULTRA SOUND	432,959	233,819	666,778	-96,125	570,653	76.00	
76.01	03951	PAIN CLINIC	591,714	349,033	940,747	-85,380	855,367	76.01	
76.02	03952	CATH LAB	1,426,140	6,944,556	8,370,696	-6,510,894	1,859,802	76.02	
76.03	03953	ACTIVITY THERAPEUTIC	2,250,240	612,180	2,862,420	-592	2,861,828	76.03	
76.04	03954	WOUND CARE CENTER	184,723	199,997	384,720	-151,038	233,682	76.04	
76.05	03340	BARITRIC CLINIC	1,239,178	301,120	1,540,298	-13,666	1,526,632	76.05	
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06	
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0	76.07	
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.08	
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09	
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.10	
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.11	
76.12	03959	ANTI COAGULATION CLINIC	421,777	134,812	556,589	-25,276	531,313	76.12	
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	3,280,817	2,198,331	5,479,148	-948,448	4,530,700	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE		29,562	29,562	3,169,918	3,199,480	113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	61,022,385	96,815,947	157,838,332	98,811	157,937,143	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	34,583	44,799	79,382	-1,741	77,641	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,732,273	4,926,077	12,658,350	-42,394	12,615,956	192.00	
192.01	19201	WORKING WELL	31,619	614	32,233	0	32,233	192.01	
192.02	19202	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.02	
192.03	19203	MISC	2,364,739	1,404,204	3,768,943	-964	3,767,979	192.03	
194.00	07950	RESIDENTIAL	0	0	0	-53,712	-53,712	194.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0090		Period: From 01/01/2021 To 12/31/2021		Worksheet A	
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	
194.01	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	0	0	0	0	0	194.02
194.03	07953	CENTER OF HOPE	0	9,203	9,203	0	9,203	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	71,185,599	103,200,844	174,386,443	0	174,386,443	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0090

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

Worksheet A
Date/Time Prepared:
5/30/2022 7:58 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	-491,615	8,064,765	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	3,312,502	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,790,068	2,376,237	4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	-2,416,460	27,547,792	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	2,492,395	6.00
7.00	00700	OPERATION OF PLANT	0	7,085,310	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-128,795	414,521	8.00
9.00	00900	HOUSEKEEPING	-6	2,939,712	9.00
10.00	01000	DIETARY	0	1,121,330	10.00
11.00	01100	CAFETERIA	-352,404	940,767	11.00
13.00	01300	NURSING ADMINISTRATION	-141,061	3,185,642	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-213	403,487	14.00
15.00	01500	PHARMACY	-231,673	2,899,435	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	888,840	1,206,630	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-231,743	287,206	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-210,989	15,270,910	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,154,080	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	242,950	35.00
41.00	04100	SUBPROVIDER - I RF	2,498,526	7,848,382	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	188,252	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-130,518	2,529,754	50.00
50.01	05001	OUTPATIENT SURGERY	12,919	867,055	50.01
51.00	05100	RECOVERY ROOM	-1,733	422,506	51.00
53.00	05300	ANESTHESIOLOGY	-2,506	2,834,139	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-73,030	1,998,539	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	-12,517	606,765	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	-2,729	435,877	56.00
60.00	06000	LABORATORY	-486,033	6,005,629	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-13,037	697	63.00
65.00	06500	RESPIRATORY THERAPY	-136,066	2,543,490	65.00
66.00	06600	PHYSICAL THERAPY	-141,404	7,175,067	66.00
67.00	06700	OCCUPATIONAL THERAPY	-725	901,832	67.00
68.00	06800	SPEECH PATHOLOGY	-5,744	522,621	68.00
69.00	06900	ELECTROCARDIOLOGY	-35,557	1,033,753	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-2,236	205,909	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,153,767	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,767,489	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,722,051	73.00
76.00	03630	ULTRA SOUND	-22,661	547,992	76.00
76.01	03951	PAIN CLINIC	-131,857	723,510	76.01
76.02	03952	CATH LAB	-2,337	1,857,465	76.02
76.03	03953	ACTIVITY THERAPEUTIC	-13,737	2,848,091	76.03
76.04	03954	WOUND CARE CENTER	-211	233,471	76.04
76.05	03340	BARITRIC CLINIC	-45,488	1,481,144	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	0	531,313	76.12
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-116,336	4,414,364	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-3,199,480	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-3,590,548	154,346,595	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	77,641	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	12,615,956	192.00
192.01	19201	WORKING WELL	0	32,233	192.01
192.02	19202	PHYSICIANS' PRIVATE OFFICES	0	0	192.02
192.03	19203	MISC	0	3,767,979	192.03
194.00	07950	RESIDENTIAL	0	-53,712	194.00
194.01	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.01
194.02	07952	PSYCHIATRIC	0	0	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0090		Period: From 01/01/2021 To 12/31/2021	Worksheet A Date/Time Prepared: 5/30/2022 7:58 pm
Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation		
194.03	07953	CENTER OF HOPE	6.00	7.00		
200.00		TOTAL (SUM OF LINES 118 through 199)	-3,590,548	170,795,895		194.03 200.00

RECLASSIFICATIONS

Provider CCN: 15-0090

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

Worksheet A-6

Date/Time Prepared:
5/30/2022 7:58 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAPITAL					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,745,232	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,312,502	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
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
	O		0	9,057,734	
B - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	332,033	1.00
2.00	INTEREST EXPENSE	113.00	0	3,501,951	2.00
	O		0	3,833,984	
C - CAFETERIA					
1.00	CAFETERIA	11.00	545,645	644,648	1.00
	O		545,645	644,648	
D - INSURANCE EXPENSE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,401,860	1.00
	O		0	1,401,860	
E - PATIENT TRANSPORT					
1.00	ADULTS & PEDIATRICS	30.00	13,412	8,192	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	74,831	45,708	2.00
3.00	RADIOISOTOPE	56.00	22,742	13,891	3.00
4.00	ELECTROCARDIOLOGY	69.00	5,246	3,204	4.00
5.00	ULTRA SOUND	76.00	9,330	5,699	5.00
6.00	CATH LAB	76.02	4,954	3,026	6.00
7.00	EMERGENCY	91.00	8,327	5,086	7.00
8.00	PHYSICIANS' PRIVATE OFFICES	192.00	388	237	8.00
	O		139,230	85,043	
F - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	17,921,256	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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
0			0	17,921,256	
G - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,722,051	1.00
2.00	ACTIVITY THERAPEUTIC	76.03	0	7	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
0			0	4,722,058	
H - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	75,529	7,982	1.00
0			75,529	7,982	
I - NURSERY					
1.00	NURSERY	43.00	155,983	32,269	1.00
TOTALS			155,983	32,269	
J - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,767,489	1.00
0			0	8,767,489	
500.00	Grand Total: Increases		916,387	46,474,323	500.00

RECLASSIFICATIONS

Provider CCN: 15-0090

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

Worksheet A-6
Date/Time Prepared:
5/30/2022 7:58 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
A - CAPITAL							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	192,954	9		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,256	9		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	2,721,945	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	561,425	0		4.00
5.00	OPERATION OF PLANT	7.00	0	2,391,047	0		5.00
6.00	HOUSEKEEPING	9.00	0	6,200	0		6.00
7.00	DIETARY	10.00	0	22,339	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	63,555	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	64,750	0		9.00
10.00	PHARMACY	15.00	0	13,418	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	303,504	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	68,640	0		12.00
13.00	SUBPROVIDER - IRF	41.00	0	34,706	0		13.00
14.00	OPERATING ROOM	50.00	0	465,590	0		14.00
15.00	OUTPATIENT SURGERY	50.01	0	24,318	0		15.00
16.00	RECOVERY ROOM	51.00	0	36,955	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	52,372	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	957,769	0		18.00
19.00	RADIOLOGY-SPECIAL PROCEDURES	54.01	0	10,123	0		19.00
20.00	RADIOISOTOPE	56.00	0	86,112	0		20.00
21.00	LABORATORY	60.00	0	1,905	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	71,870	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	35,836	0		23.00
24.00	SPEECH PATHOLOGY	68.00	0	8,614	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	150,064	0		25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	13,014	0		26.00
27.00	ULTRA SOUND	76.00	0	68,261	0		27.00
28.00	PAIN CLINIC	76.01	0	13,430	0		28.00
29.00	CATH LAB	76.02	0	335,946	0		29.00
30.00	ACTIVITY THERAPEUTIC	76.03	0	100	0		30.00
31.00	WOUND CARE CENTER	76.04	0	5,124	0		31.00
32.00	BARIATRIC CLINIC	76.05	0	9,774	0		32.00
33.00	ANTI COAGULATION CLINIC	76.12	0	255	0		33.00
34.00	EMERGENCY	91.00	0	154,127	0		34.00
35.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,741	0		35.00
36.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	43,019	0		36.00
37.00	MISC	192.03	0	964	0		37.00
38.00	RESIDENTIAL	194.00	0	53,712	0		38.00
	O		0	9,057,734			
B - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	332,033	10		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	3,501,951	0		2.00
	O		0	3,833,984			
C - CAFETERIA							
1.00	DIETARY	10.00	545,645	644,648	0		1.00
	O		545,645	644,648			
D - INSURANCE EXPENSE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,401,860	10		1.00
	O		0	1,401,860			
E - PATIENT TRANSPORT							
1.00	EMERGENCY	91.00	139,230	85,043	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
	O		139,230	85,043			
F - CHARGEABLE SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	73,539	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	965,213	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	330,920	0		3.00
4.00	SUBPROVIDER - IRF	41.00	0	193,718	0		4.00
5.00	OPERATING ROOM	50.00	0	7,563,071	0		5.00
6.00	OUTPATIENT SURGERY	50.01	0	281,038	0		6.00
7.00	RECOVERY ROOM	51.00	0	27,729	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	188,791	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	165,604	0		9.00
10.00	RADIOLOGY-SPECIAL PROCEDURES	54.01	0	569,410	0		10.00

RECLASSIFICATIONS

Provider CCN: 15-0090

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

Worksheet A-6

Date/Time Prepared:
5/30/2022 7:58 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
11.00	RADIO SOTOPE	56.00	0	9,319	0		11.00
12.00	LABORATORY	60.00	0	1,414	0		12.00
13.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	275,443	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	187,769	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	14,905	0		15.00
16.00	OCCUPATIONAL THERAPY	67.00	0	3,604	0		16.00
17.00	SPEECH PATHOLOGY	68.00	0	43,094	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	20,252	0		18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	15,740	0		19.00
20.00	ULTRA SOUND	76.00	0	42,893	0		20.00
21.00	PAIN CLINIC	76.01	0	71,427	0		21.00
22.00	CATH LAB	76.02	0	6,178,818	0		22.00
23.00	ACTIVITY THERAPEUTIC	76.03	0	499	0		23.00
24.00	WOUND CARE CENTER	76.04	0	107,668	0		24.00
25.00	BARIATRIC CLINIC	76.05	0	3,889	0		25.00
26.00	ANTI COAGULATION CLINIC	76.12	0	25,021	0		26.00
27.00	EMERGENCY	91.00	0	560,468	0		27.00
	O			17,921,256			
G - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	4,065,717	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	45,653	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	40,732	0		3.00
4.00	SUBPROVIDER - IRF	41.00	0	163,561	0		4.00
5.00	OPERATING ROOM	50.00	0	16,680	0		5.00
6.00	OUTPATIENT SURGERY	50.01	0	3,437	0		6.00
7.00	RECOVERY ROOM	51.00	0	2,077	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	51,950	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,505	0		9.00
10.00	RADIOLOGY-SPECIAL PROCEDURES	54.01	0	949	0		10.00
11.00	RADIO SOTOPE	56.00	0	250,499	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	9,405	0		12.00
13.00	ELECTROCARDIOLOGY	69.00	0	18	0		13.00
14.00	PAIN CLINIC	76.01	0	523	0		14.00
15.00	CATH LAB	76.02	0	4,110	0		15.00
16.00	WOUND CARE CENTER	76.04	0	38,246	0		16.00
17.00	BARIATRIC CLINIC	76.05	0	3	0		17.00
18.00	EMERGENCY	91.00	0	22,993	0		18.00
	O			4,722,058			
H - INTERNS AND RESIDENTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	75,529	7,982	0		1.00
	O		75,529	7,982			
I - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	155,983	32,269	0		1.00
	TOTALS		155,983	32,269			
J - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,767,489	0		1.00
	O			8,767,489			
500.00	Grand Total: Decreases		916,387	46,474,323			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0090

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

Worksheet A-7
Part I
Date/Time Prepared:
5/30/2022 7:58 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	346,472	0	0	0	0	1.00
2.00	Land Improvements	9,701,677	0	0	0	0	2.00
3.00	Buildings and Fixtures	68,352,523	0	0	0	276,046	3.00
4.00	Building Improvements	178,989	0	0	0	0	4.00
5.00	Fixed Equipment	168,737,577	1,869,376	0	1,869,376	0	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	247,317,238	1,869,376	0	1,869,376	276,046	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	247,317,238	1,869,376	0	1,869,376	276,046	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	346,472	0				1.00
2.00	Land Improvements	9,701,677	4,473,171				2.00
3.00	Buildings and Fixtures	68,076,477	32,934,048				3.00
4.00	Building Improvements	178,989	2,893				4.00
5.00	Fixed Equipment	170,606,953	36,333,879				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	248,910,568	73,743,991				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	248,910,568	73,743,991				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0090

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

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2022 7:58 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	4,073,929	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)	4,073,929	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	4,073,929				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	4,073,929				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0090

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

Worksheet A-7
Part III
Date/Time Prepared:
5/30/2022 7:58 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	78,303,615	0	78,303,615	0.314585	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	170,606,953	0	170,606,953	0.685415	0	2.00
3.00	Total (sum of lines 1-2)	248,910,568	0	248,910,568	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	9,134,592	-1,069,827	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,312,502	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,447,094	-1,069,827	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	0	0	0	0	8,064,765	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,312,502	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	11,377,267	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0090

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

Worksheet A-8

Date/Time Prepared:
5/30/2022 7:58 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			3.00	4.00			
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		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B		0	CENTRAL SERVICES & SUPPLY	14.00	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	-725,573				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	4,947,279				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-352,404	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			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-78	MEDICAL RECORDS & LIBRARY		16.00	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		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	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: 15-0090

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

Worksheet A-8

Date/Time Prepared:
5/30/2022 7:58 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 RENTAL INCOME	B	-26,737	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	33.00
34.00 MISC INCOME	B	-39	ACTIVITY THERAPEUTIC	76.03	0	34.00
35.00 HOUSEKEEPING	B	-6	HOUSEKEEPING	9.00	0	35.00
36.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	36.00
37.00 ADVERTISING EXPENSE	A	-470,250	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	37.00
38.00 MISCELLANEOUS - RADIOLOGY	B	-1,535	RADIOLOGY-DIAGNOSTIC	54.00	0	38.00
40.00 MISCELLANEOUS - OTHER OPERATING	B	408	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	40.00
41.00 MISCELLANEOUS - OTHER OPERATING	B	-29,910	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	41.00
41.01 REHAB	B	2,151	SUBPROVIDER - IRF	41.00	0	41.01
42.00 PROGRAM FEES	B	-1,118,308	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	42.00
43.00 UNECESSARY BORROWING	A	-581,652	INTEREST EXPENSE	113.00	0	43.00
44.00 LOBBYING EXPENSE	A	-3,930	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	44.00
45.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.00
46.00 PENSION ADJUSTMENT	A	1,874,748	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46.00
47.00 DISCOUNTS EARNED/REBATES	B	-665,960	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	47.00
48.00 DISCOUNTS EARNED/REBATES	B	-7,513	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	48.00
49.00 DISCOUNTS EARNED/REBATES	B		OPHARMACY	15.00	0	49.00
49.01 DISCOUNTS EARNED/REBATES	B	-19	OPERATING ROOM	50.00	0	49.01
49.02 DISCOUNTS EARNED/REBATES	B		RADIOLOGY-DIAGNOSTIC	54.00	0	49.02
49.03 DISCOUNTS EARNED/REBATES	B		LABORATORY	60.00	0	49.03
49.04 DISCOUNTS EARNED/REBATES	B	-4	RESPIRATORY THERAPY	65.00	0	49.04
49.05 DISCOUNTS EARNED/REBATES	B		PHYSICAL THERAPY	66.00	0	49.05
49.06 RENTAL INCOME	B		PHYSICAL THERAPY	66.00	0	49.06
49.07 DIETETIC INSTRUCTION	B	-45,488	BARIATRIC CLINIC	76.05	0	49.07
49.08 PODIATRIC TO HAMMOND	A	-231,743	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	49.08
49.09 HAF FEES	A	-5,832,796	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	49.09
49.10 PROPERTY TAX	A	-101,165	OTHER ADMIN STRATIVE AND GENERAL	5.04	0	49.10
49.11 MISCELLANEOUS - OTHER OPERATING	B	-2,835	EMERGENCY	91.00	0	49.11
49.12 MISC. PAYMENTS	B		EMERGENCY	91.00	0	49.12
49.13 MED STAFF FEES	B		OTHER ADMIN STRATIVE AND GENERAL	5.04	0	49.13
49.14 PROGRAM FEES	B	-3,725	PHYSICAL THERAPY	66.00	0	49.14
49.15 INTEREST INCOME - PATIENTS	B	0	INTEREST EXPENSE	113.00	0	49.15
49.16 CONTRACT REVENUE	B		OTHER ADMIN STRATIVE AND GENERAL	5.04	0	49.16
49.17 PROGRAM FEES	B	-128,795	LAUNDRY & LINEN SERVICE	8.00	0	49.17
49.18 DISCOUNTS EARNED/REBATES	B	-84,680	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.18
49.19 INCENTIVE PAYMENT	A	-9	OUTPATIENT SURGERY	50.01	0	49.19
49.20 DISCOUNTS EARNED/REBATES	A	20	CATH LAB	76.02	0	49.20
49.21 NET PERIODIC PENSION COST	A	0	INTEREST EXPENSE	113.00	0	49.21
49.22 MISCELLANEOUS - OTHER OPERATING	A		OTHER ADMIN STRATIVE AND GENERAL	5.04	0	49.22
49.23 NET PERIODIC PENSION COST	A		ADULTS & PEDIATRICS	30.00	0	49.23
49.24 NET PERIODIC PENSION COST	A		EMERGENCY	91.00	0	49.24
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-3,590,548				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: 15-0090

