

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: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/26/2022 3:42 pm
--	-----------------------	---------------------------------------	---

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 5/26/2022	Time: 3:42 pm
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH ARNETT HOSPITAL (15-0173) 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	Todd Williams	Y	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	Todd Williams		2
3	Signatory Title	CHIEF FINANCIAL OFFICER		3
4	Date	(Dated when report is electronic)		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	1,616,551	132,495	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing Bed - SNF	0	0	0	0	0	5.00
6.00 Swing Bed - NF	0	0	0	0	0	6.00
200.00 Total	0	1,616,551	132,495	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: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 3:42 pm
---	--	-----------------------	---	---

		1.00	2.00	3.00	4.00						
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 6165 MCCARTY LANE	PO Box:		Zip Code: 47905		County: TIPPECANOE					1.00
2.00	City: LAFAYETTE	State: IN									2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
		V	XVIII	XIX							
Hospital and Hospital-Based Component Identification:											
3.00	Hospital	IU HEALTH ARNETT HOSPITAL	150173	29200	1	11/10/2008	N	P	P	3.00	
4.00	Subprovider - IPF									4.00	
5.00	Subprovider - IRF									5.00	
6.00	Subprovider - (Other)									6.00	
7.00	Swing Beds - SNF									7.00	
8.00	Swing Beds - NF									8.00	
9.00	Hospital-Based SNF									9.00	
10.00	Hospital-Based NF									10.00	
11.00	Hospital-Based OLTC									11.00	
12.00	Hospital-Based HHA									12.00	
13.00	Separately Certified ASC									13.00	
14.00	Hospital-Based Hospice									14.00	
15.00	Hospital-Based Health Clinic - RHC									15.00	
16.00	Hospital-Based Health Clinic - FQHC									16.00	
17.00	Hospital-Based (CMHC) I									17.00	
18.00	Renal Dialysis									18.00	
19.00	Other									19.00	
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2021	12/31/2021		20.00		
21.00	Type of Control (see instructions)					2			21.00		
						1.00	2.00	3.00			
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y				22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N		N	22.03		
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N		N	22.04		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 3:42 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,762	821	0	132	9,202	30	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural S Date of Geogr			
						1.00 2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning: Ending:			
						1.00 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N Y/N			
						1.00 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V VIII XIX			
						1.00 2.00 3.00			
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 3:42 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
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
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 3:42 pm		
				Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
				1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.								
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000		64.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	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 Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
				1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	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)	FAMILY MEDICINE	1350	3.32	10.99	0.232006		67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 3:42 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N	86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			V		
			XIX		
			1.00		
			2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	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)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 3:42 pm
			V 1.00	XI X 2.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N	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.			109.00
				1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110.00
				1.00
				2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.		N	111.00
				1.00
				2.00
				3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		N	112.00
	Miscellaneous Cost Reporting Information			
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		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.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1	118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00
118.01	List amounts of malpractice premiums and paid losses:	976,614	0	118.01
				1.00
				2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N
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	5.06
	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 3:42 pm	
		1.00	2.00				
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	Removed and reserved						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		15H059			140.00
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: INDIANA UNIVERSITY HEALTH	Contractor's Name: WPS		Contractor's Number: 08101			141.00
142.00	Street: 340 WEST 10TH STREET	PO Box:					142.00
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202			143.00
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y			144.00
						1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y					145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N					146.00
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N			147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N			148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N			149.00
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N			165.00
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y			167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 3:42 pm
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	Y	2,154	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0173		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 3:42 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)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for 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.	Y					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.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/01/2022	Y	04/01/2022		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 3:42 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.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		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.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA	UTTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093	RUTTER@IUHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0173

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

Worksheet S-2
Part II
Date/Time Prepared:
5/26/2022 3:42 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR, GOVT PROGRAMS	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0173

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 3:42 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	154	56,210	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)		154	56,210	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						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
10.01 BURN INTENSIVE CARE UNIT	33.01	0	0	0.00	0	10.01
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	17	6,205	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		185	67,525	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		185				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)		7	2,555			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: 15-0173

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 3:42 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15,372	623	41,765			1.00
2.00 HMO and other (see instructions)	10,517	8,968				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	15,372	623	41,765			7.00
8.00 INTENSIVE CARE UNIT	1,000	723	3,547			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01 BURN INTENSIVE CARE UNIT	0	0	0			10.01
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	265	2,962			12.00
13.00 NURSERY		1,338	2,465			13.00
14.00 Total (see instructions)	16,372	2,949	50,739	14.31	1,014.19	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			261			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)				14.31	1,014.19	27.00
28.00 Observation Bed Days		80	4,800			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)	11	30	957			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: 15-0173

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 3:42 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	3,215	255	11,677	1.00
2.00 HMO and other (see instructions)				1,848	1,814		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
10.01 BURN INTENSIVE CARE UNIT							10.01
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	3,215		255	11,677	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							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: 15-0173

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

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 3:42 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	82,487,210	3,172,456	85,659,666	2,109,512.50	40.61
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		774,871	0	774,871	4,569.79	169.56
4.01	Physicians - Part A - Teaching		20,193	0	20,193	171.43	117.79
5.00	Physician and Non-Physician-Part B		922,110	0	922,110	9,600.02	96.05
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		1,000,111	0	1,000,111	27,040.00	36.99
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		709,796	2,434,984	3,144,780	66,869.57	47.03
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		1,732,734	0	1,732,734	18,362.00	94.37
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		1,277,645	0	1,277,645	8,626.00	148.12
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		27,629,923	0	27,629,923	661,014.29	41.80
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		19,022,406	0	19,022,406		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		676,470	0	676,470		
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		78,495	0	78,495		
22.01	Physician Part A - Teaching		2,519	0	2,519		
23.00	Physician Part B		131,032	0	131,032		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		16,267,015	0	16,267,015		
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: 15-0173

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

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 3:42 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	-77,343	472,204	394,861	1,565.80	252.18	26.00
27.00	Administrative & General	5,688,625	1,475,652	7,164,277	131,058.40	54.66	27.00
28.00	Administrative & General under contract (see inst.)	74,997	0	74,997	801.00	93.63	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,507,324	-97,151	1,410,173	52,242.65	26.99	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,313,904	-7,810	1,306,094	77,790.51	16.79	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,015,089	-428,729	586,360	33,766.78	17.36	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	424,018	424,018	25,406.64	16.69	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	9,922,920	-155,494	9,767,426	89,621.81	108.98	38.00
39.00	Central Services and Supply	483,335	-48,215	435,120	19,290.51	22.56	39.00
40.00	Pharmacy	4,785,731	-646,610	4,139,121	104,233.85	39.71	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	587,565	-9,726	577,839	19,916.16	29.01	42.00
43.00	Other General Service	585,329	-9,035	576,294	33,877.52	17.01	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0173

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

Worksheet S-3
Part III
Date/Time Prepared:
5/26/2022 3:42 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)	80,619,793	3,172,456	83,792,249	2,073,502.05	40.41	1.00
2.00	Excluded area salaries (see instructions)	709,796	2,434,984	3,144,780	66,869.57	47.03	2.00
3.00	Subtotal salaries (line 1 minus line 2)	79,909,997	737,472	80,647,469	2,006,632.48	40.19	3.00
4.00	Subtotal other wages & related costs (see inst.)	30,640,302	0	30,640,302	688,002.29	44.54	4.00
5.00	Subtotal wage-related costs (see inst.)	35,367,916	0	35,367,916	0.00	43.85	5.00
6.00	Total (sum of lines 3 thru 5)	145,918,215	737,472	146,655,687	2,694,634.77	54.43	6.00
7.00	Total overhead cost (see instructions)	25,887,476	969,104	26,856,580	589,571.63	45.55	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2022 3:42 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		3,017,646	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		9,978,903	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		229,295	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)		417,691	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		539,493	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		5,727,894	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		19,910,922	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: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part V Date/Time Prepared: 5/26/2022 3:42 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		1,732,734	19,910,922
2.00	Hospital		1,732,734	19,022,406
3.00	Subprovider - IPF			
4.00	Subprovider - IRF			
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0
18.00	Other		0	888,516

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/26/2022 3:42 pm
---	-----------------------	---	--

			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.182951	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		34,845,061	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		256,117,868	6.00
7.00	Medicaid cost (line 1 times line 6)		46,857,020	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		12,011,959	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)		12,473	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		212,248	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		38,831	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)		26,358	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		12,038,317	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)	31,399,362	3,954,847	35,354,209
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,744,545	3,954,847	9,699,392
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	5,744,545	3,954,847	9,699,392
			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)		15,431,878	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		622,315	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		957,408	27.01
28.00	Non-Medicare bad debt expense (see instructions)		14,474,470	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,983,212	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		12,682,604	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		24,720,921	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet A Date/Time Prepared: 5/26/2022 3:42 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		0	0	5,343,348	5,343,348	1.00	
1.01 00101 CAP REL COSTS-BLDG & FIXT - NONHOSP		0	0	510,289	510,289	1.01	
1.02 00102 CAP REL COSTS INTEREST EXPENSE		0	0	0	0	1.02	
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	6,514,615	6,514,615	2.00	
2.01 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP		0	0	560,623	560,623	2.01	
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	-77,343	705,594	628,251	13,718,111	14,346,362	4.00	
5.01 00570 ADMITTING	316,515	840,117	1,156,632	-224,827	931,805	5.01	
5.06 00590 OTHER ADMINISTRATIVE & GENERAL	5,372,110	55,303,125	60,675,235	-2,534,826	58,140,409	5.06	
7.00 00700 OPERATION OF PLANT	1,507,324	15,219,588	16,726,912	-5,906,409	10,820,503	7.00	
7.01 00701 OPERATION OF PLANT - NONHOSPITAL	0	1,051,652	1,051,652	-392,578	659,074	7.01	
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00	
9.00 00900 HOUSEKEEPING	1,313,904	1,798,514	3,112,418	-374,500	2,737,918	9.00	
10.00 01000 DIETARY	1,015,089	1,535,187	2,550,276	-1,192,862	1,357,414	10.00	
11.00 01100 CAFETERIA	0	0	0	856,641	856,641	11.00	
13.00 01300 NURSING ADMINISTRATION	9,922,920	3,171,451	13,094,371	-989,536	12,104,835	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	483,335	137,703	621,038	9,803,009	10,424,047	14.00	
15.00 01500 PHARMACY	4,785,731	9,944,790	14,730,521	-9,134,447	5,596,074	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00	
17.00 01700 SOCIAL SERVICE	587,565	159,843	747,408	-126,478	620,930	17.00	
18.00 01850 PATIENT TRANSPORT SERVICES	585,329	161,354	746,683	-109,777	636,906	18.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,000,111	1,000,111	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	72,489	1,174,637	1,247,126	-1,005,977	241,149	22.00	
23.00 02300 PARAMED ED PRGM - PHARMACY	90,879	28,323	119,202	107,379	226,581	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	20,698,635	19,648,016	40,346,651	-6,991,621	33,355,030	30.00	
31.00 03100 INTENSIVE CARE UNIT	3,647,788	3,509,377	7,157,165	-1,133,632	6,023,533	31.00	
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
33.01 03301 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01	
35.00 02060 NEONATAL INTENSIVE CARE UNIT	1,975,378	1,545,880	3,521,258	-529,179	2,992,079	35.00	
43.00 04300 NURSERY	0	0	0	796,477	796,477	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	4,947,515	17,311,154	22,258,669	-15,590,586	6,668,083	50.00	
51.00 05100 RECOVERY ROOM	793,431	350,462	1,143,893	-258,440	885,453	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,541,971	1,312,210	3,854,181	-908,609	2,945,572	52.00	
53.00 05300 ANESTHESIOLOGY	161,483	6,846,134	7,007,617	-484,314	6,523,303	53.00	
53.01 05301 ASC ANESTHESIOLOGY	1,616	143,492	145,108	-135,296	9,812	53.01	
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,075,328	6,688,273	10,763,601	-5,709,006	5,054,595	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00 05600 RADIO SOTOPE	292,796	996,550	1,289,346	-856,007	433,339	56.00	
59.00 05900 CARDIAC CATHETERIZATION	1,318,974	5,459,563	6,778,537	-5,127,930	1,650,607	59.00	
60.00 06000 LABORATORY	6,548	11,344,332	11,350,880	-68,460	11,282,420	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	880,580	880,580	10,628	891,208	63.00	
65.00 06500 RESPIRATORY THERAPY	2,212,413	1,827,177	4,039,590	-1,363,939	2,675,651	65.00	
66.00 06600 PHYSICAL THERAPY	580,894	155,723	736,617	-90,807	645,810	66.00	
67.00 06700 OCCUPATIONAL THERAPY	369,471	167,888	537,359	-65,828	471,531	67.00	
68.00 06800 SPEECH PATHOLOGY	282,852	76,892	359,744	-28,660	331,084	68.00	
69.00 06900 ELECTROCARDIOLOGY	1,192,852	1,048,344	2,241,196	-860,924	1,380,272	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	82,120	34,489	116,609	-28,443	88,166	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,857,614	7,857,614	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,574,931	8,574,931	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	39,293,201	39,293,201	73.00	
74.00 07400 RENAL DIALYSIS	0	745,498	745,498	-19,216	726,282	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01 07501 ASC (NON-DISTINCT PART)	3,220,417	5,537,702	8,758,119	-4,186,585	4,571,534	75.01	
76.00 03950 CARDIAC CATHETERIZATION	0	0	0	0	0	76.00	
76.01 03951 OUTPATIENT WOUND CARE CENTER	147,822	1,019,647	1,167,469	-329,169	838,300	76.01	
76.97 07697 CARDIAC REHABILITATION	532	6,327	6,859	-6,301	558	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 04950 SLEEP CLINIC	416,068	363,780	779,848	-254,705	525,143	90.01	
90.02 09001 ANTI COAGULATION CLINIC	101,010	29,016	130,026	-46,838	83,188	90.02	
90.03 09002 ARNETT CANCER CARE CENTER	975,914	29,774,632	30,750,546	-29,290,197	1,460,349	90.03	
90.04 09003 OUTPATIENT INFUSION CENTER	45,811	14,155	59,966	-8,622	51,344	90.04	
91.00 09100 EMERGENCY	5,802,807	7,251,097	13,053,904	-2,131,423	10,922,481	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01	
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	81,868,293	215,320,268	297,188,561	-3,549,977	293,638,584	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0173

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

Worksheet A
Date/Time Prepared:
5/26/2022 3:42 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	34,682	86,108	120,790	-9,896	110,894	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	583,227	171,563	754,790	-71,731	683,059	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	1,008	130,609	131,617	-40	131,577	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	2,120,998	2,120,998	193.02
193.03	19303	HOSPICE	0	5,280	5,280	0	5,280	193.03
193.04	19304	FRANKFORT HOSPITAL	0	0	0	1,510,646	1,510,646	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	82,487,210	215,713,828	298,201,038	0	298,201,038	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0173

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

Worksheet A
Date/Time Prepared:
5/26/2022 3:42 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	597,969	5,941,317	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	510,289	1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	10,516,715	10,516,715	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,334,633	7,849,248	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	560,623	2.01
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,526,908	15,873,270	4.00
5.01	00570	ADMINITTING	-140,399	791,406	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	-3,180,412	54,959,997	5.06
7.00	00700	OPERATION OF PLANT	-4,968	10,815,535	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	-165	658,909	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	0	2,737,918	9.00
10.00	01000	DIETARY	0	1,357,414	10.00
11.00	01100	CAFETERIA	-257,490	599,151	11.00
13.00	01300	NURSING ADMINISTRATION	-137,368	11,967,467	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-4,450	10,419,597	14.00
15.00	01500	PHARMACY	-111,210	5,484,864	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	620,930	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	0	636,906	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,000,111	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	757,231	998,380	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	0	226,581	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-338,398	33,016,632	30.00
31.00	03100	INTENSIVE CARE UNIT	-373,821	5,649,712	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-9,684	2,982,395	35.00
43.00	04300	NURSERY	0	796,477	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,198	6,665,885	50.00
51.00	05100	RECOVERY ROOM	-8,485	876,968	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-106	2,945,466	52.00
53.00	05300	ANESTHESIOLOGY	-3,168	6,520,135	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	9,812	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-19,400	5,035,195	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	433,339	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,650,607	59.00
60.00	06000	LABORATORY	0	11,282,420	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	891,208	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,675,651	65.00
66.00	06600	PHYSICAL THERAPY	0	645,810	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	471,531	67.00
68.00	06800	SPEECH PATHOLOGY	0	331,084	68.00
69.00	06900	ELECTROCARDIOLOGY	-152	1,380,120	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	88,166	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,857,614	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,574,931	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	39,293,201	73.00
74.00	07400	RENAL DIALYSIS	0	726,282	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	-5,000	4,566,534	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	-16	838,284	76.01
76.97	07697	CARDIAC REHABILITATION	0	558	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	04950	SLEEP CLINIC	0	525,143	90.01
90.02	09001	ANTI COAGULATION CLINIC	0	83,188	90.02
90.03	09002	ARNETT CANCER CARE CENTER	0	1,460,349	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	51,344	90.04
91.00	09100	EMERGENCY	-699,219	10,223,262	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	93.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,437,347	303,075,931	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	110,894	190.00
191.00	19100	RESEARCH	0	0	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet A Date/Time Prepared: 5/26/2022 3:42 pm
---	--	-----------------------	---	---