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

Worksheet A-8-1

Date/Time Prepared: 5/30/2022 7:58 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	113.00	INTEREST EXPENSE	INTEREST	831,020	3,448,848 1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	1,295,586	1,787,201 2.00
3.00	5.04	OTHER ADMINISTRATIVE AND GEN	A&G	18,316,334	16,961,375 3.00
4.00	15.00	PHARMACY	COVP / PHARMACY	281,218	0 4.00
4.01	16.00	MEDICAL RECORDS & LIBRARY	HIM	888,918	0 4.01
4.02	5.04	OTHER ADMINISTRATIVE AND GEN	ELIMINATIONS	0	-4,625,479 4.02
4.03	14.00	CENTRAL SERVICES & SUPPLY	SPD	383	596 4.03
4.04	15.00	PHARMACY	PHARMACY	87,485	600,376 4.04
4.05	30.00	ADULTS & PEDIATRICS	NEPHROLOGY	0	149,739 4.05
4.06	41.00	SUBPROVIDER - IRF	REHABILITATION	0	4,670 4.06
4.07	50.00	OPERATING ROOM	OPERATING ROOM	10,904	30,410 4.07
4.08	0.00			0	0 4.08
4.09	50.01	OUTPATIENT SURGERY	ENDOSCOPY	21,560	8,632 4.09
4.10	51.00	RECOVERY ROOM	RECOVERY	427	2,160 4.10
4.11	53.00	ANESTHESIOLOGY	ANESTHESIOLOGY	6,205	8,711 4.11
4.12	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY DIAGNOSTIC	25,160	46,519 4.12
4.13	54.00	RADIOLOGY-DIAGNOSTIC	COMPUTED TOMOGRAPHY	49,286	91,124 4.13
4.14	54.00	RADIOLOGY-DIAGNOSTIC	MRI	9,775	18,073 4.14
4.15	54.01	RADIOLOGY-SPECIAL PROCEDURES	RADIOLOGY-SPECIAL PROCEDURES	3,610	16,127 4.15
4.16	0.00			0	0 4.16
4.17	60.00	LABORATORY	CHEMISTRY	112,490	588,538 4.17
4.18	63.00	BLOOD STORING, PROCESSING &	BLOOD BANK	697	13,734 4.18
4.19	65.00	RESPIRATORY THERAPY	RESPIRATORY THERAPY	153,311	289,373 4.19
4.20	76.01	PAIN CLINIC	PAIN CLINIC	25	120 4.20
4.21	66.00	PHYSICAL THERAPY	REHAB UNIT THERAPY	2,532,739	2,670,418 4.21
4.22	67.00	OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPY	263	988 4.22
4.23	68.00	SPEECH PATHOLOGY	SPEECH THERAPY	9,846	15,590 4.23
4.24	69.00	ELECTROCARDIOLOGY	NON INVASIVE VASCULAR	1,055	35,555 4.24
4.25	69.00	ELECTROCARDIOLOGY	CARDIAC REHAB	32	1,071 4.25
4.26	70.00	ELECTROENCEPHALOGRAPHY	NEURO DIAGNOSTICS	68	2,304 4.26
4.27	76.00	ULTRA SOUND	ULTRASOUND	3,943	26,604 4.27
4.28	56.00	RADIOISOTOPE	NUCLEAR MEDICINE	1,318	4,047 4.28
4.29	41.00	SUBPROVIDER - IRF	REHAB UNIT OVERHEAD	2,501,045	0 4.29
4.30	0.00			0	0 4.30
4.31	0.00			0	0 4.31
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			27,144,703	22,197,424 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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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

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

Provider CCN: 15-0090

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2022 7:58 pm

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

(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: 15-0090

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2022 7:58 pm

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

(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: 15-0090

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2022 7:58 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	164,000	104,000	60,000	197,500	245	1.00
2.00	13.00	NURSING ADMINISTRATION	143,055	140,185	2,870	197,500	21	2.00
3.00	30.00	ADULTS & PEDIATRICS	61,250	61,250	0	197,500	0	3.00
4.00	50.00	OPERATING ROOM	140,016	105,689	34,327	246,400	245	4.00
5.00	60.00	LABORATORY	33,818	-2	33,819	197,500	251	5.00
6.00	69.00	ELECTROCARDIOLOGY	208	0	208	197,500	2	6.00
7.00	76.01	PAIN CLINIC	131,762	131,762	0	197,500	0	7.00
8.00	76.02	CATH LAB	2,357	2,357	0	197,500	0	8.00
9.00	76.03	ACTIVITY THERAPEUTIC	46,267	0	46,267	197,500	343	9.00
10.00	76.04	WOUND CARE CENTER	1,540	0	1,540	197,500	14	10.00
11.00	91.00	EMERGENCY	113,501	113,501	0	197,500	0	11.00
200.00			837,774	658,742	179,031		1,121	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	23,263	1,163	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	1,994	100	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	29,023	1,451	0	0	0	4.00
5.00	60.00	LABORATORY	23,833	1,192	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	190	10	0	0	0	6.00
7.00	76.01	PAIN CLINIC	0	0	0	0	0	7.00
8.00	76.02	CATH LAB	0	0	0	0	0	8.00
9.00	76.03	ACTIVITY THERAPEUTIC	32,569	1,628	0	0	0	9.00
10.00	76.04	WOUND CARE CENTER	1,329	66	0	0	0	10.00
11.00	91.00	EMERGENCY	0	0	0	0	0	11.00
200.00			112,201	5,610	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	0	23,263	36,737	140,737	1.00
2.00	13.00	NURSING ADMINISTRATION	0	1,994	876	141,061	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	61,250	3.00
4.00	50.00	OPERATING ROOM	0	29,023	5,304	110,993	4.00
5.00	60.00	LABORATORY	0	23,833	9,986	9,985	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	190	18	18	6.00
7.00	76.01	PAIN CLINIC	0	0	0	131,762	7.00
8.00	76.02	CATH LAB	0	0	0	2,357	8.00
9.00	76.03	ACTIVITY THERAPEUTIC	0	32,569	13,698	13,698	9.00
10.00	76.04	WOUND CARE CENTER	0	1,329	211	211	10.00
11.00	91.00	EMERGENCY	0	0	0	113,501	11.00
200.00			0	112,201	66,830	725,573	200.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 5/30/2022 7:58 pm		
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	8,064,765	8,064,765			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,312,502		3,312,502		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,376,237	33,292	4,988	2,414,517	4.00
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL	27,547,792	601,607	812,250	436,479	29,398,128
6.00	00600	MAINTENANCE & REPAIRS	2,492,395	1,217,298	228,511	23,295	3,961,499
7.00	00700	OPERATION OF PLANT	7,085,310	345,207	973,204	42,164	8,445,885
8.00	00800	LAUNDRY & LINEN SERVICE	414,521	0	0	6,420	420,941
9.00	00900	HOUSEKEEPING	2,939,712	92,337	2,524	54,754	3,089,327
10.00	01000	DIETARY	1,121,330	81,457	9,092	17,883	1,229,762
11.00	01100	CAFETERIA	940,767	117,594	0	19,790	1,078,151
13.00	01300	NURSING ADMINISTRATION	3,185,642	12,440	25,868	69,378	3,293,328
14.00	01400	CENTRAL SERVICES & SUPPLY	403,487	104,880	26,354	10,123	544,844
15.00	01500	PHARMACY	2,899,435	58,548	5,461	66,765	3,030,209
16.00	01600	MEDICAL RECORDS & LIBRARY	1,206,630	83,719	0	5,694	1,296,043
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	287,206	0	0	3,481	290,687
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,270,910	1,368,202	123,532	376,795	17,139,439
31.00	03100	INTENSIVE CARE UNIT	3,154,080	170,162	27,938	69,894	3,422,074
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	242,950	0	0	5,660	248,610
41.00	04100	SUBPROVIDER - I RF	7,848,382	101,744	14,126	121,228	8,085,480
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	188,252	0	0	5,319	193,571
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,529,754	282,512	189,504	52,853	3,054,623
50.01	05001	OUTPATIENT SURGERY	867,055	241,304	9,898	22,029	1,140,286
51.00	05100	RECOVERY ROOM	422,506	95,113	15,041	11,767	544,427
53.00	05300	ANESTHESIOLOGY	2,834,139	0	21,316	1,203	2,856,658
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,998,539	403,567	389,830	45,010	2,836,946
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	606,765	26,421	4,120	17,043	654,349
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	435,877	84,490	35,049	11,554	566,970
60.00	06000	LABORATORY	6,005,629	118,365	775	7,114	6,131,883
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	697	48,508	0	0	49,205
65.00	06500	RESPIRATORY THERAPY	2,543,490	36,668	29,252	47,476	2,656,886
66.00	06600	PHYSICAL THERAPY	7,175,067	24,879	14,586	114,725	7,329,257
67.00	06700	OCCUPATIONAL THERAPY	901,832	9,527	0	24,632	935,991
68.00	06800	SPEECH PATHOLOGY	522,621	0	3,506	12,470	538,597
69.00	06900	ELECTROCARDIOLOGY	1,033,753	65,248	61,079	28,126	1,188,206
70.00	07000	ELECTROENCEPHALOGRAPHY	205,909	90,161	5,297	5,691	307,058
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,153,767	0	0	0	9,153,767
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,767,489	0	0	0	8,767,489
73.00	07300	DRUGS CHARGED TO PATIENTS	4,722,051	0	0	0	4,722,051
76.00	03630	ULTRA SOUND	547,992	39,221	27,784	15,082	630,079
76.01	03951	PAIN CLINIC	723,510	211,148	5,466	20,177	960,301
76.02	03952	CATH LAB	1,857,465	154,861	136,736	48,799	2,197,861
76.03	03953	ACTIVITY THERAPEUTIC	2,848,091	97,769	41	76,731	3,022,632
76.04	03954	WOUND CARE CENTER	233,471	109,044	2,086	6,299	350,900
76.05	03340	BARIATRIC CLINIC	1,481,144	33,018	3,978	42,255	1,560,395
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.09	03956	LACTATION CLINIC	0	0	0	0	0
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.12	03959	ANTI COAGULATION CLINIC	531,313	7,539	104	14,382	553,338
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	4,414,364	275,556	62,733	107,409	4,860,062
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	154,346,595	6,843,406	3,272,029	2,067,949	152,738,195
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	77,641	13,639	709	1,179	93,168
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,615,956	234,690	17,510	263,676	13,131,832
192.01	19201	WORKING WELL	32,233	0	0	1,078	33,311
192.02	19202	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2022 7:58 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
192.03 19203 MI SC	3,767,979	0	392	80,635	3,849,006	192.03
194.00 07950 RESIDENTIAL	-53,712	519,293	21,862	0	487,443	194.00
194.01 07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02 07952 PSYCHIATRIC	0	453,737	0	0	453,737	194.02
194.03 07953 CENTER OF HOPE	9,203	0	0	0	9,203	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	170,795,895	8,064,765	3,312,502	2,414,517	170,795,895	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0090		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part I Date/Time Prepared: 5/30/2022 7:58 pm	
Cost Center Description			OTHER ADMINI STRATI VE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.04	6.00	7.00	8.00	9.00	
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
5.04	00593	OTHER ADMINI STRATI VE AND GENERAL	29,398,128					5.04
6.00	00600	MAINTENANCE & REPAIRS	823,639	4,785,138				6.00
7.00	00700	OPERATION OF PLANT	1,755,992	265,891	10,467,768			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	87,518	0	0	508,459		8.00
9.00	00900	HOUSEKEEPING	642,305	71,122	164,736	0	3,967,490	9.00
10.00	01000	DIETARY	255,681	62,741	145,325	0	55,962	10.00
11.00	01100	CAFETERIA	224,159	90,575	209,795	0	80,788	11.00
13.00	01300	NURSING ADMINISTRATION	684,719	9,581	22,193	0	8,546	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	113,279	80,782	187,113	0	72,053	14.00
15.00	01500	PHARMACY	630,014	45,096	104,454	0	40,223	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	269,462	64,483	149,360	0	57,516	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	60,437	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,563,458	1,053,836	2,440,966	277,022	939,966	30.00
31.00	03100	INTENSIVE CARE UNIT	711,487	131,065	303,581	38,546	116,903	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	51,689	0	0	1,042	0	35.00
41.00	04100	SUBPROVIDER - I RF	1,681,060	78,367	181,519	78,683	69,899	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	40,246	0	0	1,578	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	635,090	217,601	504,021	0	194,088	50.00
50.01	05001	OUTPATIENT SURGERY	237,078	185,861	430,503	0	165,778	50.01
51.00	05100	RECOVERY ROOM	113,192	73,260	169,688	0	65,344	51.00
53.00	05300	ANESTHESIOLOGY	593,931	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	589,832	310,842	719,991	0	277,254	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	136,046	20,351	47,137	0	18,152	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	117,879	65,077	150,736	0	58,045	56.00
60.00	06000	LABORATORY	1,274,886	91,169	211,171	0	81,318	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,230	37,362	86,541	0	33,325	63.00
65.00	06500	RESPIRATORY THERAPY	552,396	28,243	65,418	0	25,191	65.00
66.00	06600	PHYSICAL THERAPY	1,523,833	19,163	44,386	0	17,092	66.00
67.00	06700	OCCUPATIONAL THERAPY	194,603	7,338	16,996	0	6,545	67.00
68.00	06800	SPEECH PATHOLOGY	111,980	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	247,041	50,256	116,407	0	44,826	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	63,841	69,445	160,854	0	61,942	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,903,169	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,822,857	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	981,766	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	131,000	30,209	69,972	0	26,945	76.00
76.01	03951	PAIN CLINIC	199,657	162,633	376,702	0	145,060	76.01
76.02	03952	CATH LAB	456,959	119,279	276,282	0	106,391	76.02
76.03	03953	ACTIVITY THERAPEUTIC	628,438	75,305	174,427	0	67,168	76.03
76.04	03954	WOUND CARE CENTER	72,956	83,989	194,541	0	74,914	76.04
76.05	03340	BARITRIC CLINIC	324,423	25,432	58,906	0	22,684	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	115,045	5,807	13,450	0	5,179	76.12
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,010,460	212,243	491,610	0	189,309	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,643,733	3,844,404	8,288,781	396,871	3,128,406	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,371	10,505	24,333	0	9,370	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,730,252	180,767	418,703	0	161,234	192.00
192.01	19201	WORKING WELL	6,926	0	0	0	0	192.01
192.02	19202	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.02
192.03	19203	MISC	800,251	0	0	0	0	192.03
194.00	07950	RESIDENTIAL	101,345	399,978	926,454	0	356,759	194.00
194.01	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	94,337	349,484	809,497	111,588	311,721	194.02

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0090			Period: From 01/01/2021 To 12/31/2021		Worksheet B Part I Date/Time Prepared: 5/30/2022 7:58 pm	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.04	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00		
194.03	07953 CENTER OF HOPE	1,913	0	0	0	0	0	194.03
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)	29,398,128	4,785,138	10,467,768	508,459	3,967,490		202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0090		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part I Date/Time Prepared: 5/30/2022 7:58 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
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
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,749,471					10.00
11.00	01100	CAFETERIA	0	1,683,468				11.00
13.00	01300	NURSING ADMINISTRATION	0	50,666	4,069,033			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	13,423	0	1,011,494		14.00
15.00	01500	PHARMACY	0	52,733	0	0	3,902,729	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,211	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,010,635	340,770	1,406,773	56,476	37,735	30.00
31.00	03100	INTENSIVE CARE UNIT	140,429	74,397	471,693	19,362	33,667	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
41.00	04100	SUBPROVIDER - I RF	191,879	122,326	465,301	11,335	135,192	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	47,434	195,311	442,522	13,787	50.00
50.01	05001	OUTPATIENT SURGERY	0	28,681	101,468	16,444	2,841	50.01
51.00	05100	RECOVERY ROOM	0	6,755	66,383	1,622	1,717	51.00
53.00	05300	ANESTHESIOLOGY	0	2,504	757	11,046	42,642	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	63,128	0	9,690	4,550	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	12,608	39,994	33,317	784	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	9,230	0	545	207,050	56.00
60.00	06000	LABORATORY	0	0	1,146	83	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	16,116	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	41,726	0	10,987	7,774	65.00
66.00	06600	PHYSICAL THERAPY	0	88,170	0	872	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	15,957	0	211	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,037	0	2,521	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	23,527	71,337	1,185	15	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,135	0	921	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,360,527	73.00
76.00	03630	ULTRA SOUND	0	10,424	0	2,510	0	76.00
76.01	03951	PAIN CLINIC	0	15,782	127,262	4,179	432	76.01
76.02	03952	CATH LAB	0	34,913	189,795	361,529	3,397	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	85,724	0	29	0	76.03
76.04	03954	WOUND CARE CENTER	0	11,473	0	6,300	31,612	76.04
76.05	03340	BARIBATRIC CLINIC	0	15,724	50,680	228	2	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	2,446	0	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	11,735	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	0	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	122,500	417,379	1,464	19,005	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,342,943	1,325,139	3,605,279	1,011,494	3,902,729	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,485	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	108,407	8,165	0	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
192.02	19202	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.02
192.03	19203	MISC	0	0	9,312	0	0	192.03
194.00	07950	RESIDENTIAL	0	135,662	150,515	0	0	194.00
194.01	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	406,528	112,775	295,762	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2022 7:58 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
194.03	07953	CENTER OF HOPE	0	0	0	0	0	194.03
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)	1,749,471	1,683,468	4,069,033	1,011,494	3,902,729	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 5/30/2022 7:58 pm	
Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	16.00	17.00	22.00	24.00	25.00		
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
5.04 00593	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00 00600	MAINTENANCE & REPAIRS						6.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,845,075					16.00
17.00 01700	SOCIAL SERVICE	0	0				17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	351,124			22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	195,942	0	0	28,463,018	0	30.00
31.00 03100	INTENSIVE CARE UNIT	34,767	0	0	5,497,971	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	1,023	0	0	302,364	0	35.00
41.00 04100	SUBPROVIDER - IRF	58,629	0	0	11,159,670	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	972	0	0	236,367	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	166,762	0	216,734	5,687,973	-216,734	50.00
50.01 05001	OUTPATIENT SURGERY	11,858	0	0	2,320,798	0	50.01
51.00 05100	RECOVERY ROOM	18,688	0	0	1,061,076	0	51.00
53.00 05300	ANESTHESIOLOGY	45,989	0	0	3,553,527	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	168,990	0	0	4,981,223	0	54.00
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES	17,240	0	0	979,978	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	35,895	0	0	1,211,427	0	56.00
60.00 06000	LABORATORY	181,800	0	0	7,973,456	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	5,928	0	0	238,707	0	63.00
65.00 06500	RESPIRATORY THERAPY	29,125	0	0	3,417,746	0	65.00
66.00 06600	PHYSICAL THERAPY	62,632	0	0	9,085,405	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	14,885	0	0	1,192,526	0	67.00
68.00 06800	SPEECH PATHOLOGY	8,975	0	0	670,110	0	68.00
69.00 06900	ELECTROCARDIOLOGY	68,245	0	0	1,811,045	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	12,363	0	0	680,559	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	85,952	0	0	11,142,888	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	46,264	0	0	10,636,610	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	101,048	0	0	9,165,392	0	73.00
76.00 03630	ULTRA SOUND	39,067	0	0	940,206	0	76.00
76.01 03951	PAIN CLINIC	26,675	0	0	2,018,683	0	76.01
76.02 03952	CATH LAB	191,379	0	0	3,937,785	0	76.02
76.03 03953	ACTIVITY THERAPEUTIC	16,159	0	0	4,069,882	0	76.03
76.04 03954	WOUND CARE CENTER	7,417	0	0	834,102	0	76.04
76.05 03340	BARIATRIC CLINIC	8,965	0	0	2,067,439	0	76.05
76.06 03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07 03950	CV RESOURCE CENTER	0	0	0	2,446	0	76.07
76.08 03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	11,735	0	76.08
76.09 03956	LACTATION CLINIC	0	0	0	0	0	76.09
76.10 03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.10
76.11 03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.11
76.12 03959	ANTI COAGULATION CLINIC	3,415	0	0	696,234	0	76.12
OUTPATIENT SERVICE COST CENTERS							
91.00 09100	EMERGENCY	178,026	0	134,390	7,636,448	-134,390	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,845,075	0	351,124	143,684,796	-351,124	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	158,232	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	16,739,360	0	192.00
192.01 19201	WORKING WELL	0	0	0	40,237	0	192.01
192.02 19202	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0090

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2022 7:58 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-OTHER PRGM COSTS APPRV			
	16.00	17.00	22.00	24.00	25.00	
192.03 19203 MI SC	0	0	0	4,658,569	0	192.03
194.00 07950 RESIDENTIAL	0	0	0	2,558,156	0	194.00
194.01 07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02 07952 PSYCHIATRIC	0	0	0	2,945,429	0	194.02
194.03 07953 CENTER OF HOPE	0	0	0	11,116	0	194.03
200.00 Cross Foot Adjustments				0	0	200.00
201.00 Negative Cost Centers				0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	1,845,075	0	351,124	170,795,895	-351,124	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 5/30/2022 7:58 pm
Cost Center Description		Total			
		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
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL			5.04
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	28,463,018		30.00
31.00	03100	INTENSIVE CARE UNIT	5,497,971		31.00
32.00	03200	CORONARY CARE UNIT	0		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	302,364		35.00
41.00	04100	SUBPROVIDER - IRF	11,159,670		41.00
42.00	04200	SUBPROVIDER	0		42.00
43.00	04300	NURSERY	236,367		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	5,471,239		50.00
50.01	05001	OUTPATIENT SURGERY	2,320,798		50.01
51.00	05100	RECOVERY ROOM	1,061,076		51.00
53.00	05300	ANESTHESIOLOGY	3,553,527		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,981,223		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	979,978		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0		55.00
56.00	05600	RADIOISOTOPE	1,211,427		56.00
60.00	06000	LABORATORY	7,973,456		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	238,707		63.00
65.00	06500	RESPIRATORY THERAPY	3,417,746		65.00
66.00	06600	PHYSICAL THERAPY	9,085,405		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,192,526		67.00
68.00	06800	SPEECH PATHOLOGY	670,110		68.00
69.00	06900	ELECTROCARDIOLOGY	1,811,045		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	680,559		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,142,888		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,636,610		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,165,392		73.00
76.00	03630	ULTRA SOUND	940,206		76.00
76.01	03951	PAIN CLINIC	2,018,683		76.01
76.02	03952	CATH LAB	3,937,785		76.02
76.03	03953	ACTIVITY THERAPEUTIC	4,069,882		76.03
76.04	03954	WOUND CARE CENTER	834,102		76.04
76.05	03340	BARIATRIC CLINIC	2,067,439		76.05
76.06	03030	HEALTHY LIVING CENTER	0		76.06
76.07	03950	CV RESOURCE CENTER	2,446		76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	11,735		76.08
76.09	03956	LACTATION CLINIC	0		76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0		76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0		76.11
76.12	03959	ANTI COAGULATION CLINIC	696,234		76.12
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	7,502,058		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	143,333,672		118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	158,232		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16,739,360		192.00
192.01	19201	WORKING WELL	40,237		192.01
192.02	19202	PHYSICIANS' PRIVATE OFFICES	0		192.02
192.03	19203	MISC	4,658,569		192.03
194.00	07950	RESIDENTIAL	2,558,156		194.00
194.01	07954	OTHER NONREIMBURSABLE COST CENTERS	0		194.01
194.02	07952	PSYCHIATRIC	2,945,429		194.02
194.03	07953	CENTER OF HOPE	11,116		194.03
200.00		Cross Foot Adjustments	0		200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 5/30/2022 7:58 pm
Cost Center Description		Total		
		26.00		
201.00	Negative Cost Centers	0		201.00
202.00	TOTAL (sum lines 118 through 201)	170,444,771		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/30/2022 7:58 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	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	33,292	4,988	38,280	4.00
5.04 00593	OTHER ADMINISTRATIVE AND GENERAL	0	601,607	812,250	1,413,857	5.04
6.00 00600	MAINTENANCE & REPAIRS	0	1,217,298	228,511	1,445,809	6.00
7.00 00700	OPERATION OF PLANT	0	345,207	973,204	1,318,411	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	92,337	2,524	94,861	9.00
10.00 01000	DIETARY	0	81,457	9,092	90,549	10.00
11.00 01100	CAFETERIA	0	117,594	0	117,594	11.00
13.00 01300	NURSING ADMINISTRATION	0	12,440	25,868	38,308	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	104,880	26,354	131,234	14.00
15.00 01500	PHARMACY	0	58,548	5,461	64,009	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	83,719	0	83,719	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,368,202	123,532	1,491,734	30.00
31.00 03100	INTENSIVE CARE UNIT	0	170,162	27,938	198,100	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00
41.00 04100	SUBPROVIDER - I RF	0	101,744	14,126	115,870	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	282,512	189,504	472,016	50.00
50.01 05001	OUTPATIENT SURGERY	0	241,304	9,898	251,202	50.01
51.00 05100	RECOVERY ROOM	0	95,113	15,041	110,154	51.00
53.00 05300	ANESTHESIOLOGY	0	0	21,316	21,316	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	403,567	389,830	793,397	54.00
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES	0	26,421	4,120	30,541	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	84,490	35,049	119,539	56.00
60.00 06000	LABORATORY	0	118,365	775	119,140	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	48,508	0	48,508	63.00
65.00 06500	RESPIRATORY THERAPY	0	36,668	29,252	65,920	65.00
66.00 06600	PHYSICAL THERAPY	0	24,879	14,586	39,465	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	9,527	0	9,527	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	3,506	3,506	68.00
69.00 06900	ELECTROCARDIOLOGY	0	65,248	61,079	126,327	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	90,161	5,297	95,458	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03630	ULTRA SOUND	0	39,221	27,784	67,005	76.00
76.01 03951	PAIN CLINIC	0	211,148	5,466	216,614	76.01
76.02 03952	CATH LAB	0	154,861	136,736	291,597	76.02
76.03 03953	ACTIVITY THERAPEUTIC	0	97,769	41	97,810	76.03
76.04 03954	WOUND CARE CENTER	0	109,044	2,086	111,130	76.04
76.05 03340	BARIATRIC CLINIC	0	33,018	3,978	36,996	76.05
76.06 03030	HEALTHY LIVING CENTER	0	0	0	0	76.06
76.07 03950	CV RESOURCE CENTER	0	0	0	0	76.07
76.08 03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.08
76.09 03956	LACTATION CLINIC	0	0	0	0	76.09
76.10 03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.10
76.11 03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.11
76.12 03959	ANTI COAGULATION CLINIC	0	7,539	104	7,643	76.12
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	0	275,556	62,733	338,289	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	6,843,406	3,272,029	10,115,435	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	13,639	709	14,348	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	234,690	17,510	252,200	192.00
192.01 19201	WORKING WELL	0	0	0	0	192.01
192.02 19202	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.02
192.03 19203	MISC	0	0	392	392	192.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0090

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2022 7:58 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
194.00 07950 RESIDENTIAL	0	519,293	21,862	541,155	0	194.00
194.01 07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02 07952 PSYCHIATRIC	0	453,737	0	453,737	0	194.02
194.03 07953 CENTER OF HOPE	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	8,064,765	3,312,502	11,377,267	38,280	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0090		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/30/2022 7:58 pm	
Cost Center Description			OTHER ADMINI STRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.04	6.00	7.00	8.00	9.00	
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
5.04	00593	OTHER ADMINI STRATIVE AND GENERAL	1,420,756					5.04
6.00	00600	MAINTENANCE & REPAIRS	39,805	1,485,984				6.00
7.00	00700	OPERATION OF PLANT	84,864	82,570	1,486,514			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,230	0	0	4,332		8.00
9.00	00900	HOUSEKEEPING	31,042	22,086	23,394	0	172,252	9.00
10.00	01000	DIETARY	12,357	19,484	20,637	0	2,430	10.00
11.00	01100	CAFETERIA	10,833	28,127	29,793	0	3,507	11.00
13.00	01300	NURSING ADMINISTRATION	33,091	2,975	3,152	0	371	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,475	25,086	26,572	0	3,128	14.00
15.00	01500	PHARMACY	30,448	14,004	14,833	0	1,746	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,023	20,025	21,210	0	2,497	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,921	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	172,207	327,260	346,636	2,361	40,811	30.00
31.00	03100	INTENSIVE CARE UNIT	34,385	40,701	43,111	328	5,075	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,498	0	0	9	0	35.00
41.00	04100	SUBPROVIDER - I RF	81,243	24,336	25,777	670	3,035	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,945	0	0	13	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,693	67,574	71,575	0	8,427	50.00
50.01	05001	OUTPATIENT SURGERY	11,458	57,718	61,135	0	7,197	50.01
51.00	05100	RECOVERY ROOM	5,470	22,750	24,097	0	2,837	51.00
53.00	05300	ANESTHESIOLOGY	28,704	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,506	96,529	102,245	0	12,037	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	6,575	6,320	6,694	0	788	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	5,697	20,209	21,406	0	2,520	56.00
60.00	06000	LABORATORY	61,613	28,312	29,988	0	3,530	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	494	11,603	12,290	0	1,447	63.00
65.00	06500	RESPIRATORY THERAPY	26,696	8,771	9,290	0	1,094	65.00
66.00	06600	PHYSICAL THERAPY	73,644	5,951	6,303	0	742	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,405	2,279	2,414	0	284	67.00
68.00	06800	SPEECH PATHOLOGY	5,412	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	11,939	15,607	16,531	0	1,946	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,085	21,566	22,843	0	2,689	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	91,977	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	88,096	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,447	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	6,331	9,381	9,937	0	1,170	76.00
76.01	03951	PAIN CLINIC	9,649	50,504	53,495	0	6,298	76.01
76.02	03952	CATH LAB	22,084	37,041	39,235	0	4,619	76.02
76.03	03953	ACTIVITY THERAPEUTIC	30,371	23,385	24,770	0	2,916	76.03
76.04	03954	WOUND CARE CENTER	3,526	26,082	27,627	0	3,252	76.04
76.05	03340	BARITRIC CLINIC	15,679	7,898	8,365	0	985	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	5,560	1,803	1,910	0	225	76.12
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	48,834	65,910	69,813	0	8,219	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,239,312	1,193,847	1,177,078	3,381	135,822	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	936	3,262	3,455	0	407	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	131,949	56,136	59,460	0	7,000	192.00
192.01	19201	WORKING WELL	335	0	0	0	0	192.01
192.02	19202	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.02
192.03	19203	MISC	38,675	0	0	0	0	192.03
194.00	07950	RESIDENTIAL	4,898	124,210	131,565	0	15,489	194.00
194.01	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	4,559	108,529	114,956	951	13,534	194.02