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	683,059	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	RETAIL PHARMACY	6,595,398	6,726,975	193.01
193.02	19302	WHITE HOSPITAL	0	2,120,998	193.02
193.03	19303	HOSPICE	0	5,280	193.03
193.04	19304	FRANKFORT HOSPITAL	0	1,510,646	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	16,032,745	314,233,783	200.00

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 3:42 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - NONBILLABLE SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00		10,398,951	1.00
2.00	ADMINISTRATIVE	5.01		225	2.00
3.00	OTHER ADMINISTRATIVE & GENERAL	5.06		155,506	3.00
4.00	HOUSEKEEPING	9.00		886	4.00
5.00	DIETARY	10.00		96	5.00
6.00	SOCIAL SERVICE	17.00		14	6.00
7.00	PARAMEDICAL PRGM - PHARMACY	23.00		4	7.00
8.00	RADIOISOTOPE	56.00		21,180	8.00
9.00	BLOOD STORING, PROCESSING & TRANS.	63.00		10,628	9.00
10.00	PHYSICAL THERAPY	66.00		264	10.00
11.00	ELECTROCARDIOLOGY	69.00		279	11.00
12.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00		9	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
	0		0	10,588,042	
B - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,857,614	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
	0		0	7,857,614	
C - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,574,931	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,803	2.00
3.00	ARNETT CANCER CARE CENTER	90.03	0	11,865	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

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 3:42 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
11.00		0.00	0	0	11.00
			0	8,603,599	
D - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	39,293,201	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,320	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
			0	39,296,521	
E - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,357,994	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
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
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
			0	13,357,994	

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 3:42 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
F - CAFETERIA					
1.00	CAFETERIA	11.00	424,018	432,623	1.00
	O		424,018	432,623	
G - PROPERTY TAX					
1.00	CAP REL COSTS-BLDG & FIXT	1.00		2,719	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01		1,860	2.00
	O		0	4,579	
H - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00		219,364	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01		34,265	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00		11,246	3.00
	O		0	264,875	
I - LEASE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00		654,180	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01		86,086	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00		479,004	3.00
4.00	OUTPATIENT WOUND CARE CENTER	76.01		2,023	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
	O		0	1,221,293	
J - INTEREST EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01		1,579	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	1,579	
K - HOUSEKEEPING SUPPLIES					
1.00	HOUSEKEEPING	9.00	0	34,476	1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	6,046	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
	O		0	40,522	
O - TELEPHONE RECLASS					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	656	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	O		0	656	
P - DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,467,085	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	388,078	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,024,365	3.00

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 3:42 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
4.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	560,005	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
0			0	11,439,533	
Q - FMLA RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		350	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06		18,381	2.00
3.00	OPERATION OF PLANT	7.00		872	3.00
4.00	HOUSEKEEPING	9.00		5,880	4.00
5.00	DIETARY	10.00		2,042	5.00
6.00	NURSING ADMINISTRATION	13.00		37,491	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00		518	7.00
8.00	PHARMACY	15.00		5,805	8.00
9.00	SOCIAL SERVICE	17.00		2,761	9.00
10.00	PATIENT TRANSPORT SERVICES	18.00		6,414	10.00
11.00	ADULTS & PEDIATRICS	30.00		114,582	11.00
12.00	INTENSIVE CARE UNIT	31.00		6,541	12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00		10,728	13.00
14.00	OPERATING ROOM	50.00		22,653	14.00
15.00	RECOVERY ROOM	51.00		10,656	15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00		20,627	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00		27,518	17.00
18.00	CARDIAC CATHETERIZATION	59.00		11,732	18.00
19.00	RESPIRATORY THERAPY	65.00		16,110	19.00
20.00	OCCUPATIONAL THERAPY	67.00		2,679	20.00
21.00	ELECTROCARDIOLOGY	69.00		5,535	21.00
22.00	ASC (NON-DISTINCT PART)	75.01		25,622	22.00
23.00	ARNETT CANCER CARE CENTER	90.03		13,111	23.00
24.00	EMERGENCY	91.00		51,404	24.00
0			0	420,012	
R - NURSERY					
1.00	NURSERY	43.00	702,341	94,136	1.00
2.00		0.00	0	0	2.00
0			702,341	94,136	
X - ARNETT TO WHITE ALLOCATION					
1.00	WHITE HOSPITAL	193.02	1,356,016	764,982	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
0			1,356,016	764,982	
Y - ARNETT TO FRANKFORT ALLOCATION					
1.00	FRANKFORT HOSPITAL	193.04	943,519	567,127	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

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 3:42 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
			943,519	567,127	
Z - RESIDENCY STAFF					
1.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	727,337	0	1.00
			727,337	0	
AB - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,000,111	1.00
			0	1,000,111	
AC - PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM - PHARMACY	23.00	114,060	8,726	1.00
			114,060	8,726	
AD - ACCRUED PTO					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	360,909	0	1.00
2.00	ADMINISTRATIVE	5.01	167	0	2.00
3.00	OPERATION OF PLANT	7.00	3,473	0	3.00
4.00	RECOVERY ROOM	51.00	10,588	0	4.00
5.00	ANESTHESIOLOGY	53.00	160	0	5.00
6.00	PHYSICAL THERAPY	66.00	6,822	0	6.00
7.00	OCCUPATIONAL THERAPY	67.00	14,945	0	7.00
8.00	SPEECH PATHOLOGY	68.00	3,547	0	8.00
9.00	ELECTROCARDIOLOGY	69.00	10,292	0	9.00
10.00	ELECTROENCEPHALOGRAPHY	70.00	1,464	0	10.00
11.00	ARNETT CANCER CARE CENTER	90.03	1,431	0	11.00
12.00	EMERGENCY	91.00	14,626	0	12.00
13.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	564	0	13.00
14.00	PHYSICIANS' PRIVATE OFFICES	192.00	21,088	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
			450,076	0	
AE - PRACTICE MANAGEMENT					
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	2,753,486	0	1.00
	TOTALS		2,753,486	0	
AF - HR ADMIN					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	111,645	0	1.00
	TOTALS		111,645	0	
500.00	Grand Total: Increases		7,582,498	95,964,524	500.00

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6
Date/Time Prepared:
5/26/2022 3:42 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - NONBILLABLE SUPPLIES							
1.00	OPERATION OF PLANT	7.00		145,547	0	1.00	
2.00	NURSING ADMINISTRATION	13.00		31,808	0	2.00	
3.00	PHARMACY	15.00		140,744	0	3.00	
4.00	PATIENT TRANSPORT SERVICES	18.00		8,220	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00		878,418	0	5.00	
6.00	INTENSIVE CARE UNIT	31.00		176,325	0	6.00	
7.00	NEONATAL INTENSIVE CARE UNIT	35.00		64,802	0	7.00	
8.00	OPERATING ROOM	50.00		4,830,551	0	8.00	
9.00	RECOVERY ROOM	51.00		38,955	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00		199,337	0	10.00	
11.00	ANESTHESIOLOGY	53.00		258,934	0	11.00	
12.00	ASC ANESTHESIOLOGY	53.01		73,048	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00		1,179,148	0	13.00	
14.00	CARDIAC CATHETERIZATION	59.00		692,927	0	14.00	
15.00	LABORATORY	60.00		67,179	0	15.00	
16.00	RESPIRATORY THERAPY	65.00		744,851	0	16.00	
17.00	OCCUPATIONAL THERAPY	67.00		47	0	17.00	
18.00	SPEECH PATHOLOGY	68.00		866	0	18.00	
19.00	RENAL DIALYSIS	74.00		3,634	0	19.00	
20.00	ASC (NON-DISTINCT PART)	75.01		639,698	0	20.00	
21.00	OUTPATIENT WOUND CARE CENTER	76.01		14,318	0	21.00	
22.00	SLEEP CLINIC	90.01		27,187	0	22.00	
23.00	ARNETT CANCER CARE CENTER	90.03		32,632	0	23.00	
24.00	OUTPATIENT INFUSION CENTER	90.04		726	0	24.00	
25.00	EMERGENCY	91.00		334,834	0	25.00	
26.00	PHYSICIANS' PRIVATE OFFICES	192.00		3,306	0	26.00	
	0			10,588,042			
B - BILLABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	358	0	1.00	
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	317	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	98	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	1,805	0	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	104,150	0	5.00	
6.00	PHARMACY	15.00	0	1,550	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	293,460	0	7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	66,401	0	8.00	
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	14,339	0	9.00	
10.00	OPERATING ROOM	50.00	0	3,094,208	0	10.00	
11.00	RECOVERY ROOM	51.00	0	384	0	11.00	
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	92,693	0	12.00	
13.00	ANESTHESIOLOGY	53.00	0	24,986	0	13.00	
14.00	ASC ANESTHESIOLOGY	53.01	0	4,571	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,959,757	0	15.00	
16.00	RADIOISOTOPE	56.00	0	1,308	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0	1,325,822	0	17.00	
18.00	RESPIRATORY THERAPY	65.00	0	11,630	0	18.00	
19.00	PHYSICAL THERAPY	66.00	0	1,164	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	717	0	20.00	
21.00	RENAL DIALYSIS	74.00	0	8,853	0	21.00	
22.00	ASC (NON-DISTINCT PART)	75.01	0	533,448	0	22.00	
23.00	OUTPATIENT WOUND CARE CENTER	76.01	0	261,381	0	23.00	
24.00	SLEEP CLINIC	90.01	0	253	0	24.00	
25.00	ARNETT CANCER CARE CENTER	90.03	0	1,470	0	25.00	
26.00	OUTPATIENT INFUSION CENTER	90.04	0	53	0	26.00	
27.00	EMERGENCY	91.00	0	52,275	0	27.00	
28.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	163	0	28.00	
	0			7,857,614			
C - IMPLANTS							
1.00	OPERATION OF PLANT	7.00		600	0	1.00	
2.00	NURSING ADMINISTRATION	13.00		180	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00		8,683	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00		1,275	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00		95	0	5.00	
6.00	OPERATING ROOM	50.00		4,559,841	0	6.00	
7.00	DELIVERY ROOM & LABOR ROOM	52.00		18,031	0	7.00	
8.00	ANESTHESIOLOGY	53.00		2,350	0	8.00	
9.00	CARDIAC CATHETERIZATION	59.00		2,156,168	0	9.00	
10.00	ASC (NON-DISTINCT PART)	75.01		1,837,286	0	10.00	
11.00	OUTPATIENT WOUND CARE CENTER	76.01		19,090	0	11.00	
	0			8,603,599			

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6
Date/Time Prepared:
5/26/2022 3:42 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
D - DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		434	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06		66	0	2.00
3.00	OPERATION OF PLANT	7.00		23	0	3.00
4.00	HOUSEKEEPING	9.00		1,012	0	4.00
5.00	NURSING ADMINISTRATION	13.00		2,499	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00		3,115	0	6.00
7.00	PHARMACY	15.00		7,185,450	0	7.00
8.00	ADULTS & PEDIATRICS	30.00		378,025	0	8.00
9.00	INTENSIVE CARE UNIT	31.00		119,885	0	9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00		17,549	0	10.00
11.00	OPERATING ROOM	50.00		488,711	0	11.00
12.00	RECOVERY ROOM	51.00		3,808	0	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00		50,944	0	13.00
14.00	ANESTHESIOLOGY	53.00		80,544	0	14.00
15.00	ASC ANESTHESIOLOGY	53.01		10,963	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00		527,136	0	16.00
17.00	RADIOISOTOPE	56.00		589,053	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00		107,578	0	18.00
19.00	LABORATORY	60.00		181	0	19.00
20.00	RESPIRATORY THERAPY	65.00		29,818	0	20.00
21.00	ELECTROCARDIOLOGY	69.00		129,464	0	21.00
22.00	RENAL DIALYSIS	74.00		6,246	0	22.00
23.00	ASC (NON-DISTINCT PART)	75.01		146,495	0	23.00
24.00	OUTPATIENT WOUND CARE CENTER	76.01		879	0	24.00
25.00	ARNETT CANCER CARE CENTER	90.03		29,028,801	0	25.00
26.00	OUTPATIENT INFUSION CENTER	90.04		2,239	0	26.00
27.00	EMERGENCY	91.00		385,603	0	27.00
	0			0		
				39,296,521		
E - BENEFITS						
1.00	ADMINISTRATIVE	5.01		52,106	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06		580,524	0	2.00
3.00	OPERATION OF PLANT	7.00		281,336	0	3.00
4.00	HOUSEKEEPING	9.00		403,506	0	4.00
5.00	DIETARY	10.00		284,390	0	5.00
6.00	NURSING ADMINISTRATION	13.00		387,136	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00		100,856	0	7.00
8.00	PHARMACY	15.00		685,852	0	8.00
9.00	SOCIAL SERVICE	17.00		119,527	0	9.00
10.00	PATIENT TRANSPORT SERVICES	18.00		98,918	0	10.00
11.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00		5,320	0	11.00
12.00	PARAMEDICAL PRGM - PHARMACY	23.00		15,148	0	12.00
13.00	ADULTS & PEDIATRICS	30.00		4,135,847	0	13.00
14.00	INTENSIVE CARE UNIT	31.00		530,829	0	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	35.00		298,811	0	15.00
16.00	OPERATING ROOM	50.00		848,714	0	16.00
17.00	RECOVERY ROOM	51.00		163,805	0	17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00		488,532	0	18.00
19.00	ANESTHESIOLOGY	53.00		25,540	0	19.00
20.00	ASC ANESTHESIOLOGY	53.01		184	0	20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00		674,595	0	21.00
22.00	RADIOISOTOPE	56.00		28,569	0	22.00
23.00	CARDIAC CATHETERIZATION	59.00		249,484	0	23.00
24.00	LABORATORY	60.00		1,100	0	24.00
25.00	RESPIRATORY THERAPY	65.00		307,564	0	25.00
26.00	PHYSICAL THERAPY	66.00		96,729	0	26.00
27.00	OCCUPATIONAL THERAPY	67.00		80,726	0	27.00
28.00	SPEECH PATHOLOGY	68.00		31,341	0	28.00
29.00	ELECTROCARDIOLOGY	69.00		357,379	0	29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00		29,907	0	30.00
31.00	ASC (NON-DISTINCT PART)	75.01		450,777	0	31.00
32.00	OUTPATIENT WOUND CARE CENTER	76.01		24,465	0	32.00
33.00	CARDIAC REHABILITATION	76.97		21	0	33.00
34.00	SLEEP CLINIC	90.01		122,416	0	34.00
35.00	ANTI COAGULATION CLINIC	90.02		20,800	0	35.00
36.00	ARNETT CANCER CARE CENTER	90.03		232,601	0	36.00
37.00	OUTPATIENT INFUSION CENTER	90.04		5,604	0	37.00
38.00	EMERGENCY	91.00		1,034,947	0	38.00
39.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00		10,469	0	39.00
40.00	PHYSICIANS' PRIVATE OFFICES	192.00		91,579	0	40.00

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6
Date/Time Prepared:
5/26/2022 3:42 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
41.00	RETAIL PHARMACY	193.01	40	0	41.00	
			13,357,994			
F - CAFETERIA						
1.00	DIETARY	10.00	424,018	432,623	0	
			424,018	432,623		
G - PROPERTY TAX						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06		2,719	13	
2.00	OPERATION OF PLANT - NONHOSPITAL	7.01		1,860	13	
			0	4,579		
H - PROPERTY INSURANCE						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06		264,875	12	
2.00		0.00	0	0	12	
3.00		0.00	0	0	12	
			0	264,875		
I - LEASE EXPENSE						
1.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01		961	10	
2.00	OPERATION OF PLANT	7.00		580,422	10	
3.00	OPERATION OF PLANT - NONHOSPITAL	7.01		11,954	10	
4.00	NURSING ADMINISTRATION	13.00		82,225	10	
5.00	CENTRAL SERVICES & SUPPLY	14.00		156,429	0	
6.00	PHARMACY	15.00		30,847	0	
7.00	ADULTS & PEDIATRICS	30.00		18,202	0	
8.00	INTENSIVE CARE UNIT	31.00		2,897	0	
9.00	NEONATAL INTENSIVE CARE UNIT	35.00		7,116	0	
10.00	OPERATING ROOM	50.00		108,846	0	
11.00	ANESTHESIOLOGY	53.00		9,788	0	
12.00	RESPIRATORY THERAPY	65.00		123,189	0	
13.00	SLEEP CLINIC	90.01		88,417	0	
			0	1,221,293		
J - INTEREST EXPENSE						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06		240	11	
2.00	OUTPATIENT WOUND CARE CENTER	76.01		1,339	0	
	TOTALS		0	1,579		
K - HOUSEKEEPING SUPPLIES						
1.00	ADMINISTRATIVE	5.01		15	0	
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06		17	0	
3.00	OPERATION OF PLANT	7.00		1,027	0	
4.00	DIETARY	10.00		2	0	
5.00	NURSING ADMINISTRATION	13.00		324	0	
6.00	CENTRAL SERVICES & SUPPLY	14.00		1,261	0	
7.00	PHARMACY	15.00		3,264	0	
8.00	PATIENT TRANSPORT SERVICES	18.00		18	0	
9.00	ADULTS & PEDIATRICS	30.00		17,525	0	
10.00	INTENSIVE CARE UNIT	31.00		960	0	
11.00	NEONATAL INTENSIVE CARE UNIT	35.00		775	0	
12.00	OPERATING ROOM	50.00		3,815	0	
13.00	RECOVERY ROOM	51.00		115	0	
14.00	DELIVERY ROOM & LABOR ROOM	52.00		880	0	
15.00	ANESTHESIOLOGY	53.00		35	0	
16.00	RADIOLOGY-DIAGNOSTIC	54.00		2,051	0	
17.00	RADIOISOTOPE	56.00		41	0	
18.00	RESPIRATORY THERAPY	65.00		52	0	
19.00	ELECTROCARDIOLOGY	69.00		55	0	
20.00	RENAL DIALYSIS	74.00		348	0	
21.00	ASC (NON-DISTINCT PART)	75.01		2,058	0	
22.00	OUTPATIENT WOUND CARE CENTER	76.01		245	0	
23.00	SLEEP CLINIC	90.01		166	0	
24.00	ARNETT CANCER CARE CENTER	90.03		1,608	0	
25.00	EMERGENCY	91.00		2,965	0	
26.00	PHYSICIANS' PRIVATE OFFICES	192.00		900	0	
			0	40,522		
O - TELEPHONE RECLASS						
1.00	OPERATING ROOM	50.00	0	178	0	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	287	0	
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	191	0	
			0	656		

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6
Date/Time Prepared:
5/26/2022 3:42 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
P - DEPRECIATION EXPENSE							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	37,454	9		1.00
2.00	OPERATION OF PLANT	7.00	0	4,769,837	9		2.00
3.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	378,764	9		3.00
4.00	HOUSEKEEPING	9.00	0	3,414	9		4.00
5.00	DIETARY	10.00	0	31,562	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	299,849	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	100,008	0		7.00
8.00	PHARMACY	15.00	0	288,341	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	302,702	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	178,794	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	101,010	0		11.00
12.00	OPERATING ROOM	50.00	0	1,463,966	0		12.00
13.00	RECOVERY ROOM	51.00	0	61,961	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	12,129	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	82,297	0		15.00
16.00	ASC ANESTHESIOLOGY	53.01	0	46,530	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,368,376	0		17.00
18.00	RADIOISOTOPE	56.00	0	252,811	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	601,931	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	125,695	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	226,565	0		21.00
22.00	RENAL DIALYSIS	74.00	0	135	0		22.00
23.00	ASC (NON-DISTINCT PART)	75.01	0	468,159	0		23.00
24.00	CARDIAC REHABILITATION	76.97	0	6,280	0		24.00
25.00	SLEEP CLINIC	90.01	0	9,141	0		25.00
26.00	ARNETT CANCER CARE CENTER	90.03	0	6,381	0		26.00
27.00	EMERGENCY	91.00	0	215,441	0		27.00
O			0	11,439,533			
Q - FMLA RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	350	0	0		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	18,381	0	0		2.00
3.00	OPERATION OF PLANT	7.00	872	0	0		3.00
4.00	HOUSEKEEPING	9.00	5,880	0	0		4.00
5.00	DIETARY	10.00	2,042	0	0		5.00
6.00	NURSING ADMINISTRATION	13.00	37,491	0	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	518	0	0		7.00
8.00	PHARMACY	15.00	5,805	0	0		8.00
9.00	SOCIAL SERVICE	17.00	2,761	0	0		9.00
10.00	PATIENT TRANSPORT SERVICES	18.00	6,414	0	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	114,582	0	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	6,541	0	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	10,728	0	0		13.00
14.00	OPERATING ROOM	50.00	22,653	0	0		14.00
15.00	RECOVERY ROOM	51.00	10,656	0	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	20,627	0	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	27,518	0	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	11,732	0	0		18.00
19.00	RESPIRATORY THERAPY	65.00	16,110	0	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	2,679	0	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	5,535	0	0		21.00
22.00	ASC (NON-DISTINCT PART)	75.01	25,622	0	0		22.00
23.00	ARNETT CANCER CARE CENTER	90.03	13,111	0	0		23.00
24.00	EMERGENCY	91.00	51,404	0	0		24.00
O			420,012	0			
R - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	678,679	90,004	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	23,662	4,132	0		2.00
O			702,341	94,136			
X - ARNETT TO WHITE ALLOCATION							
1.00	ADMINISTRATIVE	5.01	23,684	62,865	0		1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	701,001	363,898	0		2.00
3.00	OPERATION OF PLANT	7.00	58,340	17,513	0		3.00
4.00	DIETARY	10.00	0	17,694	0		4.00
5.00	NURSING ADMINISTRATION	13.00	47,588	38,783	0		5.00
6.00	PHARMACY	15.00	301,406	88,891	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	47,993	57,249	0		7.00
8.00	OPERATING ROOM	50.00	87,360	26,650	0		8.00
9.00	ELECTROCARDIOLOGY	69.00	52,518	47,592	0		9.00
10.00	EMERGENCY	91.00	36,126	43,847	0		10.00

RECLASSIFICATIONS

Provider CCN: 15-0173

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

Worksheet A-6
Date/Time Prepared:
5/26/2022 3:42 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
0		1,356,016	764,982			
Y - ARNETT TO FRANKFORT ALLOCATION						
1.00	ADMITTING	5.01	23,684	62,865	0	1.00
2.00	OTHER ADMINISTRATIVE & GENERAL	5.06	474,085	228,626	0	2.00
3.00	OPERATION OF PLANT	7.00	41,412	13,727	0	3.00
4.00	NURSING ADMINISTRATION	13.00	47,464	26,924	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	42,122	73,743	0	5.00
6.00	PHARMACY	15.00	204,067	59,977	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	10,588	25,364	0	7.00
8.00	OPERATING ROOM	50.00	43,707	13,333	0	8.00
9.00	ELECTROCARDIOLOGY	69.00	30,010	27,195	0	9.00
10.00	ASC (NON-DISTINCT PART)	75.01	8,306	13,436	0	10.00
11.00	EMERGENCY	91.00	18,074	21,937	0	11.00
0			943,519	567,127		
Z - RESIDENCY STAFF						
1.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	727,337	0	1.00
0			0	727,337		
AB - INTERNS AND RESIDENTS						
1.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	1,000,111	0	1.00
0			0	1,000,111		
AC - PARAMEDICAL EDUCATION						
1.00	PHARMACY	15.00	114,060	8,726	0	1.00
0			114,060	8,726		
AD - ACCRUED PTO						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	37,166	0	0	1.00
2.00	HOUSEKEEPING	9.00	1,930	0	0	2.00
3.00	DIETARY	10.00	2,669	0	0	3.00
4.00	NURSING ADMINISTRATION	13.00	22,951	0	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	5,575	0	0	5.00
6.00	PHARMACY	15.00	21,272	0	0	6.00
7.00	SOCIAL SERVICE	17.00	6,965	0	0	7.00
8.00	PATIENT TRANSPORT SERVICES	18.00	2,621	0	0	8.00
9.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	546	0	0	9.00
10.00	PARAMED ED PRGM - PHARMACY	23.00	263	0	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	56,290	0	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	57,446	0	0	12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	24,777	0	0	13.00
14.00	OPERATING ROOM	50.00	20,706	0	0	14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	18,269	0	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	14,459	0	0	16.00
17.00	RADIOISOTOPE	56.00	5,405	0	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	66	0	0	18.00
19.00	RESPIRATORY THERAPY	65.00	21,140	0	0	19.00
20.00	ASC (NON-DISTINCT PART)	75.01	86,922	0	0	20.00
21.00	OUTPATIENT WOUND CARE CENTER	76.01	9,475	0	0	21.00
22.00	SLEEP CLINIC	90.01	7,125	0	0	22.00
23.00	ANTI COAGULATION CLINIC	90.02	26,038	0	0	23.00
0			450,076	0		
AE - PRACTICE MANAGEMENT						
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	2,753,486	0	1.00
	TOTALS		0	2,753,486		
AF - HR ADMIN						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	111,645	0	1.00
	TOTALS		0	111,645		
500.00	Grand Total: Decreases		4,410,042	99,136,980		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0173

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

Worksheet A-7
Part I
Date/Time Prepared:
5/26/2022 3:42 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,859,566	0	0	0	1,638,346	1.00
2.00	Land Improvements	394,836	497,007	0	497,007	301,507	2.00
3.00	Buildings and Fixtures	191,138,584	0	0	0	20,476,101	3.00
4.00	Building Improvements	31,113,477	0	0	0	18,215,488	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	103,143,540	6,060,795	0	6,060,795	28,778,997	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	329,650,003	6,557,802	0	6,557,802	69,410,439	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	329,650,003	6,557,802	0	6,557,802	69,410,439	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,221,220	0				1.00
2.00	Land Improvements	590,336	0				2.00
3.00	Buildings and Fixtures	170,662,483	0				3.00
4.00	Building Improvements	12,897,989	1,281,709				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	80,425,338	39,926,590				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	266,797,366	41,208,299				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	266,797,366	41,208,299				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0173

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

Worksheet A-7
Part II
Date/Time Prepared:
5/26/2022 3:42 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	0	0	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0	0	2.01
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0				1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0				1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0				2.01
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0173

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

Worksheet A-7
Part III
Date/Time Prepared:
5/26/2022 3:42 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	186,372,028	0	186,372,028	0.698553	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	0.000000	0	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0.000000	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	80,425,339	0	80,425,339	0.301447	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	266,797,367	0	266,797,367	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,065,054	654,180	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	388,078	86,086	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,358,998	479,004	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	560,005	-961	2.01
3.00	Total (sum of lines 1-2)	0	0	0	13,372,135	1,218,309	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	219,364	2,719	0	5,941,317	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	34,265	1,860	0	510,289	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	10,516,715	0	0	0	10,516,715	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	11,246	0	0	7,849,248	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	1,579	0	0	0	560,623	2.01
3.00	Total (sum of lines 1-2)	10,518,294	264,875	4,579	0	25,378,192	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0173

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

Worksheet A-8

Date/Time Prepared:
5/26/2022 3:42 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT - NONHOSP (chapter 2)			0	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01		0	1.01
1.02 Investment income - CAP REL COSTS INTEREST EXPENSE (chapter 2)	B	116,782	0	CAP REL COSTS INTEREST EXPENSE	1.02		11	1.02
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
2.01 Investment income - CAP REL COSTS-MVBLE EQUIP - NONHOSP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01		0	2.01
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00		0	7.00
8.00 Television and radio service (chapter 21)			0		0.00		0	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,562,115	0		0.00		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	39,538,792					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests			0		0.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients			0		0.00		0	17.00
18.00 Sale of medical records and abstracts			0		0.00		0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines			0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT - NONHOSP			0	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01		0	26.01
26.02 Depreciation - CAP REL COSTS INTEREST EXPENSE			0	CAP REL COSTS INTEREST EXPENSE	1.02		0	26.02
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0173

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

Worksheet A-8

Date/Time Prepared:
5/26/2022 3:42 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
				Cost Center	Line #			
				1.00	2.00		3.00	4.00
27.01	Depreciation - CAP REL COSTS-MVBLE EQUIP - NONHOSP			0	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	27.01
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
33.00	EMPLOYEE BENEFITS	A	-13,360,579		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	HAF OFFSET	A	-18,378,894		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.01
33.02	MISCELLANEOUS INCOME	B	-324,959		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.02
33.03	MISCELLANEOUS INCOME	B	-4,573		OPERATION OF PLANT	7.00	0	33.03
33.04	MISCELLANEOUS INCOME	B	-165		OPERATION OF PLANT - NONHOSPITAL	7.01	0	33.04
33.05	MISCELLANEOUS INCOME	B	-257,490		CAFETERIA	11.00	0	33.05
33.06	MISCELLANEOUS INCOME	B	-24,250		NURSING ADMINISTRATION	13.00	0	33.06
33.07	MISCELLANEOUS INCOME	B	-4,450		CENTRAL SERVICES & SUPPLY	14.00	0	33.07
33.08	MISCELLANEOUS INCOME	B	-110,976		PHARMACY	15.00	0	33.08
33.09	MISCELLANEOUS INCOME	B	-19,400		RADIOLOGY-DIAGNOSTIC	54.00	0	33.09
33.10	MISCELLANEOUS INCOME	B	-152		ELECTROCARDIOLOGY	69.00	0	33.10
33.11	MISCELLANEOUS INCOME	B	-1,807		EMERGENCY	91.00	0	33.11
33.12	TELEPHONE EXPENSE	A	-656		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.12
33.13	NON-ALLOWABLE MARKETING	A	-4,000		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.13
33.14	NON-ALLOWABLE MARKETING	A	-14,501		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.14
33.15	NON-ALLOWABLE MARKETING	A	-223		PHARMACY	15.00	0	33.15
33.16	NON-ALLOWABLE MARKETING	A	-106		DELIVERY ROOM & LABOR ROOM	52.00	0	33.16
33.17	UNWONTED SITUATIONS	A	-7,272		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.17
33.18	UNWONTED SITUATIONS	A	-3,972		ADULTS & PEDIATRICS	30.00	0	33.18
33.19	UNWONTED SITUATIONS	A	-2,198		OPERATING ROOM	50.00	0	33.19
33.20	UNWONTED SITUATIONS	A	-985		RECOVERY ROOM	51.00	0	33.20
33.21	UNWONTED SITUATIONS	A	-16		OUTPATIENT WOUND CARE CENTER	76.01	0	33.21
33.22	UNWONTED SITUATIONS	A	-1,131		EMERGENCY	91.00	0	33.22
33.23	CONTRIBUTION EXPENSE	A	-958,597		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.23
33.24	CONTRIBUTION EXPENSE	A	-395		OPERATION OF PLANT	7.00	0	33.24
33.25	CONTRIBUTION EXPENSE	A	-11		PHARMACY	15.00	0	33.25
33.26	CONTRIBUTION EXPENSE	A	-1,190		EMERGENCY	91.00	0	33.26
33.27	RECRUITMENT	A	-275,509		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.27
33.28	RECRUITMENT	A	-20,000		ADULTS & PEDIATRICS	30.00	0	33.28
33.29	RECRUITMENT	A	-7,500		INTENSIVE CARE UNIT	31.00	0	33.29
33.30	RECRUITMENT	A	-7,500		NEONATAL INTENSIVE CARE UNIT	35.00	0	33.30
33.31	RECRUITMENT	A	-7,500		RECOVERY ROOM	51.00	0	33.31
33.32	RECRUITMENT	A	-5,000		ASC (NON-DISTINCT PART)	75.01	0	33.32
33.33	RECRUITMENT	A	-5,000		EMERGENCY	91.00	0	33.33
33.34	PRACTICE MGMT	A	4,363,044		OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.34
33.35	RETAIL PHARMACY	A	6,595,398		RETAIL PHARMACY	193.01	0	33.35
33.36	PRECEPTORS	A	762,708		I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	33.36
33.37	PRECEPTORS	A	29,093		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.37
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		16,032,745					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.