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0090			Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/30/2022 7:58 pm	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.04	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00		
194.03	07953 CENTER OF HOPE	92	0	0	0	0	0	194.03
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)	1,420,756	1,485,984	1,486,514	4,332	172,252		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0090		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/30/2022 7:58 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
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
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	145,741					10.00
11.00	01100	CAFETERIA	0	190,168				11.00
13.00	01300	NURSING ADMINISTRATION	0	5,723	84,721			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,516	0	193,172		14.00
15.00	01500	PHARMACY	0	5,957	0	0	132,056	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	928	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	84,191	38,492	29,289	10,785	1,277	30.00
31.00	03100	INTENSIVE CARE UNIT	11,699	8,404	9,821	3,698	1,139	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
41.00	04100	SUBPROVIDER - I RF	15,985	13,818	9,688	2,165	4,574	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	5,358	4,067	84,513	467	50.00
50.01	05001	OUTPATIENT SURGERY	0	3,240	2,113	3,140	96	50.01
51.00	05100	RECOVERY ROOM	0	763	1,382	310	58	51.00
53.00	05300	ANESTHESIOLOGY	0	283	16	2,110	1,443	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,131	0	1,850	154	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	1,424	833	6,363	27	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	1,043	0	104	7,006	56.00
60.00	06000	LABORATORY	0	0	24	16	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,078	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,713	0	2,098	263	65.00
66.00	06600	PHYSICAL THERAPY	0	9,960	0	167	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,803	0	40	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	908	0	482	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,658	1,485	226	1	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	467	0	176	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	113,708	73.00
76.00	03630	ULTRA SOUND	0	1,178	0	479	0	76.00
76.01	03951	PAIN CLINIC	0	1,783	2,650	798	15	76.01
76.02	03952	CATH LAB	0	3,944	3,952	69,042	115	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	9,684	0	6	0	76.03
76.04	03954	WOUND CARE CENTER	0	1,296	0	1,203	1,070	76.04
76.05	03340	BARITRIC CLINIC	0	1,776	1,055	43	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	276	0	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	1,326	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	0	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	13,838	8,690	280	643	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	111,875	149,690	75,065	193,172	132,056	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	168	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	12,246	170	0	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
192.02	19202	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.02
192.03	19203	MISC	0	0	194	0	0	192.03
194.00	07950	RESIDENTIAL	0	15,325	3,134	0	0	194.00
194.01	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	33,866	12,739	6,158	0	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0090			Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/30/2022 7:58 pm	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
194.03	07953 CENTER OF HOPE	0	0	0	0	0	0	194.03
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)	145,741	190,168	84,721	193,172	132,056		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/30/2022 7:58 pm
Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	16.00	17.00	22.00	24.00	25.00
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
5.04 00593	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
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	141,492			16.00
17.00 01700	SOCIAL SERVICE	0	0		17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	2,976	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	14,972	0	2,565,993	0 30.00
31.00 03100	INTENSIVE CARE UNIT	2,667	0	360,237	0 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0 32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	79	0	2,676	0 35.00
41.00 04100	SUBPROVIDER - IRF	4,498	0	303,582	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0 42.00
43.00 04300	NURSERY	75	0	2,117	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	12,794	0	758,323	0 50.00
50.01 05001	OUTPATIENT SURGERY	910	0	398,559	0 50.01
51.00 05100	RECOVERY ROOM	1,434	0	169,442	0 51.00
53.00 05300	ANESTHESIOLOGY	3,528	0	57,419	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,965	0	1,055,528	0 54.00
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES	1,323	0	61,158	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	2,754	0	180,461	0 56.00
60.00 06000	LABORATORY	13,947	0	256,683	0 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	455	0	77,875	0 63.00
65.00 06500	RESPIRATORY THERAPY	2,234	0	121,832	0 65.00
66.00 06600	PHYSICAL THERAPY	4,805	0	142,857	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,142	0	27,285	0 67.00
68.00 06800	SPEECH PATHOLOGY	689	0	11,195	0 68.00
69.00 06900	ELECTROCARDIOLOGY	5,236	0	182,402	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	948	0	147,322	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,594	0	98,571	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	3,549	0	91,645	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	7,752	0	168,907	0 73.00
76.00 03630	ULTRA SOUND	2,997	0	98,717	0 76.00
76.01 03951	PAIN CLINIC	2,046	0	344,172	0 76.01
76.02 03952	CATH LAB	14,682	0	487,085	0 76.02
76.03 03953	ACTIVITY THERAPEUTIC	1,240	0	191,399	0 76.03
76.04 03954	WOUND CARE CENTER	569	0	175,855	0 76.04
76.05 03340	BARIATRIC CLINIC	688	0	74,155	0 76.05
76.06 03030	HEALTHY LIVING CENTER	0	0	0	0 76.06
76.07 03950	CV RESOURCE CENTER	0	0	276	0 76.07
76.08 03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	1,326	0 76.08
76.09 03956	LACTATION CLINIC	0	0	0	0 76.09
76.10 03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0 76.10
76.11 03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0 76.11
76.12 03959	ANTI COAGULATION CLINIC	262	0	17,631	0 76.12
OUTPATIENT SERVICE COST CENTERS					
91.00 09100	EMERGENCY	13,658	0	569,878	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0 92.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	141,492	0	0	9,202,563 0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	22,595	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	523,344	0 192.00
192.01 19201	WORKING WELL	0	0	352	0 192.01
192.02 19202	PHYSICIANS' PRIVATE OFFICES	0	0	0	0 192.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0090

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2022 7:58 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-OTHER PRGM COSTS APPRV			
	16.00	17.00	22.00	24.00	25.00	
192.03 19203 MI SC	0	0		40,540	0	192.03
194.00 07950 RESIDENTIAL	0	0		835,776	0	194.00
194.01 07954 OTHER NONREIMBURSABLE COST CENTERS	0	0		0	0	194.01
194.02 07952 PSYCHIATRIC	0	0		749,029	0	194.02
194.03 07953 CENTER OF HOPE	0	0		92	0	194.03
200.00 Cross Foot Adjustments			2,976	2,976	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	141,492	0	2,976	11,377,267	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/30/2022 7:58 pm
Cost Center Description		Total		
		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
5.04	00593	OTHER ADMINISTRATIVE AND GENERAL		5.04
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	2,565,993	30.00
31.00	03100	INTENSIVE CARE UNIT	360,237	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,676	35.00
41.00	04100	SUBPROVIDER - IRF	303,582	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	2,117	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	758,323	50.00
50.01	05001	OUTPATIENT SURGERY	398,559	50.01
51.00	05100	RECOVERY ROOM	169,442	51.00
53.00	05300	ANESTHESIOLOGY	57,419	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,055,528	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	61,158	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	180,461	56.00
60.00	06000	LABORATORY	256,683	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	77,875	63.00
65.00	06500	RESPIRATORY THERAPY	121,832	65.00
66.00	06600	PHYSICAL THERAPY	142,857	66.00
67.00	06700	OCCUPATIONAL THERAPY	27,285	67.00
68.00	06800	SPEECH PATHOLOGY	11,195	68.00
69.00	06900	ELECTROCARDIOLOGY	182,402	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	147,322	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	98,571	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	91,645	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	168,907	73.00
76.00	03630	ULTRA SOUND	98,717	76.00
76.01	03951	PAIN CLINIC	344,172	76.01
76.02	03952	CATH LAB	487,085	76.02
76.03	03953	ACTIVITY THERAPEUTIC	191,399	76.03
76.04	03954	WOUND CARE CENTER	175,855	76.04
76.05	03340	BARIATRIC CLINIC	74,155	76.05
76.06	03030	HEALTHY LIVING CENTER	0	76.06
76.07	03950	CV RESOURCE CENTER	276	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	1,326	76.08
76.09	03956	LACTATION CLINIC	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	17,631	76.12
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	569,878	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,202,563	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,595	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	523,344	192.00
192.01	19201	WORKING WELL	352	192.01
192.02	19202	PHYSICIANS' PRIVATE OFFICES	0	192.02
192.03	19203	MISC	40,540	192.03
194.00	07950	RESIDENTIAL	835,776	194.00
194.01	07954	OTHER NONREIMBURSABLE COST CENTERS	0	194.01
194.02	07952	PSYCHIATRIC	749,029	194.02
194.03	07953	CENTER OF HOPE	92	194.03
200.00		Cross Foot Adjustments	2,976	200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0090		Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/30/2022 7:58 pm
Cost Center Description		Total			
		26.00			
201.00	Negative Cost Centers	0	201.00		
202.00	TOTAL (sum lines 118 through 201)	11,377,267	202.00		

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1

Date/Time Prepared:
5/30/2022 7:58 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	470,676				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		8,138,443			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,943	12,256	70,809,514		4.00
5.04 00593	OTHER ADMINISTRATIVE AND GENERAL	35,111	1,995,608	12,800,785	-29,398,128	141,397,767
6.00 00600	MAINTENANCE & REPAIRS	71,044	561,425	683,148	0	3,961,499
7.00 00700	OPERATION OF PLANT	20,147	2,391,047	1,236,515	0	8,445,885
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	188,268	0	420,941
9.00 00900	HOUSEKEEPING	5,389	6,200	1,605,739	0	3,089,327
10.00 01000	DIETARY	4,754	22,339	524,434	0	1,229,762
11.00 01100	CAFETERIA	6,863	0	580,371	0	1,078,151
13.00 01300	NURSING ADMINISTRATION	726	63,555	2,034,619	0	3,293,328
14.00 01400	CENTRAL SERVICES & SUPPLY	6,121	64,750	296,875	0	544,844
15.00 01500	PHARMACY	3,417	13,418	1,957,981	0	3,030,209
16.00 01600	MEDICAL RECORDS & LIBRARY	4,886	0	166,991	0	1,296,043
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	102,083	0	290,687
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	79,851	303,504	11,050,039	0	17,139,439
31.00 03100	INTENSIVE CARE UNIT	9,931	68,640	2,049,748	0	3,422,074
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	0	166,000	0	248,610
41.00 04100	SUBPROVIDER - I RF	5,938	34,706	3,555,165	0	8,085,480
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	0	0	155,983	0	193,571
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	16,488	465,590	1,549,982	0	3,054,623
50.01 05001	OUTPATIENT SURGERY	14,083	24,318	646,044	0	1,140,286
51.00 05100	RECOVERY ROOM	5,551	36,955	345,095	0	544,427
53.00 05300	ANESTHESIOLOGY	0	52,372	35,290	0	2,856,658
54.00 05400	RADIOLOGY-DIAGNOSTIC	23,553	957,769	1,319,979	0	2,836,946
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES	1,542	10,123	499,807	0	654,349
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	4,931	86,112	338,832	0	566,970
60.00 06000	LABORATORY	6,908	1,905	208,621	0	6,131,883
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,831	0	0	0	49,205
65.00 06500	RESPIRATORY THERAPY	2,140	71,870	1,392,303	0	2,656,886
66.00 06600	PHYSICAL THERAPY	1,452	35,836	3,364,463	0	7,329,257
67.00 06700	OCCUPATIONAL THERAPY	556	0	722,378	0	935,991
68.00 06800	SPEECH PATHOLOGY	0	8,614	365,704	0	538,597
69.00 06900	ELECTROCARDIOLOGY	3,808	150,064	824,839	0	1,188,206
70.00 07000	ELECTROENCEPHALOGRAPHY	5,262	13,014	166,902	0	307,058
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	9,153,767
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	8,767,489
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,722,051
76.00 03630	ULTRA SOUND	2,289	68,261	442,289	0	630,079
76.01 03951	PAIN CLINIC	12,323	13,430	591,714	0	960,301
76.02 03952	CATH LAB	9,038	335,946	1,431,094	0	2,197,861
76.03 03953	ACTIVITY THERAPEUTIC	5,706	100	2,250,240	0	3,022,632
76.04 03954	WOUND CARE CENTER	6,364	5,124	184,723	0	350,900
76.05 03340	BARIATRIC CLINIC	1,927	9,774	1,239,178	0	1,560,395
76.06 03030	HEALTHY LIVING CENTER	0	0	0	0	0
76.07 03950	CV RESOURCE CENTER	0	0	0	0	0
76.08 03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.09 03956	LACTATION CLINIC	0	0	0	0	0
76.10 03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.11 03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.12 03959	ANTI COAGULATION CLINIC	440	255	421,777	0	553,338
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	16,082	154,127	3,149,914	0	4,860,062
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	399,395	8,039,007	60,645,912	-29,398,128	123,340,067
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	796	1,741	34,583	0	93,168
192.00 19200	PHYSICIANS' PRIVATE OFFICES	13,697	43,019	7,732,661	0	13,131,832
192.01 19201	WORKING WELL	0	0	31,619	0	33,311
192.02 19202	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1

Date/Time Prepared:
5/30/2022 7:58 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
192.03 19203 MI SC	0	964	2,364,739	0	3,849,006	192.03	
194.00 07950 RESIDENTIAL	30,307	53,712	0	0	487,443	194.00	
194.01 07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01	
194.02 07952 PSYCHIATRIC	26,481	0	0	0	453,737	194.02	
194.03 07953 CENTER OF HOPE	0	0	0	0	9,203	194.03	
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)	8,064,765	3,312,502	2,414,517		29,398,128	202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	17.134430	0.407019	0.034099		0.207911	203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)			38,280		1,420,756	204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000541		0.010048	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: 15-0090

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

Worksheet B-1

Date/Time Prepared:
5/30/2022 7:58 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.04	00593						5.04
6.00	00600	362,578					6.00
7.00	00700	20,147	342,431				7.00
8.00	00800	0	0	462,150			8.00
9.00	00900	5,389	5,389	0	337,042		9.00
10.00	01000	4,754	4,754	0	4,754	229,963	10.00
11.00	01100	6,863	6,863	0	6,863	0	11.00
13.00	01300	726	726	0	726	0	13.00
14.00	01400	6,121	6,121	0	6,121	0	14.00
15.00	01500	3,417	3,417	0	3,417	0	15.00
16.00	01600	4,886	4,886	0	4,886	0	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	79,851	79,851	251,792	79,851	132,845	30.00
31.00	03100	9,931	9,931	35,035	9,931	18,459	31.00
32.00	03200	0	0	0	0	0	32.00
35.00	02060	0	0	947	0	0	35.00
41.00	04100	5,938	5,938	71,517	5,938	25,222	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	1,434	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	16,488	16,488	0	16,488	0	50.00
50.01	05001	14,083	14,083	0	14,083	0	50.01
51.00	05100	5,551	5,551	0	5,551	0	51.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	23,553	23,553	0	23,553	0	54.00
54.01	05401	1,542	1,542	0	1,542	0	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	4,931	4,931	0	4,931	0	56.00
60.00	06000	6,908	6,908	0	6,908	0	60.00
63.00	06300	2,831	2,831	0	2,831	0	63.00
65.00	06500	2,140	2,140	0	2,140	0	65.00
66.00	06600	1,452	1,452	0	1,452	0	66.00
67.00	06700	556	556	0	556	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	3,808	3,808	0	3,808	0	69.00
70.00	07000	5,262	5,262	0	5,262	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03630	2,289	2,289	0	2,289	0	76.00
76.01	03951	12,323	12,323	0	12,323	0	76.01
76.02	03952	9,038	9,038	0	9,038	0	76.02
76.03	03953	5,706	5,706	0	5,706	0	76.03
76.04	03954	6,364	6,364	0	6,364	0	76.04
76.05	03340	1,927	1,927	0	1,927	0	76.05
76.06	03030	0	0	0	0	0	76.06
76.07	03950	0	0	0	0	0	76.07
76.08	03955	0	0	0	0	0	76.08
76.09	03956	0	0	0	0	0	76.09
76.10	03957	0	0	0	0	0	76.10
76.11	03958	0	0	0	0	0	76.11
76.12	03959	440	440	0	440	0	76.12
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	16,082	16,082	0	16,082	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		291,297	271,150	360,725	265,761	176,526	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	796	796	0	796	0	190.00
192.00	19200	13,697	13,697	0	13,697	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
194.00	07950	30,307	30,307	0	30,307	0	194.00
194.01	07954	0	0	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1

Date/Time Prepared:
5/30/2022 7:58 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	
		6.00	7.00	8.00	9.00	10.00	
194.02	07952 PSYCHIATRIC	26,481	26,481	101,425	26,481	53,437	194.02
194.03	07953 CENTER OF HOPE	0	0	0	0	0	194.03
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)	4,785,138	10,467,768	508,459	3,967,490	1,749,471	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.197541	30.568985	1.100203	11.771500	7.607619	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,485,984	1,486,514	4,332	172,252	145,741	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.098384	4.341061	0.009374	0.511070	0.633758	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: 15-0090