ADJUSTMENTS TO EXPENSES			Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet A-8 Date/Time Prepared: 5/26/2022 3:42 pm	
Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	

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: 15-0173
 Period: From 01/01/2021 To 12/31/2021
 Worksheet A-8-1
 Date/Time Prepared: 5/26/2022 3:42 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE ALLOCATION	1,096,472	498,503 1.00
2.00	1.02	CAP REL COSTS INTEREST EXPEN	HOME OFFICE ALLOCATION	10,399,933	0 2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE ALLOCATION	1,334,633	0 3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOCATION	14,862,394	0 4.00
4.01	5.01	ADMINI TTING	HOME OFFICE ALLOCATION	0	140,399 4.01
4.02	5.06	OTHER ADMINI STRATIVE & GENER	HOME OFFICE ALLOCATION	43,683,296	31,199,034 4.02
4.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	RELATED PARTY	41,818	41,818 4.03
4.04	5.06	OTHER ADMINI STRATIVE & GENER	RELATED PARTY	277,694	277,694 4.04
4.05	13.00	NURSI NG ADMINI STRATI ON	RELATED PARTY	30,739	30,739 4.05
4.06	30.00	ADULTS & PEDI ATRICS	RELATED PARTY	226	226 4.06
4.07	35.00	NEONATAL INTENSIVE CARE UNIT	RELATED PARTY	60,000	60,000 4.07
4.08	50.00	OPERATI NG ROOM	RELATED PARTY	381,498	381,498 4.08
4.09	54.00	RADI OLOGY-DI AGNOSTIC	RELATED PARTY	17,500	17,500 4.09
4.10	59.00	CARDI AC CATHETERI ZATI ON	RELATED PARTY	132	132 4.10
4.11	60.00	LABORATORY	RELATED PARTY	11,273,746	11,273,746 4.11
4.12	63.00	BLOOD STORI NG, PROCESSI NG &	RELATED PARTY	13,102	13,102 4.12
4.13	66.00	PHYSI CAL THERAPY	RELATED PARTY	4,076	4,076 4.13
4.14	70.00	ELECTROENCEPHALOGRAPHY	RELATED PARTY	12,000	12,000 4.14
4.15	76.01	OUTPATI ENT WOUND CARE CENTER	RELATED PARTY	14	14 4.15
4.16	91.00	EMERGENCY	RELATED PARTY	228,861	228,861 4.16
5.00	0		0	83,718,134	44,179,342 5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

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

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

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

6.00	B	IU HEALTH	100.00	IU HEALTH	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

(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: 15-0173

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2022 3:42 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	597,969	9	1.00
2.00	10,399,933	11	2.00
3.00	1,334,633	9	3.00
4.00	14,862,394	0	4.00
4.01	-140,399	0	4.01
4.02	12,484,262	0	4.02
4.03	0	0	4.03
4.04	0	0	4.04
4.05	0	0	4.05
4.06	0	0	4.06
4.07	0	0	4.07
4.08	0	0	4.08
4.09	0	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
4.12	0	0	4.12
4.13	0	0	4.13
4.14	0	0	4.14
4.15	0	0	4.15
4.16	0	0	4.16
5.00	39,538,792		5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0173

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

Worksheet A-8-2

Date/Time Prepared:
5/26/2022 3:42 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	5.06	OTHER ADMINISTRATIVE & GENERAL	141,965	36,596	105,369	211,500	734	1.00
2.00	13.00	NURSING ADMINISTRATION	113,118	113,118	0	211,500	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	20,193	0	20,193	179,000	171	3.00
4.00	30.00	ADULTS & PEDIATRICS	314,426	314,426	0	211,500	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	811,691	357,891	453,800	211,500	4,380	5.00
6.00	35.00	NEONATAL INTENSIVE CARE UNIT	2,184	2,184	0	211,500	0	6.00
7.00	53.00	ANESTHESIOLOGY	3,168	3,168	0	239,400	0	7.00
8.00	91.00	EMERGENCY	1,050,353	359,564	690,789	211,500	3,543	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,457,098	1,186,947	1,270,151		8,828	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	5.06	OTHER ADMINISTRATIVE & GENERAL	74,635	3,732	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	14,716	736	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	445,370	22,269	0	0	0	5.00
6.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	360,262	18,013	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			894,983	44,750	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	5.06	OTHER ADMINISTRATIVE & GENERAL	0	74,635	30,734	67,330	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	113,118	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	14,716	5,477	5,477	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	314,426	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	445,370	8,430	366,321	5.00
6.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	2,184	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	3,168	7.00
8.00	91.00	EMERGENCY	0	360,262	330,527	690,091	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	894,983	375,168	1,562,115	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 3:42 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,941,317	5,941,317			1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	510,289	0	510,289		1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE	10,516,715	0	0	10,516,715	1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP	7,849,248				7,849,248
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	560,623				0
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	15,873,270	0	0	0	0
5.01 00570	ADMINISTRATIVE	791,406	17,941	2,811	31,758	23,703
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	54,959,997	196,206	94,948	347,304	259,213
7.00 00700	OPERATION OF PLANT	10,815,535	1,093,857	0	1,936,235	1,445,127
7.01 00701	OPERATION OF PLANT - NONHOSPITAL	658,909	0	7,839	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00 00900	HOUSEKEEPING	2,737,918	76,583	824	135,559	101,175
10.00 01000	DIETARY	1,357,414	120,952	0	214,098	159,794
11.00 01100	CAFETERIA	599,151	93,255	0	165,071	123,202
13.00 01300	NURSING ADMINISTRATION	11,967,467	67,627	0	119,706	89,344
14.00 01400	CENTRAL SERVICES & SUPPLY	10,419,597	303,385	420	537,022	400,811
15.00 01500	PHARMACY	5,484,864	67,461	266	119,412	89,125
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00 01700	SOCIAL SERVICE	620,930	0	0	0	0
18.00 01850	PATIENT TRANSPORT SERVICES	636,906	19,270	0	34,110	25,458
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,000,111	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	998,380	0	82,629	0	0
23.00 02300	PARAMED ED PRGM - PHARMACY	226,581	2,099	5	3,716	2,773
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	33,016,632	1,690,377	0	2,992,127	2,233,205
31.00 03100	INTENSIVE CARE UNIT	5,649,712	169,219	0	299,534	223,560
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
35.00 02060	NEONATAL INTENSIVE CARE UNIT	2,982,395	134,952	0	238,878	178,289
43.00 04300	NURSERY	796,477	64,501	0	114,173	85,214
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	6,665,885	459,329	0	813,058	606,833
51.00 05100	RECOVERY ROOM	876,968	69,756	0	123,476	92,157
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,945,466	216,020	0	382,376	285,390
53.00 05300	ANESTHESIOLOGY	6,520,135	18,364	0	32,506	24,261
53.01 05301	ASC ANESTHESIOLOGY	9,812	0	691	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,035,195	257,294	0	455,435	339,918
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	433,339	31,865	0	56,405	42,098
59.00 05900	CARDIAC CATHETERIZATION	1,650,607	95,475	0	169,001	126,135
60.00 06000	LABORATORY	11,282,420	136,281	0	241,231	180,045
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	891,208	9,711	0	17,189	12,829
65.00 06500	RESPIRATORY THERAPY	2,675,651	13,229	0	23,417	17,478
66.00 06600	PHYSICAL THERAPY	645,810	8,653	0	15,318	11,432
67.00 06700	OCCUPATIONAL THERAPY	471,531	6,373	0	11,281	8,420
68.00 06800	SPEECH PATHOLOGY	331,084	4,969	0	8,795	6,564
69.00 06900	ELECTROCARDIOLOGY	1,380,120	36,894	0	65,307	48,742
70.00 07000	ELECTROENCEPHALOGRAPHY	88,166	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,857,614	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	8,574,931	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	39,293,201	0	0	0	0
74.00 07400	RENAL DIALYSIS	726,282	23,302	0	41,248	30,786
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 07501	ASC (NON-DISTINCT PART)	4,566,534	0	199,738	0	0
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.01 03951	OUTPATIENT WOUND CARE CENTER	838,284	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	558	0	15,125	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 04950	SLEEP CLINIC	525,143	0	18,080	0	0
90.02 09001	ANTI COAGULATION CLINIC	83,188	0	6,861	0	0
90.03 09002	ARNETT CANCER CARE CENTER	1,460,349	0	67,446	0	0
90.04 09003	OUTPATIENT INFUSION CENTER	51,344	8,940	0	15,825	11,811
91.00 09100	EMERGENCY	10,223,262	311,993	0	552,259	412,184
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 3:42 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
		BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP		
		1.00	1.01	1.02	2.00		
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	303,075,931	5,826,133	497,683	10,312,830	7,697,076	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	110,894	34,554	0	61,163	45,650	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	683,059	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 RETAIL PHARMACY	6,726,975	18,243	0	32,292	24,102	193.01
193.02	19302 WHITE HOSPITAL	2,120,998	34,025	6,096	60,227	44,951	193.02
193.03	19303 HOSPICE	5,280	0	0	0	0	193.03
193.04	19304 FRANKFORT HOSPITAL	1,510,646	28,362	6,510	50,203	37,469	193.04
194.00	07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	314,233,783	5,941,317	510,289	10,516,715	7,849,248	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 3:42 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	Subtotal	OTHER ADMINISTRATIVE & GENERAL	
	MVBLE EQUIP -	NONHOSP					
	2.01	4.00					
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	560,623					2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	15,873,270				4.00
5.01 00570	ADMITTING	3,089	50,137	920,845			5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	104,314	1,283,594	0	57,245,576	57,245,576	5.06
7.00 00700	OPERATION OF PLANT	0	262,523	0	15,553,277	3,464,586	7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL	8,612	0	0	675,360	150,440	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	905	243,148	0	3,296,112	734,229	9.00
10.00 01000	DIETARY	0	109,159	0	1,961,417	436,917	10.00
11.00 01100	CAFETERIA	0	78,937	0	1,059,616	236,036	11.00
13.00 01300	NURSING ADMINISTRATION	0	1,818,343	0	14,062,487	3,132,503	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	461	81,004	0	11,742,700	2,615,757	14.00
15.00 01500	PHARMACY	292	770,555	0	6,531,975	1,455,037	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	107,573	0	728,503	162,278	17.00
18.00 01850	PATIENT TRANSPORT SERVICES	0	107,285	0	823,029	183,335	18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,000,111	222,781	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	90,780	148,797	0	1,320,586	294,168	22.00
23.00 02300	PARAMED ED PRGM - PHARMACY	6	38,103	0	273,283	60,875	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	3,684,311	98,683	43,715,335	9,737,766	30.00
31.00 03100	INTENSIVE CARE UNIT	0	667,175	14,951	7,024,151	1,564,672	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	361,135	8,630	3,904,279	869,702	35.00
43.00 04300	NURSERY	0	130,751	2,085	1,193,201	265,793	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	888,577	92,404	9,526,086	2,121,993	50.00
51.00 05100	RECOVERY ROOM	0	147,696	7,595	1,317,648	293,514	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	461,577	14,511	4,305,340	959,040	52.00
53.00 05300	ANESTHESIOLOGY	0	30,092	5,234	6,630,592	1,477,004	53.00
53.01 05301	ASC ANESTHESIOLOGY	759	301	2,416	13,979	3,114	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	750,865	62,344	6,901,051	1,537,251	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600	RADIO SOTOPE	0	53,502	9,212	626,421	139,539	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	243,349	38,115	2,322,682	517,391	59.00
60.00 06000	LABORATORY	0	1,219	49,253	11,890,449	2,648,669	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	3,055	933,992	208,052	63.00
65.00 06500	RESPIRATORY THERAPY	0	404,937	13,300	3,148,012	701,239	65.00
66.00 06600	PHYSICAL THERAPY	0	109,412	2,158	792,783	176,597	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	71,066	1,358	570,029	126,977	67.00
68.00 06800	SPEECH PATHOLOGY	0	53,317	1,058	405,787	90,391	68.00
69.00 06900	ELECTROCARDIOLOGY	0	207,588	21,198	1,759,849	392,017	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	15,560	362	104,088	23,186	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	35,430	7,893,044	1,758,223	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	68,503	8,643,434	1,925,377	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	145,558	39,438,759	8,785,220	73.00
74.00 07400	RENAL DIALYSIS	0	0	1,439	823,057	183,341	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501	ASC (NON-DISTINCT PART)	219,439	577,028	76,111	5,638,850	1,256,088	75.01
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.01 03951	OUTPATIENT WOUND CARE CENTER	0	25,755	7,135	871,174	194,059	76.01
76.97 07697	CARDIAC REHABILITATION	16,617	99	0	32,399	7,217	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 04950	SLEEP CLINIC	19,863	76,130	3,210	642,426	143,104	90.01
90.02 09001	ANTI COAGULATION CLINIC	7,538	13,957	333	111,877	24,921	90.02
90.03 09002	ARNETT CANCER CARE CENTER	74,099	179,506	17,610	1,799,010	400,740	90.03
90.04 09003	OUTPATIENT INFUSION CENTER	0	8,528	451	96,899	21,585	90.04
91.00 09100	EMERGENCY	0	1,063,337	117,085	12,680,120	2,824,573	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	546,774	15,325,928	920,787	302,030,835	54,527,297	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 3:42 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	Subtotal	OTHER ADMINISTRATIVE & GENERAL		
	MOVABLE EQUIP - NONHOSP							
	2.01	4.00						
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,562	0	258,823	57,654	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	112,502	2	795,563	177,216	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	188	56	6,801,856	1,515,154	193.01
193.02	19302	WHITE HOSPITAL	6,697	252,441	0	2,525,435	562,556	193.02
193.03	19303	HOSPICE	0	0	0	5,280	1,176	193.03
193.04	19304	FRANKFORT HOSPITAL	7,152	175,649	0	1,815,991	404,523	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118 through 201)	560,623	15,873,270	920,845	314,233,783	57,245,576	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 3:42 pm

Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		7.00	7.01	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMITTING					5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
7.00	00700	OPERATION OF PLANT	19,017,863				7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	825,800			7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0		8.00
9.00	00900	HOUSEKEEPING	314,340	1,681	0	4,346,362	9.00
10.00	01000	DIETARY	496,460	0	0	92,158	2,986,952
11.00	01100	CAFETERIA	382,775	0	0	71,054	0
13.00	01300	NURSING ADMINISTRATION	277,581	0	0	51,527	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,245,273	857	0	232,068	0
15.00	01500	PHARMACY	276,900	542	0	51,976	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	PATIENT TRANSPORT SERVICES	79,096	0	0	14,683	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	168,611	0	178,907	0
23.00	02300	PARAMED ED PRGM - PHARMACY	8,616	11	0	1,611	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,938,299	0	0	1,287,951	2,696,191
31.00	03100	INTENSIVE CARE UNIT	694,574	0	0	128,933	228,981
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	553,923	0	0	102,824	0
43.00	04300	NURSERY	264,750	0	0	49,145	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,885,360	0	0	349,978	0
51.00	05100	RECOVERY ROOM	286,322	0	0	53,150	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	886,674	0	0	164,592	61,780
53.00	05300	ANESTHESIOLOGY	75,377	0	0	13,992	0
53.01	05301	ASC ANESTHESIOLOGY	0	1,410	0	1,496	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,056,086	0	0	196,040	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	130,794	0	0	24,279	0
59.00	05900	CARDIAC CATHETERIZATION	391,887	0	0	72,746	0
60.00	06000	LABORATORY	559,378	0	0	103,837	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	39,858	0	0	7,399	0
65.00	06500	RESPIRATORY THERAPY	54,301	0	0	10,080	0
66.00	06600	PHYSICAL THERAPY	35,519	0	0	6,593	0
67.00	06700	OCCUPATIONAL THERAPY	26,159	0	0	4,856	0
68.00	06800	SPEECH PATHOLOGY	20,394	0	0	3,786	0
69.00	06900	ELECTROCARDIOLOGY	151,436	0	0	28,111	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	95,647	0	0	17,755	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	0	407,579	0	432,469	0
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	30,864	0	32,748	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	0	36,893	0	39,146	0
90.02	09001	ANTI COAGULATION CLINIC	0	14,000	0	14,855	0
90.03	09002	ARNETT CANCER CARE CENTER	0	137,628	0	146,032	0
90.04	09003	OUTPATIENT INFUSION CENTER	36,697	0	0	6,812	0
91.00	09100	EMERGENCY	1,280,606	0	0	237,718	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,545,082	800,076	0	4,231,307	2,986,952
NONREIMBURSABLE COST CENTERS							
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	141,828	0	0	26,327	0
191.00	19100	RESEARCH	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0173		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part I Date/Time Prepared: 5/26/2022 3:42 pm		
Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
			7.00	7.01	8.00	9.00	10.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	74,881	0	0	13,900	0	0	193.01
193.02	19302	WHITE HOSPITAL	139,659	12,439	0	39,123	0	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	116,413	13,285	0	35,705	0	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	0	194.00
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)	19,017,863	825,800	0	4,346,362	2,986,952	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0173		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part I Date/Time Prepared: 5/26/2022 3:42 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMINITTING						5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,749,481					11.00
13.00	01300	NURSING ADMINISTRATION	88,289	17,612,387				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,994	35,609	15,891,258			14.00
15.00	01500	PHARMACY	102,672	0	83,044	8,502,146		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	19,629	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	33,377	0	4,734	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	29,320	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	8,298	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	5,942	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	515,654	8,657,199	509,017	56,702	0	30.00
31.00	03100	INTENSIVE CARE UNIT	70,606	1,223,824	105,524	25,014	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	46,285	960,974	39,125	3,662	0	35.00
43.00	04300	NURSERY	16,719	276,907	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	125,989	1,469,807	2,952,555	29,139	0	50.00
51.00	05100	RECOVERY ROOM	21,227	432,930	22,698	795	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	63,763	1,019,073	116,045	10,629	0	52.00
53.00	05300	ANESTHESIOLOGY	6,270	47,791	152,442	16,131	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	42,357	1,375	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	105,766	409,503	755,395	31,909	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	6,987	0	6,056	2,158	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	34,647	546,317	521,131	9,605	0	59.00
60.00	06000	LABORATORY	80,830	0	38,545	38	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	51,838	46,854	429,956	0	0	65.00
66.00	06600	PHYSICAL THERAPY	15,183	0	88	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,999	0	50	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,823	0	517	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	37,106	167,268	3,291	1,597	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,110	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,506,452	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	4,917,835	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	8,198,475	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	2,086	130	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	416,769	15,486	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	0	11,789	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	16,087	0	0	90.01
90.02	09001	ANTI COAGULATION CLINIC	0	0	0	0	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	28,849	331,257	39,322	30,604	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	943	21,084	417	467	0	90.04
91.00	09100	EMERGENCY	150,064	1,965,990	196,035	68,188	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,704,179	17,612,387	15,889,362	8,502,104	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	2,049	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 3:42 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,896	42	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	RETAIL PHARMACY	0	0	0	0	0
193.02	19302	WHITE HOSPITAL	25,591	0	0	0	0
193.03	19303	HOSPICE	0	0	0	0	0
193.04	19304	FRANKFORT HOSPITAL	17,662	0	0	0	0
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	1,749,481	17,612,387	15,891,258	8,502,146	0

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 5/26/2022 3:42 pm		
Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY		
		PATIENT TRANSPORT SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS			
		17.00	18.00	21.00			22.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP				1.01	
1.02	00102	CAP REL COSTS INTEREST EXPENSE				1.02	
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00	
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP				2.01	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.01	00570	ADMITTING				5.01	
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06	
7.00	00700	OPERATION OF PLANT				7.00	
7.01	00701	OPERATION OF PLANT - NONHOSPITAL				7.01	
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	910,410			17.00	
18.00	01850	PATIENT TRANSPORT SERVICES	0	1,138,254		18.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,252,212	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	22.00	
23.00	02300	PARAMED PRGM - PHARMACY	0	0	1,970,570	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	735,516	122,056	1,031,662	1,623,498	0
31.00	03100	INTENSIVE CARE UNIT	62,466	18,493	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	52,163	10,675	40,214	63,283	0
43.00	04300	NURSERY	43,411	2,578	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	114,290	33,265	52,348	0
51.00	05100	RECOVERY ROOM	0	9,394	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,854	17,948	97,744	153,816	0
53.00	05300	ANESTHESIOLOGY	0	6,474	0	0	0
53.01	05301	ASC ANESTHESIOLOGY	0	2,989	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	77,110	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	11,393	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	47,142	0	0	0
60.00	06000	LABORATORY	0	60,918	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,779	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	16,450	0	0	0
66.00	06600	PHYSICAL THERAPY	0	2,669	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	1,679	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	1,308	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	26,219	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	447	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	43,821	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	84,728	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	179,345	0	0	350,338
74.00	07400	RENAL DIALYSIS	0	1,779	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	0	94,137	0	0	0
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	8,825	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	0	3,971	0	0	0
90.02	09001	ANTI COAGULATION CLINIC	0	412	0	0	0
90.03	09002	ARNETT CANCER CARE CENTER	0	21,780	0	0	0
90.04	09003	OUTPATIENT INFUSION CENTER	0	558	0	0	0
91.00	09100	EMERGENCY	0	144,815	49,327	77,625	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	910,410	1,138,182	1,252,212	1,970,570	350,338

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 3:42 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY		
		PATIENT TRANSPORT SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS			
		17.00	18.00	21.00			22.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	70	0	0	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	193.02
193.03	19303	HOSPICE	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	0	0	0	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	910,410	1,138,254	1,252,212	1,970,570	350,338,202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 5/26/2022 3:42 pm
---	--	-----------------------	---	---

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS						
1.00	00100				1.00	
1.01	00101				1.01	
1.02	00102				1.02	
2.00	00200				2.00	
2.01	00201				2.01	
4.00	00400				4.00	
5.01	00570				5.01	
5.06	00590				5.06	
7.00	00700				7.00	
7.01	00701				7.01	
8.00	00800				8.00	
9.00	00900				9.00	
10.00	01000				10.00	
11.00	01100				11.00	
13.00	01300				13.00	
14.00	01400				14.00	
15.00	01500				15.00	
16.00	01600				16.00	
17.00	01700				17.00	
18.00	01850				18.00	
21.00	02100				21.00	
22.00	02200				22.00	
23.00	02300				23.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	77,626,846	-2,655,160	74,971,686	30.00	
31.00	03100	11,147,238	0	11,147,238	31.00	
33.00	03300	0	0	0	33.00	
33.01	03301	0	0	0	33.01	
35.00	02060	6,647,109	-103,497	6,543,612	35.00	
43.00	04300	2,112,504	0	2,112,504	43.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	18,660,810	-85,613	18,575,197	50.00	
51.00	05100	2,437,678	0	2,437,678	51.00	
52.00	05200	7,873,298	-251,560	7,621,738	52.00	
53.00	05300	8,426,073	0	8,426,073	53.00	
53.01	05301	66,720	0	66,720	53.01	
54.00	05400	11,070,111	0	11,070,111	54.00	
55.00	05500	0	0	0	55.00	
56.00	05600	947,627	0	947,627	56.00	
59.00	05900	4,463,548	0	4,463,548	59.00	
60.00	06000	15,382,664	0	15,382,664	60.00	
63.00	06300	1,193,080	0	1,193,080	63.00	
65.00	06500	4,458,730	0	4,458,730	65.00	
66.00	06600	1,029,432	0	1,029,432	66.00	
67.00	06700	739,749	0	739,749	67.00	
68.00	06800	529,006	0	529,006	68.00	
69.00	06900	2,566,894	0	2,566,894	69.00	
70.00	07000	129,831	0	129,831	70.00	
71.00	07100	14,201,540	0	14,201,540	71.00	
72.00	07200	15,571,374	0	15,571,374	72.00	
73.00	07300	56,952,137	0	56,952,137	73.00	
74.00	07400	1,123,795	0	1,123,795	74.00	
75.00	07500	0	0	0	75.00	
75.01	07501	8,261,378	0	8,261,378	75.01	
76.00	03950	0	0	0	76.00	
76.01	03951	1,085,847	0	1,085,847	76.01	
76.97	07697	103,228	0	103,228	76.97	
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	0	0	0	90.00	
90.01	04950	881,627	0	881,627	90.01	
90.02	09001	166,065	0	166,065	90.02	
90.03	09002	2,935,222	0	2,935,222	90.03	
90.04	09003	185,462	0	185,462	90.04	
91.00	09100	19,675,061	-126,952	19,548,109	91.00	
92.00	09200	0	0	0	92.00	
92.01	09201	0	0	0	92.01	
93.00	04951	0	0	0	93.00	
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	298,651,684	-3,222,782	295,428,902	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 3:42 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	486,681	0	486,681	190.00
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	974,719	0	974,719	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	8,405,861	0	8,405,861	193.01
193.02	19302	WHITE HOSPITAL	3,304,803	0	3,304,803	193.02
193.03	19303	HOSPICE	6,456	0	6,456	193.03
193.04	19304	FRANKFORT HOSPITAL	2,403,579	0	2,403,579	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	314,233,783	-3,222,782	311,011,001	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/26/2022 3:42 pm
-------------------------------------	--	-----------------------	---	--

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
			BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP		
			0	1.00	1.01	1.02		2.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01	
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00	
5.01	00570	ADMITTING	0	17,941	2,811	31,758	23,703	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	0	196,206	94,948	347,304	259,213	5.06
7.00	00700	OPERATION OF PLANT	0	1,093,857	0	1,936,235	1,445,127	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	0	7,839	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	76,583	824	135,559	101,175	9.00
10.00	01000	DIETARY	0	120,952	0	214,098	159,794	10.00
11.00	01100	CAFETERIA	0	93,255	0	165,071	123,202	11.00
13.00	01300	NURSING ADMINISTRATION	0	67,627	0	119,706	89,344	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	303,385	420	537,022	400,811	14.00
15.00	01500	PHARMACY	0	67,461	266	119,412	89,125	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	0	19,270	0	34,110	25,458	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	82,629	0	0	22.00
23.00	02300	PARAMED PRGM - PHARMACY	0	2,099	5	3,716	2,773	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,690,377	0	2,992,127	2,233,205	30.00
31.00	03100	INTENSIVE CARE UNIT	0	169,219	0	299,534	223,560	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	134,952	0	238,878	178,289	35.00
43.00	04300	NURSERY	0	64,501	0	114,173	85,214	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	459,329	0	813,058	606,833	50.00
51.00	05100	RECOVERY ROOM	0	69,756	0	123,476	92,157	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	216,020	0	382,376	285,390	52.00
53.00	05300	ANESTHESIOLOGY	0	18,364	0	32,506	24,261	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	691	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	257,294	0	455,435	339,918	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	31,865	0	56,405	42,098	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	95,475	0	169,001	126,135	59.00
60.00	06000	LABORATORY	0	136,281	0	241,231	180,045	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	9,711	0	17,189	12,829	63.00
65.00	06500	RESPIRATORY THERAPY	0	13,229	0	23,417	17,478	65.00
66.00	06600	PHYSICAL THERAPY	0	8,653	0	15,318	11,432	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,373	0	11,281	8,420	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,969	0	8,795	6,564	68.00
69.00	06900	ELECTROCARDIOLOGY	0	36,894	0	65,307	48,742	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	23,302	0	41,248	30,786	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	199,738	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	15,125	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	18,080	0	0	90.01
90.02	09001	ANTI COAGULATION CLINIC	0	0	6,861	0	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	0	0	67,446	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	8,940	0	15,825	11,811	90.04
91.00	09100	EMERGENCY	0	311,993	0	552,259	412,184	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	5,826,133	497,683	10,312,830	7,697,076	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2022 3:42 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	34,554	0	61,163	45,650	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 RETAIL PHARMACY	0	18,243	0	32,292	24,102	193.01
193.02 19302 WHITE HOSPITAL	0	34,025	6,096	60,227	44,951	193.02
193.03 19303 HOSPICE	0	0	0	0	0	193.03
193.04 19304 FRANKFORT HOSPITAL	0	28,362	6,510	50,203	37,469	193.04
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	0	5,941,317	510,289	10,516,715	7,849,248	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2022 3:42 pm

Cost Center Description	CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	OTHER ADMINISTRATIVE & GENERAL	
	MVBLE EQUIP - NONHOSP					
	2.01					
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0		4.00
5.01 00570	ADMITTING	3,089	79,302	0	79,302	5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	104,314	1,001,985	0	0	1,001,985
7.00 00700	OPERATION OF PLANT	0	4,475,219	0	0	60,642
7.01 00701	OPERATION OF PLANT - NONHOSPITAL	8,612	16,451	0	0	2,633
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00 00900	HOUSEKEEPING	905	315,046	0	0	12,852
10.00 01000	DIETARY	0	494,844	0	0	7,648
11.00 01100	CAFETERIA	0	381,528	0	0	4,131
13.00 01300	NURSING ADMINISTRATION	0	276,677	0	0	54,830
14.00 01400	CENTRAL SERVICES & SUPPLY	461	1,242,099	0	0	45,785
15.00 01500	PHARMACY	292	276,556	0	0	25,468
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00 01700	SOCIAL SERVICE	0	0	0	0	2,840
18.00 01850	PATIENT TRANSPORT SERVICES	0	78,838	0	0	3,209
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	3,899
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	90,780	173,409	0	0	5,149
23.00 02300	PARAMED PRGM - PHARMACY	6	8,599	0	0	1,066
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	6,915,709	0	8,483	170,431
31.00 03100	INTENSIVE CARE UNIT	0	692,313	0	1,285	27,387
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	552,119	0	742	15,223
43.00 04300	NURSERY	0	263,888	0	179	4,652
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,879,220	0	7,944	37,142
51.00 05100	RECOVERY ROOM	0	285,389	0	653	5,138
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	883,786	0	1,247	16,787
53.00 05300	ANESTHESIOLOGY	0	75,131	0	450	25,853
53.01 05301	ASC ANESTHESIOLOGY	759	1,450	0	208	55
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	1,052,647	0	5,359	26,907
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	130,368	0	792	2,442
59.00 05900	CARDIAC CATHETERIZATION	0	390,611	0	3,277	9,056
60.00 06000	LABORATORY	0	557,557	0	4,234	46,361
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	39,729	0	263	3,642
65.00 06500	RESPIRATORY THERAPY	0	54,124	0	1,143	12,274
66.00 06600	PHYSICAL THERAPY	0	35,403	0	185	3,091
67.00 06700	OCCUPATIONAL THERAPY	0	26,074	0	117	2,223
68.00 06800	SPEECH PATHOLOGY	0	20,328	0	91	1,582
69.00 06900	ELECTROCARDIOLOGY	0	150,943	0	1,822	6,862
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	31	406
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,046	30,775
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,889	33,701
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,654	153,772
74.00 07400	RENAL DIALYSIS	0	95,336	0	124	3,209
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 07501	ASC (NON-DISTINCT PART)	219,439	419,177	0	6,543	21,986
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.01 03951	OUTPATIENT WOUND CARE CENTER	0	0	0	613	3,397
76.97 07697	CARDIAC REHABILITATION	16,617	31,742	0	0	126
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 04950	SLEEP CLINIC	19,863	37,943	0	276	2,505
90.02 09001	ANTI COAGULATION CLINIC	7,538	14,399	0	29	436
90.03 09002	ARNETT CANCER CARE CENTER	74,099	141,545	0	1,514	7,014
90.04 09003	OUTPATIENT INFUSION CENTER	0	36,576	0	39	378
91.00 09100	EMERGENCY	0	1,276,436	0	10,065	49,440
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	546,774	24,880,496	0	79,297	954,405