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

Worksheet B-1

Date/Time Prepared:
5/30/2022 7:58 pm

Cost Center Description		CAFETERIA (HOURS WORK ED)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UISI)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.04	00593						5.04
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	57,815					11.00
13.00	01300	1,740	376,234				13.00
14.00	01400	461	0	17,287,249			14.00
15.00	01500	1,811	0	0	4,721,698		15.00
16.00	01600	282	0	0	0	612,748,574	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	11,703	130,074	965,213	45,653	65,045,760	30.00
31.00	03100	2,555	43,614	330,920	40,732	11,546,769	31.00
32.00	03200	0	0	0	0	0	32.00
35.00	02060	0	0	0	0	339,907	35.00
41.00	04100	4,201	43,023	193,718	163,561	19,471,672	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	322,748	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,629	18,059	7,563,071	16,680	55,384,376	50.00
50.01	05001	985	9,382	281,038	3,437	3,938,374	50.01
51.00	05100	232	6,138	27,729	2,077	6,206,494	51.00
53.00	05300	86	70	188,791	51,590	15,273,636	53.00
54.00	05400	2,168	0	165,604	5,505	56,124,108	54.00
54.01	05401	433	3,698	569,410	949	5,725,580	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	317	0	9,319	250,499	11,921,314	56.00
60.00	06000	0	106	1,414	0	60,378,672	60.00
63.00	06300	0	0	275,443	0	1,968,858	63.00
65.00	06500	1,433	0	187,769	9,405	9,672,912	65.00
66.00	06600	3,028	0	14,905	0	20,801,019	66.00
67.00	06700	548	0	3,604	0	4,943,375	67.00
68.00	06800	276	0	43,094	0	2,980,712	68.00
69.00	06900	808	6,596	20,252	18	22,665,133	69.00
70.00	07000	142	0	15,740	0	4,106,033	70.00
71.00	07100	0	0	0	0	28,545,969	71.00
72.00	07200	0	0	0	0	15,364,960	72.00
73.00	07300	0	0	0	4,065,717	33,559,618	73.00
76.00	03630	358	0	42,893	0	12,974,892	76.00
76.01	03951	542	11,767	71,427	523	8,859,247	76.01
76.02	03952	1,199	17,549	6,178,818	4,110	63,559,890	76.02
76.03	03953	2,944	0	499	0	5,366,596	76.03
76.04	03954	394	0	107,668	38,246	2,463,181	76.04
76.05	03340	540	4,686	3,889	3	2,977,476	76.05
76.06	03030	0	0	0	0	0	76.06
76.07	03950	84	0	0	0	0	76.07
76.08	03955	403	0	0	0	0	76.08
76.09	03956	0	0	0	0	0	76.09
76.10	03957	0	0	0	0	0	76.10
76.11	03958	0	0	0	0	0	76.11
76.12	03959	0	0	0	0	1,134,132	76.12
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	4,207	38,592	25,021	22,993	59,125,161	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		45,509	333,354	17,287,249	4,721,698	612,748,574	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	51	0	0	0	0	190.00
192.00	19200	3,723	755	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	861	0	0	0	192.03
194.00	07950	4,659	13,917	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1

Date/Time Prepared:
5/30/2022 7:58 pm

Cost Center Description		CAFETERIA (HOURS WORK ED)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UISI)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
194.01	07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952 PSYCHIATRIC	3,873	27,347	0	0	0	194.02
194.03	07953 CENTER OF HOPE	0	0	0	0	0	194.03
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)	1,683,468	4,069,033	1,011,494	3,902,729	1,845,075	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	29.118187	10.815166	0.058511	0.826552	0.003011	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	190,168	84,721	193,172	132,056	141,492	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3.289250	0.225182	0.011174	0.027968	0.000231	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: 15-0090

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

Worksheet B-1
Date/Time Prepared:
5/30/2022 7:58 pm

Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
		17.00			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
5.04 00593	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
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	612,748,574			17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	452		22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	65,045,760	0		30.00
31.00 03100	INTENSIVE CARE UNIT	11,546,769	0		31.00
32.00 03200	CORONARY CARE UNIT	0	0		32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	339,907	0		35.00
41.00 04100	SUBPROVIDER - IRF	19,471,672	0		41.00
42.00 04200	SUBPROVIDER	0	0		42.00
43.00 04300	NURSERY	322,748	0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	55,384,376	279		50.00
50.01 05001	OUTPATIENT SURGERY	3,938,374	0		50.01
51.00 05100	RECOVERY ROOM	6,206,494	0		51.00
53.00 05300	ANESTHESIOLOGY	15,273,636	0		53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	56,124,108	0		54.00
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES	5,725,580	0		54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600	RADIOISOTOPE	11,921,314	0		56.00
60.00 06000	LABORATORY	60,378,672	0		60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,968,858	0		63.00
65.00 06500	RESPIRATORY THERAPY	9,672,912	0		65.00
66.00 06600	PHYSICAL THERAPY	20,801,019	0		66.00
67.00 06700	OCCUPATIONAL THERAPY	4,943,375	0		67.00
68.00 06800	SPEECH PATHOLOGY	2,980,712	0		68.00
69.00 06900	ELECTROCARDIOLOGY	22,665,133	0		69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	4,106,033	0		70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	28,545,969	0		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	15,364,960	0		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	33,559,618	0		73.00
76.00 03630	ULTRA SOUND	12,974,892	0		76.00
76.01 03951	PAIN CLINIC	8,859,247	0		76.01
76.02 03952	CATH LAB	63,559,890	0		76.02
76.03 03953	ACTIVITY THERAPEUTIC	5,366,596	0		76.03
76.04 03954	WOUND CARE CENTER	2,463,181	0		76.04
76.05 03340	BARIATRIC CLINIC	2,977,476	0		76.05
76.06 03030	HEALTHY LIVING CENTER	0	0		76.06
76.07 03950	CV RESOURCE CENTER	0	0		76.07
76.08 03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.08
76.09 03956	LACTATION CLINIC	0	0		76.09
76.10 03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.10
76.11 03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.11
76.12 03959	ANTI COAGULATION CLINIC	1,134,132	0		76.12
OUTPATIENT SERVICE COST CENTERS					
91.00 09100	EMERGENCY	59,125,161	173		91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	612,748,574	452		118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
192.01 19201	WORKING WELL	0	0		192.01
192.02 19202	PHYSICIANS' PRIVATE OFFICES	0	0		192.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0090

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

Worksheet B-1
Date/Time Prepared:
5/30/2022 7:58 pm

Cost Center Description		SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS		
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
		17.00	22.00		
192.03	19203	MISC	0	0	192.03
194.00	07950	RESIDENTIAL	0	0	194.00
194.01	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.01
194.02	07952	PSYCHIATRIC	0	0	194.02
194.03	07953	CENTER OF HOPE	0	0	194.03
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	351,124	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	776.823009	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	2,976	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	6.584071	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0090

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2022 7:58 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	28,463,018	28,463,018	0	28,463,018	30.00	
31.00	03100 INTENSIVE CARE UNIT	5,497,971	5,497,971	0	5,497,971	31.00	
32.00	03200 CORONARY CARE UNIT	0	0	0	0	32.00	
35.00	02060 NEONATAL INTENSIVE CARE UNIT	302,364	302,364	0	302,364	35.00	
41.00	04100 SUBPROVIDER - I RF	11,159,670	11,159,670	0	11,159,670	41.00	
42.00	04200 SUBPROVIDER	0	0	0	0	42.00	
43.00	04300 NURSERY	236,367	236,367	0	236,367	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,471,239	5,471,239	5,304	5,476,543	50.00	
50.01	05001 OUTPATIENT SURGERY	2,320,798	2,320,798	0	2,320,798	50.01	
51.00	05100 RECOVERY ROOM	1,061,076	1,061,076	0	1,061,076	51.00	
53.00	05300 ANESTHESIOLOGY	3,553,527	3,553,527	0	3,553,527	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,981,223	4,981,223	0	4,981,223	54.00	
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	979,978	979,978	0	979,978	54.01	
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
56.00	05600 RADIOISOTOPE	1,211,427	1,211,427	0	1,211,427	56.00	
60.00	06000 LABORATORY	7,973,456	7,973,456	9,986	7,983,442	60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	238,707	238,707	0	238,707	63.00	
65.00	06500 RESPIRATORY THERAPY	3,417,746	3,417,746	0	3,417,746	65.00	
66.00	06600 PHYSICAL THERAPY	9,085,405	9,085,405	0	9,085,405	66.00	
67.00	06700 OCCUPATIONAL THERAPY	1,192,526	1,192,526	0	1,192,526	67.00	
68.00	06800 SPEECH PATHOLOGY	670,110	670,110	0	670,110	68.00	
69.00	06900 ELECTROCARDIOLOGY	1,811,045	1,811,045	18	1,811,063	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	680,559	680,559	0	680,559	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	11,142,888	11,142,888	0	11,142,888	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	10,636,610	10,636,610	0	10,636,610	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	9,165,392	9,165,392	0	9,165,392	73.00	
76.00	03630 ULTRA SOUND	940,206	940,206	0	940,206	76.00	
76.01	03951 PAIN CLINIC	2,018,683	2,018,683	0	2,018,683	76.01	
76.02	03952 CATH LAB	3,937,785	3,937,785	0	3,937,785	76.02	
76.03	03953 ACTIVITY THERAPEUTIC	4,069,882	4,069,882	13,698	4,083,580	76.03	
76.04	03954 WOUND CARE CENTER	834,102	834,102	211	834,313	76.04	
76.05	03340 BARIATRIC CLINIC	2,067,439	2,067,439	0	2,067,439	76.05	
76.06	03030 HEALTHY LIVING CENTER	0	0	0	0	76.06	
76.07	03950 CV RESOURCE CENTER	2,446	2,446	0	2,446	76.07	
76.08	03955 OTHER ANCILLARY SERVICE COST CENTERS	11,735	11,735	0	11,735	76.08	
76.09	03956 LACTATION CLINIC	0	0	0	0	76.09	
76.10	03957 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.10	
76.11	03958 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.11	
76.12	03959 ANTI COAGULATION CLINIC	696,234	696,234	0	696,234	76.12	
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	7,502,058	7,502,058	0	7,502,058	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4,911,503	4,911,503	0	4,911,503	92.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)	148,245,175	148,245,175	29,217	148,274,392	200.00	
201.00	Less Observation Beds	4,911,503	4,911,503		4,911,503	201.00	
202.00	Total (see instructions)	143,333,672	143,333,672	29,217	143,362,889	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0090		Period: From 01/01/2021 To 12/31/2021		Worksheet C Part I Date/Time Prepared: 5/30/2022 7:58 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	56,780,256		56,780,256				30.00
31.00	03100	INTENSIVE CARE UNIT	11,546,769		11,546,769				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	339,907		339,907				35.00
41.00	04100	SUBPROVIDER - IRF	19,471,672		19,471,672				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	322,748		322,748				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	21,440,796	33,943,580	55,384,376	0.098787	0.000000		50.00
50.01	05001	OUTPATIENT SURGERY	1,822,346	2,116,028	3,938,374	0.589278	0.000000		50.01
51.00	05100	RECOVERY ROOM	2,171,243	4,035,251	6,206,494	0.170962	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	5,954,228	9,319,408	15,273,636	0.232658	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,961,315	37,162,793	56,124,108	0.088754	0.000000		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	3,182,229	2,543,351	5,725,580	0.171158	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	1,052,835	10,868,479	11,921,314	0.101619	0.000000		56.00
60.00	06000	LABORATORY	29,922,738	30,455,934	60,378,672	0.132057	0.000000		60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	1,538,878	429,980	1,968,858	0.121241	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	7,198,354	2,474,558	9,672,912	0.353332	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	5,124,564	15,676,455	20,801,019	0.436777	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	4,566,476	376,899	4,943,375	0.241237	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,993,533	987,179	2,980,712	0.224815	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	7,198,057	15,467,076	22,665,133	0.079904	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	511,552	3,594,481	4,106,033	0.165746	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,146,729	12,399,240	28,545,969	0.390349	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,986,226	9,378,734	15,364,960	0.692264	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,487,242	10,072,376	33,559,618	0.273108	0.000000		73.00
76.00	03630	ULTRA SOUND	3,133,119	9,841,773	12,974,892	0.072463	0.000000		76.00
76.01	03951	PAIN CLINIC	49,893	8,809,354	8,859,247	0.227862	0.000000		76.01
76.02	03952	CATH LAB	21,470,141	42,089,749	63,559,890	0.061954	0.000000		76.02
76.03	03953	ACTIVITY THERAPEUTIC	3,111,575	2,255,021	5,366,596	0.758373	0.000000		76.03
76.04	03954	WOUND CARE CENTER	9,111	2,454,070	2,463,181	0.338628	0.000000		76.04
76.05	03340	BARITRIC CLINIC	747	2,976,729	2,977,476	0.694360	0.000000		76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0.000000	0.000000		76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0.000000	0.000000		76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000		76.08
76.09	03956	LACTATION CLINIC	0	0	0	0.000000	0.000000		76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000		76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000		76.11
76.12	03959	ANTI COAGULATION CLINIC	14,707	1,119,425	1,134,132	0.613892	0.000000		76.12
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	19,866,196	39,258,965	59,125,161	0.126884	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,123,337	5,142,167	8,265,504	0.594217	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	297,499,519	315,249,055	612,748,574				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	297,499,519	315,249,055	612,748,574				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/30/2022 7:58 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.098882		50.00
50.01	05001	OUTPATIENT SURGERY	0.589278		50.01
51.00	05100	RECOVERY ROOM	0.170962		51.00
53.00	05300	ANESTHESIOLOGY	0.232658		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.088754		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.171158		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.101619		56.00
60.00	06000	LABORATORY	0.132223		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.121241		63.00
65.00	06500	RESPIRATORY THERAPY	0.353332		65.00
66.00	06600	PHYSICAL THERAPY	0.436777		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.241237		67.00
68.00	06800	SPEECH PATHOLOGY	0.224815		68.00
69.00	06900	ELECTROCARDIOLOGY	0.079905		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165746		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.390349		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.692264		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.273108		73.00
76.00	03630	ULTRA SOUND	0.072463		76.00
76.01	03951	PAIN CLINIC	0.227862		76.01
76.02	03952	CATH LAB	0.061954		76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.760926		76.03
76.04	03954	WOUND CARE CENTER	0.338714		76.04
76.05	03340	BARIATRIC CLINIC	0.694360		76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000		76.06
76.07	03950	CV RESOURCE CENTER	0.000000		76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.08
76.09	03956	LACTATION CLINIC	0.000000		76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.11
76.12	03959	ANTI COAGULATION CLINIC	0.613892		76.12
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.126884		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.594217		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0090