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2022 3:42 pm

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	OTHER ADMINISTRATIVE & GENERAL		
	MVBLE EQUIP - NONHOSP	2.01						
		2A		4.00	5.01	5.06		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	141,367	0	0	1,009	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	3,102	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	74,637	0	5	26,520	193.01
193.02	19302	WHITE HOSPITAL	6,697	151,996	0	0	9,847	193.02
193.03	19303	HOSPICE	0	0	0	0	21	193.03
193.04	19304	FRANKFORT HOSPITAL	7,152	129,696	0	0	7,081	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	560,623	25,378,192	0	79,302	1,001,985	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/26/2022 3:42 pm		
Cost Center Description			OPERATION OF PLANT 7.00	OPERATION OF PLANT - NONHOSPITAL 7.01	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMITTING					5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
7.00	00700	OPERATION OF PLANT	4,535,861				7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	19,084			7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0		8.00
9.00	00900	HOUSEKEEPING	74,972	39	0	402,909	9.00
10.00	01000	DIETARY	118,408	0	0	8,543	629,443
11.00	01100	CAFETERIA	91,294	0	0	6,587	0
13.00	01300	NURSING ADMINISTRATION	66,205	0	0	4,777	0
14.00	01400	CENTRAL SERVICES & SUPPLY	297,004	20	0	21,513	0
15.00	01500	PHARMACY	66,042	13	0	4,818	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	PATIENT TRANSPORT SERVICES	18,865	0	0	1,361	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	3,897	0	16,585	0
23.00	02300	PARAMED ED PRGM - PHARMACY	2,055	0	0	149	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,654,824	0	0	119,390	568,171
31.00	03100	INTENSIVE CARE UNIT	165,659	0	0	11,952	48,253
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	132,114	0	0	9,532	0
43.00	04300	NURSERY	63,144	0	0	4,556	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	449,668	0	0	32,443	0
51.00	05100	RECOVERY ROOM	68,289	0	0	4,927	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	211,476	0	0	15,258	13,019
53.00	05300	ANESTHESIOLOGY	17,978	0	0	1,297	0
53.01	05301	ASC ANESTHESIOLOGY	0	33	0	139	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	251,882	0	0	18,173	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	31,195	0	0	2,251	0
59.00	05900	CARDIAC CATHETERIZATION	93,467	0	0	6,744	0
60.00	06000	LABORATORY	133,415	0	0	9,626	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,506	0	0	686	0
65.00	06500	RESPIRATORY THERAPY	12,951	0	0	934	0
66.00	06600	PHYSICAL THERAPY	8,471	0	0	611	0
67.00	06700	OCCUPATIONAL THERAPY	6,239	0	0	450	0
68.00	06800	SPEECH PATHOLOGY	4,864	0	0	351	0
69.00	06900	ELECTROCARDIOLOGY	36,118	0	0	2,606	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	22,812	0	0	1,646	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	0	9,417	0	40,090	0
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	713	0	3,036	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	0	853	0	3,629	0
90.02	09001	ANTI COAGULATION CLINIC	0	324	0	1,377	0
90.03	09002	ARNETT CANCER CARE CENTER	0	3,181	0	13,537	0
90.04	09003	OUTPATIENT INFUSION CENTER	8,752	0	0	631	0
91.00	09100	EMERGENCY	305,431	0	0	22,037	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,423,100	18,490	0	392,242	629,443
NONREIMBURSABLE COST CENTERS							
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	33,827	0	0	2,441	0
191.00	19100	RESEARCH	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2022 3:42 pm

Cost Center Description			OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			7.00	7.01	8.00	9.00	10.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	17,860	0	0	1,289	0	193.01
193.02	19302	WHITE HOSPITAL	33,309	287	0	3,627	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	27,765	307	0	3,310	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	4,535,861	19,084	0	402,909	629,443	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/26/2022 3:42 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.01	00570						5.01
5.06	00590						5.06
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	483,540					11.00
13.00	01300	24,402	426,891				13.00
14.00	01400	5,250	863	1,612,534			14.00
15.00	01500	28,378	0	8,427	409,702		15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	5,425	0	0	0	0	17.00
18.00	01850	9,225	0	480	0	0	18.00
21.00	02100	8,104	0	0	0	0	21.00
22.00	02200	2,294	0	0	0	0	22.00
23.00	02300	1,642	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	142,520	209,835	51,651	2,732	0	30.00
31.00	03100	19,515	29,663	10,708	1,205	0	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03301	0	0	0	0	0	33.01
35.00	02060	12,793	23,292	3,970	176	0	35.00
43.00	04300	4,621	6,712	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	34,822	35,625	299,604	1,404	0	50.00
51.00	05100	5,867	10,493	2,303	38	0	51.00
52.00	05200	17,623	24,700	11,775	512	0	52.00
53.00	05300	1,733	1,158	15,469	777	0	53.00
53.01	05301	0	0	4,298	66	0	53.01
54.00	05400	29,233	9,926	76,652	1,538	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	1,931	0	615	104	0	56.00
59.00	05900	9,576	13,242	52,881	463	0	59.00
60.00	06000	22,341	0	3,911	2	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	14,328	1,136	43,629	0	0	65.00
66.00	06600	4,196	0	9	0	0	66.00
67.00	06700	2,764	0	5	0	0	67.00
68.00	06800	1,886	0	52	0	0	68.00
69.00	06900	10,256	4,054	334	77	0	69.00
70.00	07000	583	0	0	0	0	70.00
71.00	07100	0	0	457,282	0	0	71.00
72.00	07200	0	0	499,032	0	0	72.00
73.00	07300	0	0	0	395,070	0	73.00
74.00	07400	0	0	212	6	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	0	42,291	746	0	75.01
76.00	03950	0	0	0	0	0	76.00
76.01	03951	0	0	1,196	0	0	76.01
76.97	07697	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	1,632	0	0	90.01
90.02	09001	0	0	0	0	0	90.02
90.03	09002	7,974	8,029	3,990	1,475	0	90.03
90.04	09003	261	511	42	23	0	90.04
91.00	09100	41,476	47,652	19,892	3,286	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04951	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
118.00		471,019	426,891	1,612,342	409,700	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	566	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0173		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/26/2022 3:42 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192	2	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	0	0	0	0	193.01
193.02	19302	WHITE HOSPITAL	7,073	0	0	0	0	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	4,882	0	0	0	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	483,540	426,891	1,612,534	409,702	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/26/2022 3:42 pm	
Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
		PATIENT TRANSPORT SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS		
		17.00	18.00	21.00		
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP				1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE				1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP				2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00570	ADMITTING				5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL				7.01
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	8,265			17.00
18.00	01850	PATIENT TRANSPORT SERVICES	0	111,978		18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	12,003	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	22.00
23.00	02300	PARAMED PRGM - PHARMACY	0	0	201,334	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,677	11,946		30.00
31.00	03100	INTENSIVE CARE UNIT	567	1,810		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0		33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	474	1,045		35.00
43.00	04300	NURSERY	394	252		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	11,186		50.00
51.00	05100	RECOVERY ROOM	0	919		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	153	1,757		52.00
53.00	05300	ANESTHESIOLOGY	0	634		53.00
53.01	05301	ASC ANESTHESIOLOGY	0	293		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,547		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	1,115		56.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,614		59.00
60.00	06000	LABORATORY	0	5,962		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	370		63.00
65.00	06500	RESPIRATORY THERAPY	0	1,610		65.00
66.00	06600	PHYSICAL THERAPY	0	261		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	164		67.00
68.00	06800	SPEECH PATHOLOGY	0	128		68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,566		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	44		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,289		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,292		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,127		73.00
74.00	07400	RENAL DIALYSIS	0	174		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	9,213		75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0		76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	864		76.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	04950	SLEEP CLINIC	0	389		90.01
90.02	09001	ANTI COAGULATION CLINIC	0	40		90.02
90.03	09002	ARNETT CANCER CARE CENTER	0	2,132		90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	55		90.04
91.00	09100	EMERGENCY	0	14,173		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0		93.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,265	111,971	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2022 3:42 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY			
		PATIENT TRANSPORT SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS				
		17.00	18.00	21.00			22.00	23.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00	
191.00	19100	RESEARCH	0	0			191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0			192.00	
193.00	19300	NONPAID WORKERS	0	0			193.00	
193.01	19301	RETAIL PHARMACY	0	7			193.01	
193.02	19302	WHITE HOSPITAL	0	0			193.02	
193.03	19303	HOSPICE	0	0			193.03	
193.04	19304	FRANKFORT HOSPITAL	0	0			193.04	
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0			194.00	
200.00		Cross Foot Adjustments			12,003	201,334	13,511	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	8,265	111,978	12,003	201,334	13,511	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/26/2022 3:42 pm
-------------------------------------	--	-----------------------	---	--

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
1.02	00102				1.02
2.00	00200				2.00
2.01	00201				2.01
4.00	00400				4.00
5.01	00570				5.01
5.06	00590				5.06
7.00	00700				7.00
7.01	00701				7.01
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
18.00	01850				18.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	9,862,369	0	9,862,369	30.00
31.00	03100	1,010,317	0	1,010,317	31.00
33.00	03300	0	0	0	33.00
33.01	03301	0	0	0	33.01
35.00	02060	751,480	0	751,480	35.00
43.00	04300	348,398	0	348,398	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	2,789,058	0	2,789,058	50.00
51.00	05100	384,016	0	384,016	51.00
52.00	05200	1,198,093	0	1,198,093	52.00
53.00	05300	140,480	0	140,480	53.00
53.01	05301	6,542	0	6,542	53.01
54.00	05400	1,479,864	0	1,479,864	54.00
55.00	05500	0	0	0	55.00
56.00	05600	170,813	0	170,813	56.00
59.00	05900	583,931	0	583,931	59.00
60.00	06000	783,409	0	783,409	60.00
63.00	06300	54,196	0	54,196	63.00
65.00	06500	142,129	0	142,129	65.00
66.00	06600	52,227	0	52,227	66.00
67.00	06700	38,036	0	38,036	67.00
68.00	06800	29,282	0	29,282	68.00
69.00	06900	215,638	0	215,638	69.00
70.00	07000	1,064	0	1,064	70.00
71.00	07100	495,392	0	495,392	71.00
72.00	07200	546,914	0	546,914	72.00
73.00	07300	579,623	0	579,623	73.00
74.00	07400	123,519	0	123,519	74.00
75.00	07500	0	0	0	75.00
75.01	07501	549,463	0	549,463	75.01
76.00	03950	0	0	0	76.00
76.01	03951	6,070	0	6,070	76.01
76.97	07697	35,617	0	35,617	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	0	0	0	90.00
90.01	04950	47,227	0	47,227	90.01
90.02	09001	16,605	0	16,605	90.02
90.03	09002	190,391	0	190,391	90.03
90.04	09003	47,268	0	47,268	90.04
91.00	09100	1,789,888	0	1,789,888	91.00
92.00	09200	0	0	0	92.00
92.01	09201	0	0	0	92.01
93.00	04951	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS					
118.00		24,469,319	0	24,469,319	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2022 3:42 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	179,210	0	179,210	190.00
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,296	0	3,296	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	120,318	0	120,318	193.01
193.02	19302	WHITE HOSPITAL	206,139	0	206,139	193.02
193.03	19303	HOSPICE	21	0	21	193.03
193.04	19304	FRANKFORT HOSPITAL	173,041	0	173,041	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	194.00
200.00		Cross Foot Adjustments	226,848	0	226,848	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	25,378,192	0	25,378,192	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1
Date/Time Prepared:
5/26/2022 3:42 pm

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - NONHOSP (SQUARE FEET)	CAP REL COSTS INTEREST EXPENSE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP (SQUARE FEET)	
		1.00	1.01	1.02	2.00	2.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	393,411				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	96,019			1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	0	0	393,411		1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP				393,411	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP				0	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00570	ADMITTING	1,188	529	1,188	1,188	5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	12,992	17,866	12,992	12,992	5.06
7.00	00700	OPERATION OF PLANT	72,431	0	72,431	72,431	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	1,475	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	5,071	155	5,071	5,071	9.00
10.00	01000	DIETARY	8,009	0	8,009	8,009	10.00
11.00	01100	CAFETERIA	6,175	0	6,175	6,175	11.00
13.00	01300	NURSING ADMINISTRATION	4,478	0	4,478	4,478	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,089	79	20,089	20,089	14.00
15.00	01500	PHARMACY	4,467	50	4,467	4,467	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	1,276	0	1,276	1,276	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	15,548	0	0	22.00
23.00	02300	PARAMED PRGM - PHARMACY	139	1	139	139	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	111,930	0	111,930	111,930	30.00
31.00	03100	INTENSIVE CARE UNIT	11,205	0	11,205	11,205	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	8,936	0	8,936	8,936	35.00
43.00	04300	NURSERY	4,271	0	4,271	4,271	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	30,415	0	30,415	30,415	50.00
51.00	05100	RECOVERY ROOM	4,619	0	4,619	4,619	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,304	0	14,304	14,304	52.00
53.00	05300	ANESTHESIOLOGY	1,216	0	1,216	1,216	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	130	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,037	0	17,037	17,037	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,110	0	2,110	2,110	56.00
59.00	05900	CARDIAC CATHETERIZATION	6,322	0	6,322	6,322	59.00
60.00	06000	LABORATORY	9,024	0	9,024	9,024	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	643	0	643	643	63.00
65.00	06500	RESPIRATORY THERAPY	876	0	876	876	65.00
66.00	06600	PHYSICAL THERAPY	573	0	573	573	66.00
67.00	06700	OCCUPATIONAL THERAPY	422	0	422	422	67.00
68.00	06800	SPEECH PATHOLOGY	329	0	329	329	68.00
69.00	06900	ELECTROCARDIOLOGY	2,443	0	2,443	2,443	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,543	0	1,543	1,543	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	37,584	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	2,846	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	3,402	0	0	90.01
90.02	09001	ANTI COAGULATION CLINIC	0	1,291	0	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	0	12,691	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	592	0	592	592	90.04
91.00	09100	EMERGENCY	20,659	0	20,659	20,659	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	385,784	93,647	385,784	385,784	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 3:42 pm

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - NONHOSP (SQUARE FEET)	CAP REL COSTS INTEREST EXPENSE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP (SQUARE FEET)		
		1.00	1.01	1.02	2.00	2.01		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,288	0	2,288	2,288	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	1,208	0	1,208	1,208	0	193.01
193.02	19302	WHITE HOSPITAL	2,253	1,147	2,253	2,253	1,147	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	1,878	1,225	1,878	1,878	1,225	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	5,941,317	510,289	10,516,715	7,849,248	560,623	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.102061	5.314459	26.732133	19.951776	5.838667	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						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: 15-0173

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

Worksheet B-1

Date/Time Prepared: 5/26/2022 3:42 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (PATIENT CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			4.00	5.01	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	85,264,805					4.00
5.01	00570	ADMITTING	269,314	1,614,903,078				5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	6,894,963	0	-57,245,576	256,988,207		5.06
7.00	00700	OPERATION OF PLANT	1,410,173	0	0	15,553,277	306,800	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	0	0	675,360	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,306,094	0	0	3,296,112	5,071	9.00
10.00	01000	DIETARY	586,360	0	0	1,961,417	8,009	10.00
11.00	01100	CAFETERIA	424,018	0	0	1,059,616	6,175	11.00
13.00	01300	NURSING ADMINISTRATION	9,767,426	0	0	14,062,487	4,478	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	435,120	0	0	11,742,700	20,089	14.00
15.00	01500	PHARMACY	4,139,121	0	0	6,531,975	4,467	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	577,839	0	0	728,503	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	576,294	0	0	823,029	1,276	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,000,111	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	799,280	0	0	1,320,586	0	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	204,676	0	0	273,283	139	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,790,503	173,128,938	0	43,715,335	111,930	30.00
31.00	03100	INTENSIVE CARE UNIT	3,583,801	26,230,561	0	7,024,151	11,205	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,939,873	15,141,188	0	3,904,279	8,936	35.00
43.00	04300	NURSERY	702,341	3,657,080	0	1,193,201	4,271	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,773,089	162,112,872	0	9,526,086	30,415	50.00
51.00	05100	RECOVERY ROOM	793,363	13,324,314	0	1,317,648	4,619	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,479,413	25,458,235	0	4,305,340	14,304	52.00
53.00	05300	ANESTHESIOLOGY	161,643	9,182,970	0	6,630,592	1,216	53.00
53.01	05301	ASC ANESTHESIOLOGY	1,616	4,239,290	0	13,979	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,033,351	109,375,963	0	6,901,051	17,037	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIO SOTOPE	287,391	16,160,868	0	626,421	2,110	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,307,176	66,868,372	0	2,322,682	6,322	59.00
60.00	06000	LABORATORY	6,548	86,409,016	0	11,890,449	9,024	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,360,488	0	933,992	643	63.00
65.00	06500	RESPIRATORY THERAPY	2,175,163	23,332,901	0	3,148,012	876	65.00
66.00	06600	PHYSICAL THERAPY	587,716	3,785,233	0	792,783	573	66.00
67.00	06700	OCCUPATIONAL THERAPY	381,737	2,382,117	0	570,029	422	67.00
68.00	06800	SPEECH PATHOLOGY	286,399	1,855,309	0	405,787	329	68.00
69.00	06900	ELECTROCARDIOLOGY	1,115,081	37,190,256	0	1,759,849	2,443	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	83,584	634,731	0	104,088	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	62,158,060	0	7,893,044	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	120,181,006	0	8,643,434	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	254,748,167	0	39,438,759	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,524,008	0	823,057	1,543	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	3,099,567	133,527,665	0	5,638,850	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	138,347	12,518,056	0	871,174	0	76.01
76.97	07697	CARDIAC REHABILITATION	532	0	0	32,399	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	408,943	5,632,352	0	642,426	0	90.01
90.02	09001	ANTI COAGULATION CLINIC	74,972	584,422	0	111,877	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	964,234	30,894,116	0	1,799,010	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	45,811	791,296	0	96,899	592	90.04
91.00	09100	EMERGENCY	5,711,829	205,411,777	0	12,680,120	20,659	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	82,324,701	1,614,801,627	-57,245,576	244,785,259	299,173	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 3:42 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINITTING (PATIENT CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)		
		4.00	5.01	5A.06	5.06	7.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	35,246	0	0	258,823	2,288	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	604,315	2,775	0	795,563	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	1,008	98,676	0	6,801,856	1,208	193.01
193.02	19302	WHITE HOSPITAL	1,356,016	0	0	2,525,435	2,253	193.02
193.03	19303	HOSPICE	0	0	0	5,280	0	193.03
193.04	19304	FRANKFORT HOSPITAL	943,519	0	0	1,815,991	1,878	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	15,873,270	920,845		57,245,576	19,017,863	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.186164	0.000570		0.222756	61.987819	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	79,302		1,001,985	4,535,861	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000049		0.003899	14.784423	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: 15-0173

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 3:42 pm

Cost Center Description		OPERATION OF PLANT - NONHOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
		7.01	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMITTING					5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	76,149				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	51,696			8.00
9.00	00900	HOUSEKEEPING	155	0	377,723		9.00
10.00	01000	DIETARY	0	0	8,009	46,269	10.00
11.00	01100	CAFETERIA	0	0	6,175	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	4,478	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	79	0	20,168	0	14.00
15.00	01500	PHARMACY	50	0	4,517	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	0	0	1,276	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	15,548	0	15,548	0	22.00
23.00	02300	PARAMED PRGM - PHARMACY	1	0	140	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	41,765	111,930	41,765	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,547	11,205	3,547	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	2,962	8,936	0	35.00
43.00	04300	NURSERY	0	2,465	4,271	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	30,415	0	50.00
51.00	05100	RECOVERY ROOM	0	0	4,619	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	957	14,304	957	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,216	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	130	0	130	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	17,037	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	2,110	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	6,322	0	59.00
60.00	06000	LABORATORY	0	0	9,024	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	643	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	876	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	573	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	422	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	329	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,443	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,543	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	37,584	0	37,584	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	2,846	0	2,846	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	3,402	0	3,402	0	90.01
90.02	09001	ANTI COAGULATION CLINIC	1,291	0	1,291	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	12,691	0	12,691	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0	0	592	0	90.04
91.00	09100	EMERGENCY	0	0	20,659	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	73,777	51,696	367,724	46,269	83,174
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,288	0	100

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 3:42 pm

Cost Center Description			OPERATION OF PLANT - NONHOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
			7.01	8.00	9.00	10.00	11.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	0	1,208	0	0	193.01
193.02	19302	WHITE HOSPITAL	1,147	0	3,400	0	1,249	193.02
193.03	19303	HOSPICE	0	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	1,225	0	3,103	0	862	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
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)	825,800	0	4,346,362	2,986,952	1,749,481	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.844528	0.000000	11.506744	64.556226	20.489325	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	19,084	0	402,909	629,443	483,540	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.250614	0.000000	1.066678	13.603990	5.663056	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: 15-0173		Period: From 01/01/2021 To 12/31/2021		Worksheet B-1	
Date/Time Prepared: 5/26/2022 3:42 pm								
Cost Center Description			NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP						1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE						1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL						7.01
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	37,590					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	76	27,708,594				14.00
15.00	01500	PHARMACY	0	144,799	40,748,616			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,614,903,078		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	51,696	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	0	8,255	0	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,477	887,541	271,759	173,128,938	41,765	30.00
31.00	03100	INTENSIVE CARE UNIT	2,612	183,996	119,885	26,230,561	3,547	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,051	68,219	17,549	15,141,188	2,962	35.00
43.00	04300	NURSERY	591	0	0	3,657,080	2,465	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,137	5,148,183	139,655	162,112,872	0	50.00
51.00	05100	RECOVERY ROOM	924	39,577	3,808	13,324,314	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,175	202,341	50,944	25,458,235	957	52.00
53.00	05300	ANESTHESIOLOGY	102	265,804	77,311	9,182,970	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	73,855	6,590	4,239,290	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	874	1,317,134	152,933	109,375,963	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	10,560	10,344	16,160,868	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,166	908,663	46,035	66,868,372	0	59.00
60.00	06000	LABORATORY	0	67,208	181	86,409,016	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,360,488	0	63.00
65.00	06500	RESPIRATORY THERAPY	100	749,687	0	23,332,901	0	65.00
66.00	06600	PHYSICAL THERAPY	0	153	0	3,785,233	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	87	0	2,382,117	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	902	0	1,855,309	0	68.00
69.00	06900	ELECTROCARDIOLOGY	357	5,739	7,654	37,190,256	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	634,731	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,857,614	0	62,158,060	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,574,931	0	120,181,006	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	39,293,201	254,748,167	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,637	624	2,524,008	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	726,693	74,220	133,527,665	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0	20,556	0	12,518,056	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	28,050	0	5,632,352	0	90.01
90.02	09001	ANTI COAGULATION CLINIC	0	0	0	584,422	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	707	68,564	146,679	30,894,116	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	45	727	2,239	791,296	0	90.04
91.00	09100	EMERGENCY	4,196	341,813	326,805	205,411,777	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	37,590	27,705,288	40,748,416	1,614,801,627	51,696	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 3:42 pm

Cost Center Description		NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,306	200	2,775	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	0	0	98,676	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	193.02
193.03	19303	HOSPICE	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	0	0	0	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	194.00
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)	17,612,387	15,891,258	8,502,146	0	910,410
203.00		Unit cost multiplier (Wkst. B, Part I)	468.539159	0.573514	0.208649	0.000000	17.610840
204.00		Cost to be allocated (per Wkst. B, Part II)	426,891	1,612,534	409,702	0	8,265
205.00		Unit cost multiplier (Wkst. B, Part II)	11.356504	0.058196	0.010054	0.000000	0.159877
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: 15-0173

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 3:42 pm

Cost Center Description	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY (ASSIGNED TIME)	
	PATIENT TRANSPORT SERVICES (PATIENT CHARGES)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)		
	18.00	21.00	22.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP				1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE				1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP				2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00570	ADMINISTRATIVE				5.01
5.06 00590	OTHER ADMINISTRATIVE & GENERAL				5.06
7.00 00700	OPERATION OF PLANT				7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL				7.01
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
18.00 01850	PATIENT TRANSPORT SERVICES	1,614,903,078			18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	10,992		21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0		10,992	22.00
23.00 02300	PARAMED PRGM - PHARMACY	0			23.00
				100	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	173,128,938	9,056	9,056	30.00
31.00 03100	INTENSIVE CARE UNIT	26,230,561	0	0	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	33.01
35.00 02060	NEONATAL INTENSIVE CARE UNIT	15,141,188	353	353	35.00
43.00 04300	NURSERY	3,657,080	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	162,112,872	292	292	50.00
51.00 05100	RECOVERY ROOM	13,324,314	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	25,458,235	858	858	52.00
53.00 05300	ANESTHESIOLOGY	9,182,970	0	0	53.00
53.01 05301	ASC ANESTHESIOLOGY	4,239,290	0	0	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	109,375,963	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600	RADIOISOTOPE	16,160,868	0	0	56.00
59.00 05900	CARDIAC CATHETERIZATION	66,868,372	0	0	59.00
60.00 06000	LABORATORY	86,409,016	0	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	5,360,488	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	23,332,901	0	0	65.00
66.00 06600	PHYSICAL THERAPY	3,785,233	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	2,382,117	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	1,855,309	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	37,190,256	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	634,731	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	62,158,060	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	120,181,006	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	254,748,167	0	0	73.00
74.00 07400	RENAL DIALYSIS	2,524,008	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01 07501	ASC (NON-DISTINCT PART)	133,527,665	0	0	75.01
76.00 03950	CARDIAC CATHETERIZATION	0	0	0	76.00
76.01 03951	OUTPATIENT WOUND CARE CENTER	12,518,056	0	0	76.01
76.97 07697	CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	0	90.00
90.01 04950	SLEEP CLINIC	5,632,352	0	0	90.01
90.02 09001	ANTI COAGULATION CLINIC	584,422	0	0	90.02
90.03 09002	ARNETT CANCER CARE CENTER	30,894,116	0	0	90.03
90.04 09003	OUTPATIENT INFUSION CENTER	791,296	0	0	90.04
91.00 09100	EMERGENCY	205,411,777	433	433	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	93.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 3:42 pm

Cost Center Description	OTHER GENERAL SERVICE		INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY (ASSIGNED TIME)		
	PATIENT TRANSPORT SERVICES (PATIENT CHARGES)	18.00	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)			
			21.00	22.00			
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		1,614,801,627	10,992	10,992	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,775	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	98,676	0	0	0	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	193.02
193.03	19303	HOSPICE	0	0	0	0	193.03
193.04	19304	FRANKFORT HOSPITAL	0	0	0	0	193.04
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	194.00
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)	1,138,254	1,252,212	1,970,570	350,338	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000705	113.920306	179.273108	3,503.380000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	111,978	12,003	201,334	13,511	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000069	1.091976	18.316412	135.110000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/26/2022 3:42 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	74,971,686	74,971,686	0	74,971,686	30.00
31.00	03100	INTENSIVE CARE UNIT	11,147,238	11,147,238	8,430	11,155,668	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,543,612	6,543,612	0	6,543,612	35.00
43.00	04300	NURSERY	2,112,504	2,112,504	0	2,112,504	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18,575,197	18,575,197	0	18,575,197	50.00
51.00	05100	RECOVERY ROOM	2,437,678	2,437,678	0	2,437,678	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,621,738	7,621,738	0	7,621,738	52.00
53.00	05300	ANESTHESIOLOGY	8,426,073	8,426,073	0	8,426,073	53.00
53.01	05301	ASC ANESTHESIOLOGY	66,720	66,720	0	66,720	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,070,111	11,070,111	0	11,070,111	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	947,627	947,627	0	947,627	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,463,548	4,463,548	0	4,463,548	59.00
60.00	06000	LABORATORY	15,382,664	15,382,664	0	15,382,664	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,193,080	1,193,080	0	1,193,080	63.00
65.00	06500	RESPIRATORY THERAPY	4,458,730	4,458,730	0	4,458,730	65.00
66.00	06600	PHYSICAL THERAPY	1,029,432	1,029,432	0	1,029,432	66.00
67.00	06700	OCCUPATIONAL THERAPY	739,749	739,749	0	739,749	67.00
68.00	06800	SPEECH PATHOLOGY	529,006	529,006	0	529,006	68.00
69.00	06900	ELECTROCARDIOLOGY	2,566,894	2,566,894	0	2,566,894	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	129,831	129,831	0	129,831	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,201,540	14,201,540	0	14,201,540	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,571,374	15,571,374	0	15,571,374	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	56,952,137	56,952,137	0	56,952,137	73.00
74.00	07400	RENAL DIALYSIS	1,123,795	1,123,795	0	1,123,795	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	8,261,378	8,261,378	0	8,261,378	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	1,085,847	1,085,847	0	1,085,847	76.01
76.97	07697	CARDIAC REHABILITATION	103,228	103,228	0	103,228	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	881,627	881,627	0	881,627	90.01
90.02	09001	ANTI COAGULATION CLINIC	166,065	166,065	0	166,065	90.02
90.03	09002	ARNETT CANCER CARE CENTER	2,935,222	2,935,222	0	2,935,222	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	185,462	185,462	0	185,462	90.04
91.00	09100	EMERGENCY	19,548,109	19,548,109	330,527	19,878,636	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,728,192	7,728,192	0	7,728,192	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
200.00		Subtotal (see instructions)	303,157,094	303,157,094	338,957	303,496,051	200.00
201.00		Less Observation Beds	7,728,192	7,728,192		7,728,192	201.00
202.00		Total (see instructions)	295,428,902	295,428,902	338,957	295,767,859	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0173

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2022 3:42 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	148,728,564		148,728,564				30.00
31.00	03100	INTENSIVE CARE UNIT	26,230,561		26,230,561				31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0				33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	15,141,188		15,141,188				35.00
43.00	04300	NURSERY	3,657,080		3,657,080				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	59,657,143	102,455,729	162,112,872	0.114582	0.000000		50.00
51.00	05100	RECOVERY ROOM	4,411,597	8,912,717	13,324,314	0.182950	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,877,489	1,580,746	25,458,235	0.299382	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	3,700,984	5,481,986	9,182,970	0.917576	0.000000		53.00
53.01	05301	ASC ANESTHESIOLOGY	4,541	4,234,749	4,239,290	0.015738	0.000000		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,878,323	66,497,640	109,375,963	0.101212	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	2,060,326	14,100,542	16,160,868	0.058637	0.000000		56.00
59.00	05900	CARDIAC CATHETERIZATION	29,329,995	37,538,377	66,868,372	0.066751	0.000000		59.00
60.00	06000	LABORATORY	34,763,587	51,645,429	86,409,016	0.178022	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,696,736	1,663,752	5,360,488	0.222569	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	22,099,550	1,233,351	23,332,901	0.191092	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	3,359,850	425,383	3,785,233	0.271960	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,141,983	240,134	2,382,117	0.310543	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,654,050	201,259	1,855,309	0.285131	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	19,701,468	17,488,788	37,190,256	0.069021	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	509,364	125,367	634,731	0.204545	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,869,635	35,288,425	62,158,060	0.228475	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	51,545,365	68,635,641	120,181,006	0.129566	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	79,271,988	175,476,179	254,748,167	0.223562	0.000000		73.00
74.00	07400	RENAL DIALYSIS	2,329,367	194,641	2,524,008	0.445242	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
75.01	07501	ASC (NON-DISTINCT PART)	182,777	133,344,888	133,527,665	0.061870	0.000000		75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000		76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	146,244	12,371,812	12,518,056	0.086742	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	04950	SLEEP CLINIC	0	5,632,352	5,632,352	0.156529	0.000000		90.01
90.02	09001	ANTI COAGULATION CLINIC	817	583,605	584,422	0.284153	0.000000		90.02
90.03	09002	ARNETT CANCER CARE CENTER	234,812	30,659,304	30,894,116	0.095009	0.000000		90.03
90.04	09003	OUTPATIENT INFUSION CENTER	10,111	781,185	791,296	0.234378	0.000000		90.04
91.00	09100	EMERGENCY	50,125,143	155,286,634	205,411,777	0.095165	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	707,906	23,692,468	24,400,374	0.316724	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000		92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	0.000000		93.00
200.00		Subtotal (see instructions)	659,028,544	955,773,083	1,614,801,627				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	659,028,544	955,773,083	1,614,801,627				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/26/2022 3:42 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
33.01	03301	BURN INTENSIVE CARE UNIT			33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.114582		50.00
51.00	05100	RECOVERY ROOM	0.182950		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.299382		52.00
53.00	05300	ANESTHESIOLOGY	0.917576		53.00
53.01	05301	ASC ANESTHESIOLOGY	0.015738		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.101212		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.058637		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.066751		59.00
60.00	06000	LABORATORY	0.178022		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.222569		63.00
65.00	06500	RESPIRATORY THERAPY	0.191092		65.00
66.00	06600	PHYSICAL THERAPY	0.271960		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.310543		67.00
68.00	06800	SPEECH PATHOLOGY	0.285131		68.00
69.00	06900	ELECTROCARDIOLOGY	0.069021		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.204545		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.228475		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.129566		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223562		73.00
74.00	07400	RENAL DIALYSIS	0.445242		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.061870		75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000		76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0.086742		76.01
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	SLEEP CLINIC	0.156529		90.01
90.02	09001	ANTI COAGULATION CLINIC	0.284153		90.02
90.03	09002	ARNETT CANCER CARE CENTER	0.095009		90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.234378		90.04
91.00	09100	EMERGENCY	0.096775		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.316724		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000		93.00
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: 15-0173