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2022 7:58 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	28,463,018		28,463,018	0	28,463,018	30.00
31.00	03100 INTENSIVE CARE UNIT	5,497,971		5,497,971	0	5,497,971	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	302,364		302,364	0	302,364	35.00
41.00	04100 SUBPROVIDER - I RF	11,159,670		11,159,670	0	11,159,670	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	236,367		236,367	0	236,367	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,471,239		5,471,239	5,304	5,476,543	50.00
50.01	05001 OUTPATIENT SURGERY	2,320,798		2,320,798	0	2,320,798	50.01
51.00	05100 RECOVERY ROOM	1,061,076		1,061,076	0	1,061,076	51.00
53.00	05300 ANESTHESIOLOGY	3,553,527		3,553,527	0	3,553,527	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,981,223		4,981,223	0	4,981,223	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	979,978		979,978	0	979,978	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	1,211,427		1,211,427	0	1,211,427	56.00
60.00	06000 LABORATORY	7,973,456		7,973,456	9,986	7,983,442	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	238,707		238,707	0	238,707	63.00
65.00	06500 RESPIRATORY THERAPY	3,417,746	0	3,417,746	0	3,417,746	65.00
66.00	06600 PHYSICAL THERAPY	9,085,405	0	9,085,405	0	9,085,405	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,192,526	0	1,192,526	0	1,192,526	67.00
68.00	06800 SPEECH PATHOLOGY	670,110	0	670,110	0	670,110	68.00
69.00	06900 ELECTROCARDIOLOGY	1,811,045		1,811,045	18	1,811,063	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	680,559		680,559	0	680,559	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	11,142,888		11,142,888	0	11,142,888	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	10,636,610		10,636,610	0	10,636,610	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,165,392		9,165,392	0	9,165,392	73.00
76.00	03630 ULTRA SOUND	940,206		940,206	0	940,206	76.00
76.01	03951 PAIN CLINIC	2,018,683		2,018,683	0	2,018,683	76.01
76.02	03952 CATH LAB	3,937,785		3,937,785	0	3,937,785	76.02
76.03	03953 ACTIVITY THERAPEUTIC	4,069,882		4,069,882	13,698	4,083,580	76.03
76.04	03954 WOUND CARE CENTER	834,102		834,102	211	834,313	76.04
76.05	03340 BARIATRIC CLINIC	2,067,439		2,067,439	0	2,067,439	76.05
76.06	03030 HEALTHY LIVING CENTER	0		0	0	0	76.06
76.07	03950 CV RESOURCE CENTER	2,446		2,446	0	2,446	76.07
76.08	03955 OTHER ANCILLARY SERVICE COST CENTERS	11,735		11,735	0	11,735	76.08
76.09	03956 LACTATION CLINIC	0		0	0	0	76.09
76.10	03957 OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.10
76.11	03958 OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.11
76.12	03959 ANTI COAGULATION CLINIC	696,234		696,234	0	696,234	76.12
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	7,502,058		7,502,058	0	7,502,058	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4,911,503		4,911,503	0	4,911,503	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	148,245,175	0	148,245,175	29,217	148,274,392	200.00
201.00	Less Observation Beds	4,911,503		4,911,503		4,911,503	201.00
202.00	Total (see instructions)	143,333,672	0	143,333,672	29,217	143,362,889	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0090		Period: From 01/01/2021 To 12/31/2021		Worksheet C Part I Date/Time Prepared: 5/30/2022 7:58 pm		
			Title XIX			Hospital		Cost	
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	56,780,256		56,780,256				30.00
31.00	03100	INTENSIVE CARE UNIT	11,546,769		11,546,769				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	339,907		339,907				35.00
41.00	04100	SUBPROVIDER - IRF	19,471,672		19,471,672				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	322,748		322,748				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	21,440,796	33,943,580	55,384,376	0.098787	0.098787		50.00
50.01	05001	OUTPATIENT SURGERY	1,822,346	2,116,028	3,938,374	0.589278	0.589278		50.01
51.00	05100	RECOVERY ROOM	2,171,243	4,035,251	6,206,494	0.170962	0.170962		51.00
53.00	05300	ANESTHESIOLOGY	5,954,228	9,319,408	15,273,636	0.232658	0.232658		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,961,315	37,162,793	56,124,108	0.088754	0.088754		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	3,182,229	2,543,351	5,725,580	0.171158	0.171158		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	1,052,835	10,868,479	11,921,314	0.101619	0.101619		56.00
60.00	06000	LABORATORY	29,922,738	30,455,934	60,378,672	0.132057	0.132057		60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	1,538,878	429,980	1,968,858	0.121241	0.121241		63.00
65.00	06500	RESPIRATORY THERAPY	7,198,354	2,474,558	9,672,912	0.353332	0.353332		65.00
66.00	06600	PHYSICAL THERAPY	5,124,564	15,676,455	20,801,019	0.436777	0.436777		66.00
67.00	06700	OCCUPATIONAL THERAPY	4,566,476	376,899	4,943,375	0.241237	0.241237		67.00
68.00	06800	SPEECH PATHOLOGY	1,993,533	987,179	2,980,712	0.224815	0.224815		68.00
69.00	06900	ELECTROCARDIOLOGY	7,198,057	15,467,076	22,665,133	0.079904	0.079904		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	511,552	3,594,481	4,106,033	0.165746	0.165746		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,146,729	12,399,240	28,545,969	0.390349	0.390349		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,986,226	9,378,734	15,364,960	0.692264	0.692264		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,487,242	10,072,376	33,559,618	0.273108	0.273108		73.00
76.00	03630	ULTRA SOUND	3,133,119	9,841,773	12,974,892	0.072463	0.072463		76.00
76.01	03951	PAIN CLINIC	49,893	8,809,354	8,859,247	0.227862	0.227862		76.01
76.02	03952	CATH LAB	21,470,141	42,089,749	63,559,890	0.061954	0.061954		76.02
76.03	03953	ACTIVITY THERAPEUTIC	3,111,575	2,255,021	5,366,596	0.758373	0.758373		76.03
76.04	03954	WOUND CARE CENTER	9,111	2,454,070	2,463,181	0.338628	0.338628		76.04
76.05	03340	BARIATRIC CLINIC	747	2,976,729	2,977,476	0.694360	0.694360		76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0.000000	0.000000		76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0.000000	0.000000		76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000		76.08
76.09	03956	LACTATION CLINIC	0	0	0	0.000000	0.000000		76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000		76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000		76.11
76.12	03959	ANTI COAGULATION CLINIC	14,707	1,119,425	1,134,132	0.613892	0.613892		76.12
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	19,866,196	39,258,965	59,125,161	0.126884	0.126884		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,123,337	5,142,167	8,265,504	0.594217	0.594217		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	297,499,519	315,249,055	612,748,574				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	297,499,519	315,249,055	612,748,574				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/30/2022 7:58 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital
					Cost
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	OUTPATIENT SURGERY	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03630	ULTRA SOUND	0.000000		76.00
76.01	03951	PAIN CLINIC	0.000000		76.01
76.02	03952	CATH LAB	0.000000		76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.000000		76.03
76.04	03954	WOUND CARE CENTER	0.000000		76.04
76.05	03340	BARIATRIC CLINIC	0.000000		76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000		76.06
76.07	03950	CV RESOURCE CENTER	0.000000		76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.08
76.09	03956	LACTATION CLINIC	0.000000		76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.11
76.12	03959	ANTI COAGULATION CLINIC	0.000000		76.12
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 5/30/2022 7:58 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)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,565,993	0	2,565,993	22,294	115.10	30.00
31.00	INTENSIVE CARE UNIT	360,237		360,237	2,591	139.03	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	2,676		2,676	70	38.23	35.00
41.00	SUBPROVIDER - IRF	303,582	0	303,582	8,277	36.68	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	2,117		2,117	106	19.97	43.00
200.00	Total (lines 30 through 199)	3,234,605		3,234,605	33,338		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	7,685	884,544				
31.00	INTENSIVE CARE UNIT	849	118,036				
32.00	CORONARY CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
41.00	SUBPROVIDER - IRF	5,287	193,927				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	13,821	1,196,507				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/30/2022 7:58 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	758,323	55,384,376	0.013692	5,123,329	70,149	50.00
50.01	05001	OUTPATIENT SURGERY	398,559	3,938,374	0.101199	1,505,849	152,390	50.01
51.00	05100	RECOVERY ROOM	169,442	6,206,494	0.027301	603,538	16,477	51.00
53.00	05300	ANESTHESIOLOGY	57,419	15,273,636	0.003759	1,895,441	7,125	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,055,528	56,124,108	0.018807	8,014,691	150,732	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	61,158	5,725,580	0.010682	997,039	10,650	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	180,461	11,921,314	0.015138	595,106	9,009	56.00
60.00	06000	LABORATORY	256,683	60,378,672	0.004251	10,616,517	45,131	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	77,875	1,968,858	0.039553	794,978	31,444	63.00
65.00	06500	RESPIRATORY THERAPY	121,832	9,672,912	0.012595	3,687,720	46,447	65.00
66.00	06600	PHYSICAL THERAPY	142,857	20,801,019	0.006868	1,295,938	8,901	66.00
67.00	06700	OCCUPATIONAL THERAPY	27,285	4,943,375	0.005520	1,164,653	6,429	67.00
68.00	06800	SPEECH PATHOLOGY	11,195	2,980,712	0.003756	563,596	2,117	68.00
69.00	06900	ELECTROCARDIOLOGY	182,402	22,665,133	0.008048	3,343,612	26,909	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	147,322	4,106,033	0.035879	217,576	7,806	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	98,571	28,545,969	0.003453	5,679,222	19,610	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	91,645	15,364,960	0.005965	2,783,350	16,603	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	168,907	33,559,618	0.005033	8,065,521	40,594	73.00
76.00	03630	ULTRA SOUND	98,717	12,974,892	0.007608	1,294,632	9,850	76.00
76.01	03951	PAIN CLINIC	344,172	8,859,247	0.038849	8,149	317	76.01
76.02	03952	CATH LAB	487,085	63,559,890	0.007663	9,285,293	71,153	76.02
76.03	03953	ACTIVITY THERAPEUTIC	191,399	5,366,596	0.035665	6,837	244	76.03
76.04	03954	WOUND CARE CENTER	175,855	2,463,181	0.071393	8,911	636	76.04
76.05	03340	BARIATRIC CLINIC	74,155	2,977,476	0.024905	95	2	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0.000000	0	0	76.06
76.07	03950	CV RESOURCE CENTER	276	0	0.000000	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	1,326	0	0.000000	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0.000000	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	17,631	1,134,132	0.015546	740	12	76.12
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	569,878	59,125,161	0.009639	7,710,488	74,321	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	442,782	8,265,504	0.053570	33,135	1,775	92.00
200.00		Total (lines 50 through 199)	6,410,740	524,287,222		75,295,956	826,833	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/30/2022 7:58 pm
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	42.00	
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 cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	22,294	0.00	7,685 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	2,591	0.00	849 31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0 32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	70	0.00	0 35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	8,277	0.00	5,287 41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0 42.00	
43.00	04300	NURSERY	0	0	106	0.00	0 43.00	
200.00		Total (lines 30 through 199)	0	0	33,338		13,821 200.00	
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
32.00	03200	CORONARY CARE UNIT	0					32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
42.00	04200	SUBPROVIDER	0					42.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 7:58 pm
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Cost Center Description	Title XVIII			Hospital		Allied Health Post-Stepdown Adjustments	Allied Health PPS	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program					
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03630	ULTRA SOUND	0	0	0	0	0	76.00
76.01	03951	PAIN CLINIC	0	0	0	0	0	76.01
76.02	03952	CATH LAB	0	0	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	0	0	0	76.03
76.04	03954	WOUND CARE CENTER	0	0	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	0	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	0	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 7:58 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		Hospital		PPS	
				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	55,384,376	0.000000		50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	3,938,374	0.000000		50.01
51.00	05100	RECOVERY ROOM	0	0	0	6,206,494	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	15,273,636	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	56,124,108	0.000000		54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	5,725,580	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0	11,921,314	0.000000		56.00
60.00	06000	LABORATORY	0	0	0	60,378,672	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,968,858	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	9,672,912	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	20,801,019	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,943,375	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,980,712	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	22,665,133	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,106,033	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	28,545,969	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,364,960	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	33,559,618	0.000000		73.00
76.00	03630	ULTRA SOUND	0	0	0	12,974,892	0.000000		76.00
76.01	03951	PAIN CLINIC	0	0	0	8,859,247	0.000000		76.01
76.02	03952	CATH LAB	0	0	0	63,559,890	0.000000		76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	0	5,366,596	0.000000		76.03
76.04	03954	WOUND CARE CENTER	0	0	0	2,463,181	0.000000		76.04
76.05	03340	BARIATRIC CLINIC	0	0	0	2,977,476	0.000000		76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0.000000		76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0.000000		76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000		76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0.000000		76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000		76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000		76.11
76.12	03959	ANTI COAGULATION CLINIC	0	0	0	1,134,132	0.000000		76.12
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0	0	59,125,161	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	8,265,504	0.000000		92.00
200.00		Total (lines 50 through 199)	0	0	0	524,287,222			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 7:58 pm
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Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	5,123,329	0	6,079,053	0	50.00
50.01	05001 OUTPATIENT SURGERY	0.000000	1,505,849	0	598,236	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	603,538	0	644,376	0	51.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,895,441	0	1,725,984	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	8,014,691	0	9,171,671	0	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0.000000	997,039	0	286,057	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	595,106	0	4,544,517	0	56.00
60.00	06000 LABORATORY	0.000000	10,616,517	0	809,128	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	794,978	0	28,767	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	3,687,720	0	2,263,606	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,295,938	0	59,936	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,164,653	0	1,251	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	563,596	0	125,396	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	3,343,612	0	4,848,538	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	217,576	0	697,402	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	5,679,222	0	3,791,434	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,783,350	0	3,667,503	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	8,065,521	0	2,972,508	0	73.00
76.00	03630 ULTRA SOUND	0.000000	1,294,632	0	1,455,556	0	76.00
76.01	03951 PAIN CLINIC	0.000000	8,149	0	2,787,258	0	76.01
76.02	03952 CATH LAB	0.000000	9,285,293	0	16,139,273	0	76.02
76.03	03953 ACTIVITY THERAPEUTIC	0.000000	6,837	0	21,149	0	76.03
76.04	03954 WOUND CARE CENTER	0.000000	8,911	0	924,266	0	76.04
76.05	03340 BARIATRIC CLINIC	0.000000	95	0	57,536	0	76.05
76.06	03030 HEALTHY LIVING CENTER	0.000000	0	0	0	0	76.06
76.07	03950 CV RESOURCE CENTER	0.000000	0	0	0	0	76.07
76.08	03955 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.08
76.09	03956 LACTATION CLINIC	0.000000	0	0	0	0	76.09
76.10	03957 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.10
76.11	03958 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.11
76.12	03959 ANTI COAGULATION CLINIC	0.000000	740	0	751,048	0	76.12
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.000000	7,710,488	0	6,425,531	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	33,135	0	1,070,979	0	92.00
200.00	Total (lines 50 through 199)		75,295,956	0	71,947,959	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 7:58 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	0.098787	6,079,053	0	0	600,531	50.00
50.01	05001	OUTPATIENT SURGERY	0.589278	598,236	0	0	352,527	50.01
51.00	05100	RECOVERY ROOM	0.170962	644,376	0	0	110,164	51.00
53.00	05300	ANESTHESIOLOGY	0.232658	1,725,984	0	0	401,564	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.088754	9,171,671	0	0	814,022	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.171158	286,057	0	0	48,961	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.101619	4,544,517	0	0	461,809	56.00
60.00	06000	LABORATORY	0.132057	809,128	0	0	106,851	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.121241	28,767	0	0	3,488	63.00
65.00	06500	RESPIRATORY THERAPY	0.353332	2,263,606	0	0	799,804	65.00
66.00	06600	PHYSICAL THERAPY	0.436777	59,936	0	0	26,179	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.241237	1,251	0	0	302	67.00
68.00	06800	SPEECH PATHOLOGY	0.224815	125,396	0	0	28,191	68.00
69.00	06900	ELECTROCARDIOLOGY	0.079904	4,848,538	0	0	387,418	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165746	697,402	0	0	115,592	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.390349	3,791,434	0	0	1,479,982	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.692264	3,667,503	0	0	2,538,880	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.273108	2,972,508	0	20,227	811,816	73.00
76.00	03630	ULTRA SOUND	0.072463	1,455,556	0	0	105,474	76.00
76.01	03951	PAIN CLINIC	0.227862	2,787,258	0	0	635,110	76.01
76.02	03952	CATH LAB	0.061954	16,139,273	0	0	999,893	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.758373	21,149	0	0	16,039	76.03
76.04	03954	WOUND CARE CENTER	0.338628	924,266	0	0	312,982	76.04
76.05	03340	BARITRIC CLINIC	0.694360	57,536	0	0	39,951	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	0	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	0.613892	751,048	0	0	461,062	76.12
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.126884	6,425,531	0	0	815,297	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.594217	1,070,979	0	0	636,394	92.00
200.00		Subtotal (see instructions)		71,947,959	0	20,227	13,110,283	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		71,947,959	0	20,227	13,110,283	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 7:58 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	0	0		50.00
50.01 05001 OUTPATIENT SURGERY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	5,524		73.00
76.00 03630 ULTRASOUND	0	0		76.00
76.01 03951 PAIN CLINIC	0	0		76.01
76.02 03952 CATH LAB	0	0		76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	0		76.03
76.04 03954 WOUND CARE CENTER	0	0		76.04
76.05 03340 BARIATRIC CLINIC	0	0		76.05
76.06 03030 HEALTHY LIVING CENTER	0	0		76.06
76.07 03950 CV RESOURCE CENTER	0	0		76.07
76.08 03955 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.08
76.09 03956 LACTATION CLINIC	0	0		76.09
76.10 03957 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.10
76.11 03958 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.11
76.12 03959 ANTICOAGULATION CLINIC	0	0		76.12
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	5,524		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	5,524		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/30/2022 7:58 pm
Title XVIII			Subprovider - IRF	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	758,323	55,384,376	0.013692	71,917	985	50.00
50.01	05001	OUTPATIENT SURGERY	398,559	3,938,374	0.101199	30,172	3,053	50.01
51.00	05100	RECOVERY ROOM	169,442	6,206,494	0.027301	4,680	128	51.00
53.00	05300	ANESTHESIOLOGY	57,419	15,273,636	0.003759	14,220	53	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,055,528	56,124,108	0.018807	476,676	8,965	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	61,158	5,725,580	0.010682	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	180,461	11,921,314	0.015138	4,665	71	56.00
60.00	06000	LABORATORY	256,683	60,378,672	0.004251	1,094,820	4,654	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	77,875	1,968,858	0.039553	17,949	710	63.00
65.00	06500	RESPIRATORY THERAPY	121,832	9,672,912	0.012595	779,950	9,823	65.00
66.00	06600	PHYSICAL THERAPY	142,857	20,801,019	0.006868	3,047,736	20,932	66.00
67.00	06700	OCCUPATIONAL THERAPY	27,285	4,943,375	0.005520	3,049,439	16,833	67.00
68.00	06800	SPEECH PATHOLOGY	11,195	2,980,712	0.003756	1,287,900	4,837	68.00
69.00	06900	ELECTROCARDIOLOGY	182,402	22,665,133	0.008048	98,222	790	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	147,322	4,106,033	0.035879	18,036	647	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	98,571	28,545,969	0.003453	687,308	2,373	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	91,645	15,364,960	0.005965	10,212	61	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	168,907	33,559,618	0.005033	1,187,507	5,977	73.00
76.00	03630	ULTRA SOUND	98,717	12,974,892	0.007608	93,829	714	76.00
76.01	03951	PAIN CLINIC	344,172	8,859,247	0.038849	0	0	76.01
76.02	03952	CATH LAB	487,085	63,559,890	0.007663	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	191,399	5,366,596	0.035665	268	10	76.03
76.04	03954	WOUND CARE CENTER	175,855	2,463,181	0.071393	0	0	76.04
76.05	03340	BARIATRIC CLINIC	74,155	2,977,476	0.024905	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0.000000	0	0	76.06
76.07	03950	CV RESOURCE CENTER	276	0	0.000000	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	1,326	0	0.000000	0	0	76.08
76.09	03956	LACTATION CLINIC	0	0	0.000000	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	17,631	1,134,132	0.015546	12,365	192	76.12
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	569,878	59,125,161	0.009639	256,941	2,477	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,265,504	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	5,967,958	524,287,222		12,244,812	84,285	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 7:58 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	0	0 50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00	03630	ULTRA SOUND	0	0	0	0	0 76.00
76.01	03951	PAIN CLINIC	0	0	0	0	0 76.01
76.02	03952	CATH LAB	0	0	0	0	0 76.02
76.03	03953	ACTIVITY THERAPEUTIC	0	0	0	0	0 76.03
76.04	03954	WOUND CARE CENTER	0	0	0	0	0 76.04
76.05	03340	BARIATRIC CLINIC	0	0	0	0	0 76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0 76.06
76.07	03950	CV RESOURCE CENTER	0	0	0	0	0 76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 76.08
76.09	03956	LACTATION CLINIC	0	0	0	0	0 76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 76.11
76.12	03959	ANTICOAGULATION CLINIC	0	0	0	0	0 76.12
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 7:58 pm
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Title XVIII		Subprovider - IRF	PPS
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	55,384,376	0.000000	50.00
50.01 05001 OUTPATIENT SURGERY	0	0	0	3,938,374	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	0	0	6,206,494	0.000000	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	15,273,636	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	56,124,108	0.000000	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	5,725,580	0.000000	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	11,921,314	0.000000	56.00
60.00 06000 LABORATORY	0	0	0	60,378,672	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,968,858	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	9,672,912	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	20,801,019	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	4,943,375	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,980,712	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	22,665,133	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	4,106,033	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	28,545,969	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,364,960	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	33,559,618	0.000000	73.00
76.00 03630 ULTRA SOUND	0	0	0	12,974,892	0.000000	76.00
76.01 03951 PAIN CLINIC	0	0	0	8,859,247	0.000000	76.01
76.02 03952 CATH LAB	0	0	0	63,559,890	0.000000	76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	0	0	5,366,596	0.000000	76.03
76.04 03954 WOUND CARE CENTER	0	0	0	2,463,181	0.000000	76.04
76.05 03340 BARIATRIC CLINIC	0	0	0	2,977,476	0.000000	76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	0	0	0.000000	76.06
76.07 03950 CV RESOURCE CENTER	0	0	0	0	0.000000	76.07
76.08 03955 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000	76.08
76.09 03956 LACTATION CLINIC	0	0	0	0	0.000000	76.09
76.10 03957 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000	76.10
76.11 03958 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000	76.11
76.12 03959 ANTICOAGULATION CLINIC	0	0	0	1,134,132	0.000000	76.12
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	59,125,161	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	8,265,504	0.000000	92.00
200.00 Total (lines 50 through 199)	0	0	0	524,287,222		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 7:58 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.000000	71,917	0	0	0	50.00
50.01 05001 OUTPATIENT SURGERY	0.000000	30,172	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.000000	4,680	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0.000000	14,220	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	476,676	0	0	0	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0.000000	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.000000	4,665	0	0	0	56.00
60.00 06000 LABORATORY	0.000000	1,094,820	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	17,949	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.000000	779,950	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	3,047,736	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	3,049,439	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	1,287,900	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	98,222	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	18,036	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	687,308	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	10,212	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	1,187,507	0	0	0	73.00
76.00 03630 ULTRA SOUND	0.000000	93,829	0	0	0	76.00
76.01 03951 PAIN CLINIC	0.000000	0	0	0	0	76.01
76.02 03952 CATH LAB	0.000000	0	0	0	0	76.02
76.03 03953 ACTIVITY THERAPEUTIC	0.000000	268	0	0	0	76.03
76.04 03954 WOUND CARE CENTER	0.000000	0	0	0	0	76.04
76.05 03340 BARIATRIC CLINIC	0.000000	0	0	0	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0.000000	0	0	0	0	76.06
76.07 03950 CV RESOURCE CENTER	0.000000	0	0	0	0	76.07
76.08 03955 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.08
76.09 03956 LACTATION CLINIC	0.000000	0	0	0	0	76.09
76.10 03957 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.10
76.11 03958 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.11
76.12 03959 ANTI COAGULATION CLINIC	0.000000	12,365	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0.000000	256,941	0	145	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)	12,244,812	0	145	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 7:58 pm			
			Title XVIII	Subprovider - IRF	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	0.098787	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0.589278	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.170962	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.232658	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.088754	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.171158	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.101619	0	0	0	56.00
60.00	06000	LABORATORY	0.132057	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.121241	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.353332	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.436777	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.241237	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.224815	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.079904	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165746	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.390349	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.692264	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.273108	0	0	415	73.00
76.00	03630	ULTRA SOUND	0.072463	0	0	0	76.00
76.01	03951	PAIN CLINIC	0.227862	0	0	0	76.01
76.02	03952	CATH LAB	0.061954	0	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.758373	0	0	0	76.03
76.04	03954	WOUND CARE CENTER	0.338628	0	0	0	76.04
76.05	03340	BARIATRIC CLINIC	0.694360	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	0.613892	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0.126884	145	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.594217	0	0	0	92.00
200.00		Subtotal (see instructions)		145	0	415	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		145	0	415	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 7:58 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 OUTPATIENT SURGERY	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	113	73.00
76.00 03630 ULTRA SOUND	0	0	76.00
76.01 03951 PAIN CLINIC	0	0	76.01
76.02 03952 CATH LAB	0	0	76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	0	76.03
76.04 03954 WOUND CARE CENTER	0	0	76.04
76.05 03340 BARIATRIC CLINIC	0	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	76.06
76.07 03950 CV RESOURCE CENTER	0	0	76.07
76.08 03955 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.08
76.09 03956 LACTATION CLINIC	0	0	76.09
76.10 03957 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.10
76.11 03958 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.11
76.12 03959 ANTI COAGULATION CLINIC	0	0	76.12
OUTPATIENT SERVICE COST CENTERS			
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00 Subtotal (see instructions)	0	113	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	113	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 7:58 pm
		Title XIX	Hospital	Cost

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	0.098787	6,446,303	0	0	636,811	50.00
50.01	05001	OUTPATIENT SURGERY	0.589278	368,986	0	0	217,435	50.01
51.00	05100	RECOVERY ROOM	0.170962	888,768	0	0	151,946	51.00
53.00	05300	ANESTHESIOLOGY	0.232658	1,481,893	0	0	344,774	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.088754	3,082,640	0	0	273,597	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.171158	214,199	0	0	36,662	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.101619	413,964	0	0	42,067	56.00
60.00	06000	LABORATORY	0.132057	3,380,178	0	0	446,376	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.121241	51,184	0	0	6,206	63.00
65.00	06500	RESPIRATORY THERAPY	0.353332	63,364	0	0	22,389	65.00
66.00	06600	PHYSICAL THERAPY	0.436777	4,043,273	0	0	1,766,009	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.241237	9,504	0	0	2,293	67.00
68.00	06800	SPEECH PATHOLOGY	0.224815	174,686	0	0	39,272	68.00
69.00	06900	ELECTROCARDIOLOGY	0.079904	745,657	0	0	59,581	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165746	561,283	0	0	93,030	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.390349	19	0	0	7	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.692264	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.273108	765,255	0	0	208,997	73.00
76.00	03630	ULTRA SOUND	0.072463	711,551	0	0	51,561	76.00
76.01	03951	PAIN CLINIC	0.227862	1,179,656	0	0	268,799	76.01
76.02	03952	CATH LAB	0.061954	2,309,831	0	0	143,103	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.758373	126,458	0	0	95,902	76.03
76.04	03954	WOUND CARE CENTER	0.338628	139,378	0	0	47,197	76.04
76.05	03340	BARIATRIC CLINIC	0.694360	197,978	0	0	137,468	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	0	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	0.613892	18,546	0	0	11,385	76.12
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.126884	3,709,123	0	0	470,628	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.594217	0	0	0	0	92.00
200.00		Subtotal (see instructions)		31,083,677	0	0	5,573,495	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		31,083,677	0	0	5,573,495	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 7:58 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 OUTPATIENT SURGERY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00 03630 ULTRASOUND	0	0		76.00
76.01 03951 PAIN CLINIC	0	0		76.01
76.02 03952 CATH LAB	0	0		76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	0		76.03
76.04 03954 WOUND CARE CENTER	0	0		76.04
76.05 03340 BARIATRIC CLINIC	0	0		76.05
76.06 03030 HEALTHY LIVING CENTER	0	0		76.06
76.07 03950 CV RESOURCE CENTER	0	0		76.07
76.08 03955 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.08
76.09 03956 LACTATION CLINIC	0	0		76.09
76.10 03957 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.10
76.11 03958 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.11
76.12 03959 ANTICOAGULATION CLINIC	0	0		76.12
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/30/2022 7:58 pm
	Title XIX	Subprovider - IRF	TEFRA

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	758,323	55,384,376	0.013692	0	0	50.00
50.01	05001 OUTPATIENT SURGERY	398,559	3,938,374	0.101199	0	0	50.01
51.00	05100 RECOVERY ROOM	169,442	6,206,494	0.027301	0	0	51.00
53.00	05300 ANESTHESIOLOGY	57,419	15,273,636	0.003759	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,055,528	56,124,108	0.018807	0	0	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	61,158	5,725,580	0.010682	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	180,461	11,921,314	0.015138	0	0	56.00
60.00	06000 LABORATORY	256,683	60,378,672	0.004251	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	77,875	1,968,858	0.039553	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	121,832	9,672,912	0.012595	0	0	65.00
66.00	06600 PHYSICAL THERAPY	142,857	20,801,019	0.006868	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	27,285	4,943,375	0.005520	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	11,195	2,980,712	0.003756	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	182,402	22,665,133	0.008048	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	147,322	4,106,033	0.035879	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	98,571	28,545,969	0.003453	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	91,645	15,364,960	0.005965	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	168,907	33,559,618	0.005033	0	0	73.00
76.00	03630 ULTRA SOUND	98,717	12,974,892	0.007608	0	0	76.00
76.01	03951 PAIN CLINIC	344,172	8,859,247	0.038849	0	0	76.01
76.02	03952 CATH LAB	487,085	63,559,890	0.007663	0	0	76.02
76.03	03953 ACTIVITY THERAPEUTIC	191,399	5,366,596	0.035665	0	0	76.03
76.04	03954 WOUND CARE CENTER	175,855	2,463,181	0.071393	0	0	76.04
76.05	03340 BARIATRIC CLINIC	74,155	2,977,476	0.024905	0	0	76.05
76.06	03030 HEALTHY LIVING CENTER	0	0	0.000000	0	0	76.06
76.07	03950 CV RESOURCE CENTER	276	0	0.000000	0	0	76.07
76.08	03955 OTHER ANCILLARY SERVICE COST CENTERS	1,326	0	0.000000	0	0	76.08
76.09	03956 LACTATION CLINIC	0	0	0.000000	0	0	76.09
76.10	03957 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.10
76.11	03958 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.11
76.12	03959 ANTI COAGULATION CLINIC	17,631	1,134,132	0.015546	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	569,878	59,125,161	0.009639	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	8,265,504	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	5,967,958	524,287,222		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 7:58 pm
	Title XIX	Subprovider - IRF	TEFRA

Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 OUTPATIENT SURGERY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03630 ULTRA SOUND	0	0	0	0	0	76.00
76.01	03951 PAIN CLINIC	0	0	0	0	0	76.01
76.02	03952 CATH LAB	0	0	0	0	0	76.02
76.03	03953 ACTIVITY THERAPEUTIC	0	0	0	0	0	76.03
76.04	03954 WOUND CARE CENTER	0	0	0	0	0	76.04
76.05	03340 BARIATRIC CLINIC	0	0	0	0	0	76.05
76.06	03030 HEALTHY LIVING CENTER	0	0	0	0	0	76.06
76.07	03950 CV RESOURCE CENTER	0	0	0	0	0	76.07
76.08	03955 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.08
76.09	03956 LACTATION CLINIC	0	0	0	0	0	76.09
76.10	03957 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.10
76.11	03958 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.11
76.12	03959 ANTICOAGULATION CLINIC	0	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 7:58 pm
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	Title XIX	Subprovider - IRF	TEFRA
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	55,384,376	0.000000	50.00
50.01 05001 OUTPATIENT SURGERY	0	0	0	3,938,374	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	0	0	6,206,494	0.000000	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	15,273,636	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	56,124,108	0.000000	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	5,725,580	0.000000	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	11,921,314	0.000000	56.00
60.00 06000 LABORATORY	0	0	0	60,378,672	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,968,858	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	9,672,912	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	20,801,019	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	4,943,375	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,980,712	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	22,665,133	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	4,106,033	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	28,545,969	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,364,960	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	33,559,618	0.000000	73.00
76.00 03630 ULTRA SOUND	0	0	0	12,974,892	0.000000	76.00
76.01 03951 PAIN CLINIC	0	0	0	8,859,247	0.000000	76.01
76.02 03952 CATH LAB	0	0	0	63,559,890	0.000000	76.02
76.03 03953 ACTIVITY THERAPEUTIC	0	0	0	5,366,596	0.000000	76.03
76.04 03954 WOUND CARE CENTER	0	0	0	2,463,181	0.000000	76.04
76.05 03340 BARIATRIC CLINIC	0	0	0	2,977,476	0.000000	76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	0	0	0.000000	76.06
76.07 03950 CV RESOURCE CENTER	0	0	0	0	0.000000	76.07
76.08 03955 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000	76.08
76.09 03956 LACTATION CLINIC	0	0	0	0	0.000000	76.09
76.10 03957 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000	76.10
76.11 03958 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0.000000	76.11
76.12 03959 ANTICOAGULATION CLINIC	0	0	0	1,134,132	0.000000	76.12
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	59,125,161	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	8,265,504	0.000000	92.00
200.00 Total (lines 50 through 199)	0	0	0	524,287,222		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 7:58 pm
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	Title XIX	Subprovider - IRF	TEFRA
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Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01 05001 OUTPATIENT SURGERY	0.000000	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0.000000	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
60.00 06000 LABORATORY	0.000000	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
76.00 03630 ULTRA SOUND	0.000000	0	0	0	0	76.00
76.01 03951 PAIN CLINIC	0.000000	0	0	0	0	76.01
76.02 03952 CATH LAB	0.000000	0	0	0	0	76.02
76.03 03953 ACTIVITY THERAPEUTIC	0.000000	0	0	0	0	76.03
76.04 03954 WOUND CARE CENTER	0.000000	0	0	0	0	76.04
76.05 03340 BARIATRIC CLINIC	0.000000	0	0	0	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0.000000	0	0	0	0	76.06
76.07 03950 CV RESOURCE CENTER	0.000000	0	0	0	0	76.07
76.08 03955 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.08
76.09 03956 LACTATION CLINIC	0.000000	0	0	0	0	76.09
76.10 03957 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.10
76.11 03958 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.11
76.12 03959 ANTI COAGULATION CLINIC	0.000000	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/30/2022 7:58 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)		22,294	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,294	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)		18,447	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)		7,685	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)		28,463,018	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)		28,463,018	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)		28,463,018	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)		1,276.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,811,516	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)		9,811,516	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/30/2022 7:58 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,497,971	2,591	2,121.95	849	1,801,536	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	302,364	70	4,319.49	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					14,984,802	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					26,597,854	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,002,580	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					826,833	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,829,413	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					24,768,441	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,847	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,276.71	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,911,503	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/30/2022 7:58 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	2,565,993	28,463,018	0.090152	4,911,503	442,782	90.00
91.00	Nursing Program cost	0	28,463,018	0.000000	4,911,503	0	91.00
92.00	Allied health cost	0	28,463,018	0.000000	4,911,503	0	92.00
93.00	All other Medical Education	0	28,463,018	0.000000	4,911,503	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/30/2022 7:58 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,277	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,277	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)		8,277	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		5,287	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)		11,159,670	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)		11,159,670	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)		11,159,670	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)		1,348.27	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,128,303	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)		7,128,303	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/30/2022 7:58 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,508,365		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,636,668		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)					193,927		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					84,285		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					278,212		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					10,358,456		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/30/2022 7:58 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	303,582	11,159,670	0.027203	0	0	90.00
91.00	Nursing Program cost	0	11,159,670	0.000000	0	0	91.00
92.00	Allied health cost	0	11,159,670	0.000000	0	0	92.00
93.00	All other Medical Education	0	11,159,670	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/30/2022 7:58 pm
		Title XIX	Subprovider - IRF	TEFRA
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,277	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,277	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)		8,277	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)		615	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)		106	15.00
16.00	Nursery days (title V or XIX only)		10	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)		11,159,670	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)		11,159,670	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)		11,159,670	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)		1,348.27	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		829,186	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)		829,186	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/30/2022 7:58 pm	
		Title XIX		Subprovider - IRF		TEFRA	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					829,186	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					829,186	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					54	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)					-829,186	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0090 Component CCN: 15-T090		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/30/2022 7:58 pm	
		Title XIX		Subprovider - IRF		TEFRA	
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	0	11,159,670	0.000000	0	0	90.00
91.00	Nursing Program cost	0	11,159,670	0.000000	0	0	91.00
92.00	Allied health cost	0	11,159,670	0.000000	0	0	92.00
93.00	All other Medical Education	0	11,159,670	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/30/2022 7:58 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		17,105,992	30.00
31.00	03100	INTENSIVE CARE UNIT		4,356,699	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.098882	5,123,329	50.00
50.01	05001	OUTPATIENT SURGERY	0.589278	1,505,849	50.01
51.00	05100	RECOVERY ROOM	0.170962	603,538	51.00
53.00	05300	ANESTHESIOLOGY	0.232658	1,895,441	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.088754	8,014,691	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.171158	997,039	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.101619	595,106	56.00
60.00	06000	LABORATORY	0.132223	10,616,517	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.121241	794,978	63.00
65.00	06500	RESPIRATORY THERAPY	0.353332	3,687,720	65.00
66.00	06600	PHYSICAL THERAPY	0.436777	1,295,938	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.241237	1,164,653	67.00
68.00	06800	SPEECH PATHOLOGY	0.224815	563,596	68.00
69.00	06900	ELECTROCARDIOLOGY	0.079905	3,343,612	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165746	217,576	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.390349	5,679,222	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.692264	2,783,350	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.273108	8,065,521	73.00
76.00	03630	ULTRA SOUND	0.072463	1,294,632	76.00
76.01	03951	PAIN CLINIC	0.227862	8,149	76.01
76.02	03952	CATH LAB	0.061954	9,285,293	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.760926	6,837	76.03
76.04	03954	WOUND CARE CENTER	0.338714	8,911	76.04
76.05	03340	BARIATRIC CLINIC	0.694360	95	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	0.613892	740	76.12
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.126884	7,710,488	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.594217	33,135	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		75,295,956	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)		75,295,956	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/30/2022 7:58 pm		
		Title XVIII	Subprovider - IRF	PPS		
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)		
		1.00	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS			30.00	
31.00	03100	INTENSIVE CARE UNIT			31.00	
32.00	03200	CORONARY CARE UNIT			32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00	
41.00	04100	SUBPROVIDER - IRF		8,513,850	41.00	
42.00	04200	SUBPROVIDER			42.00	
43.00	04300	NURSERY			43.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.098882	71,917	7,111	50.00
50.01	05001	OUTPATIENT SURGERY	0.589278	30,172	17,780	50.01
51.00	05100	RECOVERY ROOM	0.170962	4,680	800	51.00
53.00	05300	ANESTHESIOLOGY	0.232658	14,220	3,308	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.088754	476,676	42,307	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.171158	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.101619	4,665	474	56.00
60.00	06000	LABORATORY	0.132223	1,094,820	144,760	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.121241	17,949	2,176	63.00
65.00	06500	RESPIRATORY THERAPY	0.353332	779,950	275,581	65.00
66.00	06600	PHYSICAL THERAPY	0.436777	3,047,736	1,331,181	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.241237	3,049,439	735,638	67.00
68.00	06800	SPEECH PATHOLOGY	0.224815	1,287,900	289,539	68.00
69.00	06900	ELECTROCARDIOLOGY	0.079905	98,222	7,848	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165746	18,036	2,989	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.390349	687,308	268,290	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.692264	10,212	7,069	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.273108	1,187,507	324,318	73.00
76.00	03630	ULTRA SOUND	0.072463	93,829	6,799	76.00
76.01	03951	PAIN CLINIC	0.227862	0	0	76.01
76.02	03952	CATH LAB	0.061954	0	0	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.760926	268	204	76.03
76.04	03954	WOUND CARE CENTER	0.338714	0	0	76.04
76.05	03340	BARIATRIC CLINIC	0.694360	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	0.613892	12,365	7,591	76.12
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.126884	256,941	32,602	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.594217	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		12,244,812	3,508,365	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)		12,244,812		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/30/2022 7:58 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		4,566,971	30.00
31.00	03100	INTENSIVE CARE UNIT		1,137,549	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		202,363	35.00
41.00	04100	SUBPROVIDER - IRF		435,305	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		65,791	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.098787	4,753,731	50.00
50.01	05001	OUTPATIENT SURGERY	0.589278	167,278	50.01
51.00	05100	RECOVERY ROOM	0.170962	329,564	51.00
53.00	05300	ANESTHESIOLOGY	0.232658	784,480	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.088754	1,425,650	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.171158	368,583	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.101619	71,080	56.00
60.00	06000	LABORATORY	0.132057	4,021,520	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.121241	171,960	63.00
65.00	06500	RESPIRATORY THERAPY	0.353332	900,705	65.00
66.00	06600	PHYSICAL THERAPY	0.436777	317,467	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.241237	310,457	67.00
68.00	06800	SPEECH PATHOLOGY	0.224815	142,037	68.00
69.00	06900	ELECTROCARDIOLOGY	0.079904	554,586	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165746	30,520	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.390349	2,849	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.692264	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.273108	2,688,136	73.00
76.00	03630	ULTRA SOUND	0.072463	284,998	76.00
76.01	03951	PAIN CLINIC	0.227862	0	76.01
76.02	03952	CATH LAB	0.061954	1,162,908	76.02
76.03	03953	ACTIVITY THERAPEUTIC	0.758373	1,396,242	76.03
76.04	03954	WOUND CARE CENTER	0.338628	0	76.04
76.05	03340	BARIATRIC CLINIC	0.694360	249	76.05
76.06	03030	HEALTHY LIVING CENTER	0.000000	0	76.06
76.07	03950	CV RESOURCE CENTER	0.000000	0	76.07
76.08	03955	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.08
76.09	03956	LACTATION CLINIC	0.000000	0	76.09
76.10	03957	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.10
76.11	03958	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.11
76.12	03959	ANTI COAGULATION CLINIC	0.613892	0	76.12
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.126884	2,394,980	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.594217	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		22,279,980	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)		22,279,980	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/30/2022 7:58 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)		13,701,265	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,463,532	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)		364,469	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		91,303	2.04
3.00	Managed Care Simulated Payments		8,224,410	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		93.58	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)		7.80	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.89	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		6.91	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		1.81	10.00
11.00	FTE count for residents in dental and podiatric programs.		2.75	11.00
12.00	Current year allowable FTE (see instructions)		4.56	12.00
13.00	Total allowable FTE count for the prior year.		7.07	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.		8.67	14.00
15.00	Sum of lines 12 through 14 divided by 3.		6.77	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		6.77	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.072345	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.075704	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.072345	21.00
22.00	IME payment adjustment (see instructions)		703,595	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		318,564	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)		-5.10	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)		703,595	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		318,564	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.45	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.67	31.00
32.00	Sum of lines 30 and 31		20.12	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.83	33.00
34.00	Disproportionate share adjustment (see instructions)		264,752	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/30/2022 7:58 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,290,014,521	7,192,008,710	35.00
35.01	Factor 3 (see instructions)	0.000315558	0.000244105	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,615,979	1,755,609	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,956,608	442,510	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,399,118		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	21,988,034		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)		22,306,598	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,457,844	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).		260,732	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		181,052	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		24,206,226	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		24,206,226	61.00
62.00	Deductibles billed to program beneficiaries		1,698,764	62.00
63.00	Coinurance billed to program beneficiaries		165,837	63.00
64.00	Allowable bad debts (see instructions)		370,515	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		240,835	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		206,404	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		22,582,460	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)		-174,049	70.93
70.94	HRR adjustment amount (see instructions)		-68,311	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/30/2022 7:58 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)			237,032	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			22,103,068	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			22,181,659	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)			-78,591	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			664,390	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 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

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2022 7:58 pm
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		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	13,701,265	13,701,265		13,701,265	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,463,532		4,463,532	4,463,532	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	364,469	364,469		364,469	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	91,303		91,303	91,303	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	8,224,410	5,921,423	2,302,987	8,224,410	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.072345	0.072345	0.072345		5.00
6.00	IME payment adjustment (see instructions)	22.00	703,595	530,705	172,890	703,595	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	318,564	229,360	89,204	318,564	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	703,595	530,705	172,890	703,595	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	318,564	229,360	89,204	318,564	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0583	0.0583	0.0583		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	264,752	199,696	65,056	264,752	11.00
11.01	Uncompensated care payments	36.00	2,399,118	1,956,608	442,510	2,399,118	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	21,988,034	16,752,743	5,235,291	21,988,034	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	22,306,598	16,982,103	5,324,495	22,306,598	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,457,844	1,108,099	349,745	1,457,844	16.00
17.00	Special add-on payments for new technologies	54.00	181,052	87,667	93,385	181,052	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			18,177,869	5,767,625	23,945,494	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0090

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/30/2022 7:58 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,391,733	1,057,538	334,195	1,391,733	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	19,766	15,345	4,421	19,766	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	0.0333	0.0333	0.0333		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	46,345	35,216	11,129	46,345	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,457,844	1,108,099	349,745	1,457,844	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	-174,049	-174,049	0	-174,049	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	-68,311	-48,261	-20,050	-68,311	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		179,556	57,476	237,032	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/30/2022 7:58 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		5,524	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		13,110,283	2.00
3.00	OPPS payments		9,936,187	3.00
4.00	Outlier payment (see instructions)		59,125	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		5,524	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		20,227	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)		20,227	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)		20,227	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		14,703	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)		5,524	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)		9,995,312	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		1,609,325	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)		8,391,511	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		91,838	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)		8,483,349	30.00
31.00	Primary payer payments		700	31.00
32.00	Subtotal (line 30 minus line 31)		8,482,649	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)		139,893	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		90,930	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		76,576	36.00
37.00	Subtotal (see instructions)		8,573,579	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		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)		8,573,579	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		8,725,602	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)		-152,023	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		2	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/30/2022 7:58 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		113	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		18	2.00
3.00	OPPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		113	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		415	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)		415	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)		415	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		302	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)		113	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		113	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		113	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		113	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		113	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		113	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		312	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)		-199	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: 15-0090

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2022 7:58 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		22,181,377		8,725,602	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	12/31/2021	282		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)		282		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)		22,181,659		8,725,602	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		78,591		152,023	6.02	
7.00	Total Medicare program liability (see instructions)		22,103,068		8,573,579	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0090
Component CCN: 15-T090

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2022 7:58 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		9,713,466		312	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)		0		0	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)		9,713,466		312	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		78,652		199	6.02
7.00	Total Medicare program liability (see instructions)		9,634,814		113	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: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/30/2022 7:58 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial /interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part III Date/Time Prepared: 5/30/2022 7:58 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			9,330,771 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0182 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			265,927 3.00
4.00	Outlier Payments			212,705 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			22.676712 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			9,809,403 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			9,809,403 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			9,809,403 19.00
20.00	Deductibles			140,828 20.00
21.00	Subtotal (line 19 minus line 20)			9,668,575 21.00
22.00	Coinsurance			33,761 22.00
23.00	Subtotal (line 21 minus line 22)			9,634,814 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			9,634,814 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			9,634,814 32.00
32.01	Sequestration adjustment (see instructions)			0 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			9,713,466 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-78,652 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			212,705 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2022 7:58 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		22,279,980	31,083,677	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		22,279,980	31,083,677	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		22,279,980	31,083,677	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		22,279,980	31,083,677	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0090 Component CCN: 15-T090	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2022 7:58 pm
		Title XIX	Subprovider - IRF	TEFRA
			Inpatient 1.00	Outpatient 2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		0	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/30/2022 7:58 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			7.76	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.86	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			6.90	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.81	6.00
7.00	Enter the lesser of line 5 or line 6			1.81	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.21	1.40	1.61	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.21	1.40	1.61	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.75		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		2.75		10.01
11.00	Total weighted FTE count	0.21	4.15		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.41	6.33		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.59	7.31		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.40	5.93		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.40	5.93		17.00
18.00	Per resident amount	90,010.57	86,992.20		18.00
19.00	Approved amount for resident costs	36,004	515,864	551,868	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			551,868	25.00
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	13,821	5,889		26.00
27.00	Total Inpatient Days (see instructions)	29,549	29,549		27.00
28.00	Ratio of inpatient days to total inpatient days	0.467732	0.199296		28.00
29.00	Program direct GME amount	258,126	109,985	368,111	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		15,541	15,541	30.00
31.00	Net Program direct GME amount			352,570	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/30/2022 7:58 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		37,234,522	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)		37,234,522	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		13,115,938	42.00
43.00	Primary payer payments (see instructions)		700	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		13,115,238	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		50,349,760	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.739517	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.260483	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		352,570	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		260,732	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		91,838	50.00

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

Provider CCN: 15-0090

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

Worksheet G

Date/Time Prepared:
5/30/2022 7:58 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	3,176,607	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	23,414,439	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	4,179,108	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	3,000,200	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)	33,770,354	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,365,801	0	0	0	12.00
13.00	Land improvements	10,343,496	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	75,013,989	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	178,989	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	179,397,674	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	-165,518,277	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)	102,781,672	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	431,847	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	431,847	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	136,983,873	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	7,113,088	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,313,142	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	539,762	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	11,670,504	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	26,636,496	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	1,669,417	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	59,299,296	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	60,968,713	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	87,605,209	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	49,378,664	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)	49,378,664	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	136,983,873	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0090

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

Worksheet G-1

Date/Time Prepared:
5/30/2022 7:58 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		45,585,851		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-2,979,263			2.00
3.00	Total (sum of line 1 and line 2)		42,606,588		0	3.00
4.00	EQUITY TRANSFERS	6,772,076		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		6,772,076		0	10.00
11.00	Subtotal (line 3 plus line 10)		49,378,664		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		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)		49,378,664		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	EQUITY TRANSFERS		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0090

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2022 7:58 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	43,378,447		43,378,447	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	19,471,672		19,471,672	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	62,850,119		62,850,119	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,546,769		11,546,769	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	339,907		339,907	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	11,886,676		11,886,676	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	74,736,795		74,736,795	17.00
18.00	Ancillary services	188,008,865	264,356,686	452,365,551	18.00
19.00	Outpatient services	22,989,533	44,389,968	67,379,501	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	NON REIMBURSEABLE COST CENTERS	10,061,002	11,742,267	21,803,269	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	295,796,195	320,488,921	616,285,116	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		174,386,443		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)		174,386,443		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0090

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

Worksheet G-3

Date/Time Prepared:
5/30/2022 7:58 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	616,285,116	1.00
2.00	Less contractual allowances and discounts on patients' accounts	454,519,872	2.00
3.00	Net patient revenues (line 1 minus line 2)	161,765,244	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	174,386,443	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-12,621,199	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	763,993	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	128,795	13.00
14.00	Revenue from meals sold to employees and guests	352,404	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	78	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	68,831	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,329,890	22.00
23.00	Governmental appropriations	0	23.00
24.00	FITNESS CENTER	259,675	24.00
24.01	OTHER MISC REVENUE	6,738,270	24.01
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	9,641,936	25.00
26.00	Total (line 5 plus line 25)	-2,979,263	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)	-2,979,263	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0090	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/30/2022 7:58 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,391,733	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		19,766	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)		58.28	3.00
4.00	Number of interns & residents (see instructions)		6.77	4.00
5.00	Indirect medical education percentage (see instructions)		3.33	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)		46,345	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		1,457,844	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