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2022 3:42 pm

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Dissallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	74,971,686		74,971,686	0	74,971,686	30.00
31.00	03100 INTENSIVE CARE UNIT	11,147,238		11,147,238	8,430	11,155,668	31.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	03301 BURN INTENSIVE CARE UNIT	0		0	0	0	33.01
35.00	02060 NEONATAL INTENSIVE CARE UNIT	6,543,612		6,543,612	0	6,543,612	35.00
43.00	04300 NURSERY	2,112,504		2,112,504	0	2,112,504	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	18,575,197		18,575,197	0	18,575,197	50.00
51.00	05100 RECOVERY ROOM	2,437,678		2,437,678	0	2,437,678	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,621,738		7,621,738	0	7,621,738	52.00
53.00	05300 ANESTHESIOLOGY	8,426,073		8,426,073	0	8,426,073	53.00
53.01	05301 ASC ANESTHESIOLOGY	66,720		66,720	0	66,720	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,070,111		11,070,111	0	11,070,111	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	947,627		947,627	0	947,627	56.00
59.00	05900 CARDIAC CATHETERIZATION	4,463,548		4,463,548	0	4,463,548	59.00
60.00	06000 LABORATORY	15,382,664		15,382,664	0	15,382,664	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,193,080		1,193,080	0	1,193,080	63.00
65.00	06500 RESPIRATORY THERAPY	4,458,730	0	4,458,730	0	4,458,730	65.00
66.00	06600 PHYSICAL THERAPY	1,029,432	0	1,029,432	0	1,029,432	66.00
67.00	06700 OCCUPATIONAL THERAPY	739,749	0	739,749	0	739,749	67.00
68.00	06800 SPEECH PATHOLOGY	529,006	0	529,006	0	529,006	68.00
69.00	06900 ELECTROCARDIOLOGY	2,566,894		2,566,894	0	2,566,894	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	129,831		129,831	0	129,831	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	14,201,540		14,201,540	0	14,201,540	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,571,374		15,571,374	0	15,571,374	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	56,952,137		56,952,137	0	56,952,137	73.00
74.00	07400 RENAL DIALYSIS	1,123,795		1,123,795	0	1,123,795	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	8,261,378		8,261,378	0	8,261,378	75.01
76.00	03950 CARDIAC CATHETERIZATION	0		0	0	0	76.00
76.01	03951 OUTPATIENT WOUND CARE CENTER	1,085,847		1,085,847	0	1,085,847	76.01
76.97	07697 CARDIAC REHABILITATION	103,228		103,228	0	103,228	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	04950 SLEEP CLINIC	881,627		881,627	0	881,627	90.01
90.02	09001 ANTI COAGULATION CLINIC	166,065		166,065	0	166,065	90.02
90.03	09002 ARNETT CANCER CARE CENTER	2,935,222		2,935,222	0	2,935,222	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	185,462		185,462	0	185,462	90.04
91.00	09100 EMERGENCY	19,548,109		19,548,109	330,527	19,878,636	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	7,728,192		7,728,192	0	7,728,192	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0		0	0	0	93.00
200.00	Subtotal (see instructions)	303,157,094	0	303,157,094	338,957	303,496,051	200.00
201.00	Less Observation Beds	7,728,192		7,728,192		7,728,192	201.00
202.00	Total (see instructions)	295,428,902	0	295,428,902	338,957	295,767,859	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0173

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2022 3:42 pm

		Title XIX			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	148,728,564		148,728,564		30.00
31.00	03100	INTENSIVE CARE UNIT	26,230,561		26,230,561		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0		33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	15,141,188		15,141,188		35.00
43.00	04300	NURSERY	3,657,080		3,657,080		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	59,657,143	102,455,729	162,112,872	0.114582	50.00
51.00	05100	RECOVERY ROOM	4,411,597	8,912,717	13,324,314	0.182950	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,877,489	1,580,746	25,458,235	0.299382	52.00
53.00	05300	ANESTHESIOLOGY	3,700,984	5,481,986	9,182,970	0.917576	53.00
53.01	05301	ASC ANESTHESIOLOGY	4,541	4,234,749	4,239,290	0.015738	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,878,323	66,497,640	109,375,963	0.101212	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,060,326	14,100,542	16,160,868	0.058637	56.00
59.00	05900	CARDIAC CATHETERIZATION	29,329,995	37,538,377	66,868,372	0.066751	59.00
60.00	06000	LABORATORY	34,763,587	51,645,429	86,409,016	0.178022	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,696,736	1,663,752	5,360,488	0.222569	63.00
65.00	06500	RESPIRATORY THERAPY	22,099,550	1,233,351	23,332,901	0.191092	65.00
66.00	06600	PHYSICAL THERAPY	3,359,850	425,383	3,785,233	0.271960	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,141,983	240,134	2,382,117	0.310543	67.00
68.00	06800	SPEECH PATHOLOGY	1,654,050	201,259	1,855,309	0.285131	68.00
69.00	06900	ELECTROCARDIOLOGY	19,701,468	17,488,788	37,190,256	0.069021	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	509,364	125,367	634,731	0.204545	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,869,635	35,288,425	62,158,060	0.228475	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	51,545,365	68,635,641	120,181,006	0.129566	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	79,271,988	175,476,179	254,748,167	0.223562	73.00
74.00	07400	RENAL DIALYSIS	2,329,367	194,641	2,524,008	0.445242	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	182,777	133,344,888	133,527,665	0.061870	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0.000000	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	146,244	12,371,812	12,518,056	0.086742	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	04950	SLEEP CLINIC	0	5,632,352	5,632,352	0.156529	90.01
90.02	09001	ANTI COAGULATION CLINIC	817	583,605	584,422	0.284153	90.02
90.03	09002	ARNETT CANCER CARE CENTER	234,812	30,659,304	30,894,116	0.095009	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	10,111	781,185	791,296	0.234378	90.04
91.00	09100	EMERGENCY	50,125,143	155,286,634	205,411,777	0.095165	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	707,906	23,692,468	24,400,374	0.316724	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	93.00
200.00		Subtotal (see instructions)	659,028,544	955,773,083	1,614,801,627		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	659,028,544	955,773,083	1,614,801,627		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/26/2022 3:42 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital PPS
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
33.01	03301	BURN INTENSIVE CARE UNIT			33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.114582		50.00
51.00	05100	RECOVERY ROOM	0.182950		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.299382		52.00
53.00	05300	ANESTHESIOLOGY	0.917576		53.00
53.01	05301	ASC ANESTHESIOLOGY	0.015738		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.101212		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.058637		56.00
59.00	05900	CARDIAC CATHETERIZATION	0.066751		59.00
60.00	06000	LABORATORY	0.178022		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.222569		63.00
65.00	06500	RESPIRATORY THERAPY	0.191092		65.00
66.00	06600	PHYSICAL THERAPY	0.271960		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.310543		67.00
68.00	06800	SPEECH PATHOLOGY	0.285131		68.00
69.00	06900	ELECTROCARDIOLOGY	0.069021		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.204545		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.228475		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.129566		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223562		73.00
74.00	07400	RENAL DIALYSIS	0.445242		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.061870		75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000		76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0.086742		76.01
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	SLEEP CLINIC	0.156529		90.01
90.02	09001	ANTI COAGULATION CLINIC	0.284153		90.02
90.03	09002	ARNETT CANCER CARE CENTER	0.095009		90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.234378		90.04
91.00	09100	EMERGENCY	0.096775		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.316724		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000		93.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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

Provider CCN: 15-0173

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

Worksheet C Part II Date/Time Prepared: 5/26/2022 3:42 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,575,197	2,789,058	15,786,139	0	0	50.00
51.00	05100	RECOVERY ROOM	2,437,678	384,016	2,053,662	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,621,738	1,198,093	6,423,645	0	0	52.00
53.00	05300	ANESTHESIOLOGY	8,426,073	140,480	8,285,593	0	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	66,720	6,542	60,178	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,070,111	1,479,864	9,590,247	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	947,627	170,813	776,814	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	4,463,548	583,931	3,879,617	0	0	59.00
60.00	06000	LABORATORY	15,382,664	783,409	14,599,255	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,193,080	54,196	1,138,884	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,458,730	142,129	4,316,601	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,029,432	52,227	977,205	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	739,749	38,036	701,713	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	529,006	29,282	499,724	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,566,894	215,638	2,351,256	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	129,831	1,064	128,767	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,201,540	495,392	13,706,148	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,571,374	546,914	15,024,460	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	56,952,137	579,623	56,372,514	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,123,795	123,519	1,000,276	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	8,261,378	549,463	7,711,915	0	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	1,085,847	6,070	1,079,777	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	103,228	35,617	67,611	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	881,627	47,227	834,400	0	0	90.01
90.02	09001	ANTI COAGULATION CLINIC	166,065	16,605	149,460	0	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	2,935,222	190,391	2,744,831	0	0	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	185,462	47,268	138,194	0	0	90.04
91.00	09100	EMERGENCY	19,548,109	1,789,888	17,758,221	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,728,192	1,016,628	6,711,564	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
200.00		Subtotal (sum of lines 50 thru 199)	208,382,054	13,513,383	194,868,671	0	0	200.00
201.00		Less Observation Beds	7,728,192	1,016,628	6,711,564	0	0	201.00
202.00		Total (line 200 minus line 201)	200,653,862	12,496,755	188,157,107	0	0	202.00

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

Provider CCN: 15-0173

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

Worksheet C Part II Date/Time Prepared: 5/26/2022 3:42 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	18,575,197	162,112,872	0.114582		50.00
51.00	05100 RECOVERY ROOM	2,437,678	13,324,314	0.182950		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,621,738	25,458,235	0.299382		52.00
53.00	05300 ANESTHESIOLOGY	8,426,073	9,182,970	0.917576		53.00
53.01	05301 ASC ANESTHESIOLOGY	66,720	4,239,290	0.015738		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,070,111	109,375,963	0.101212		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000		55.00
56.00	05600 RADIOISOTOPE	947,627	16,160,868	0.058637		56.00
59.00	05900 CARDIAC CATHETERIZATION	4,463,548	66,868,372	0.066751		59.00
60.00	06000 LABORATORY	15,382,664	86,409,016	0.178022		60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	1,193,080	5,360,488	0.222569		63.00
65.00	06500 RESPIRATORY THERAPY	4,458,730	23,332,901	0.191092		65.00
66.00	06600 PHYSICAL THERAPY	1,029,432	3,785,233	0.271960		66.00
67.00	06700 OCCUPATIONAL THERAPY	739,749	2,382,117	0.310543		67.00
68.00	06800 SPEECH PATHOLOGY	529,006	1,855,309	0.285131		68.00
69.00	06900 ELECTROCARDIOLOGY	2,566,894	37,190,256	0.069021		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	129,831	634,731	0.204545		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	14,201,540	62,158,060	0.228475		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,571,374	120,181,006	0.129566		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	56,952,137	254,748,167	0.223562		73.00
74.00	07400 RENAL DIALYSIS	1,123,795	2,524,008	0.445242		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
75.01	07501 ASC (NON-DISTINCT PART)	8,261,378	133,527,665	0.061870		75.01
76.00	03950 CARDIAC CATHETERIZATION	0	0	0.000000		76.00
76.01	03951 OUTPATIENT WOUND CARE CENTER	1,085,847	12,518,056	0.086742		76.01
76.97	07697 CARDIAC REHABILITATION	103,228	0	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	04950 SLEEP CLINIC	881,627	5,632,352	0.156529		90.01
90.02	09001 ANTI COAGULATION CLINIC	166,065	584,422	0.284153		90.02
90.03	09002 ARNETT CANCER CARE CENTER	2,935,222	30,894,116	0.095009		90.03
90.04	09003 OUTPATIENT INFUSION CENTER	185,462	791,296	0.234378		90.04
91.00	09100 EMERGENCY	19,548,109	205,411,777	0.095165		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	7,728,192	24,400,374	0.316724		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000		92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0.000000		93.00
200.00	Subtotal (sum of lines 50 thru 199)	208,382,054	1,421,044,234			200.00
201.00	Less Observation Beds	7,728,192	0			201.00
202.00	Total (line 200 minus line 201)	200,653,862	1,421,044,234			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 5/26/2022 3:42 pm
--	-----------------------	---	---

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	9,862,369	0	9,862,369	46,565	211.80	30.00
31.00	INTENSIVE CARE UNIT	1,010,317		1,010,317	3,547	284.84	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
35.00	NEONATAL INTENSIVE CARE UNIT	751,480		751,480	2,962	253.71	35.00
43.00	NURSERY	348,398		348,398	2,465	141.34	43.00
200.00	Total (lines 30 through 199)	11,972,564		11,972,564	55,539		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	15,372	3,255,790				
31.00	INTENSIVE CARE UNIT	1,000	284,840				
33.00	BURN INTENSIVE CARE UNIT	0	0				
33.01	BURN INTENSIVE CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	16,372	3,540,630				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/26/2022 3:42 pm
--	--	-----------------------	---	--

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	2,789,058	162,112,872	0.017204	19,902,456	342,402	50.00
51.00	05100 RECOVERY ROOM	384,016	13,324,314	0.028821	1,468,256	42,317	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,198,093	25,458,235	0.047061	129,646	6,101	52.00
53.00	05300 ANESTHESIOLOGY	140,480	9,182,970	0.015298	1,176,659	18,001	53.00
53.01	05301 ASC ANESTHESIOLOGY	6,542	4,239,290	0.001543	294	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,479,864	109,375,963	0.013530	16,286,471	220,356	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	170,813	16,160,868	0.010570	884,393	9,348	56.00
59.00	05900 CARDIAC CATHETERIZATION	583,931	66,868,372	0.008733	9,756,328	85,202	59.00
60.00	06000 LABORATORY	783,409	86,409,016	0.009066	11,126,034	100,869	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	54,196	5,360,488	0.010110	1,409,182	14,247	63.00
65.00	06500 RESPIRATORY THERAPY	142,129	23,332,901	0.006091	5,686,679	34,638	65.00
66.00	06600 PHYSICAL THERAPY	52,227	3,785,233	0.013798	1,477,759	20,390	66.00
67.00	06700 OCCUPATIONAL THERAPY	38,036	2,382,117	0.015967	915,207	14,613	67.00
68.00	06800 SPEECH PATHOLOGY	29,282	1,855,309	0.015783	771,333	12,174	68.00
69.00	06900 ELECTROCARDIOLOGY	215,638	37,190,256	0.005798	8,364,701	48,499	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,064	634,731	0.001676	218,267	366	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	495,392	62,158,060	0.007970	8,002,613	63,781	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	546,914	120,181,006	0.004551	18,799,072	85,555	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	579,623	254,748,167	0.002275	23,758,568	54,051	73.00
74.00	07400 RENAL DIALYSIS	123,519	2,524,008	0.048938	1,224,220	59,911	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	549,463	133,527,665	0.004115	59,876	246	75.01
76.00	03950 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	76.00
76.01	03951 OUTPATIENT WOUND CARE CENTER	6,070	12,518,056	0.000485	112,903	55	76.01
76.97	07697 CARDIAC REHABILITATION	35,617	0	0.000000	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	04950 SLEEP CLINIC	47,227	5,632,352	0.008385	0	0	90.01
90.02	09001 ANTI COAGULATION CLINIC	16,605	584,422	0.028413	443	13	90.02
90.03	09002 ARNETT CANCER CARE CENTER	190,391	30,894,116	0.006163	129,613	799	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	47,268	791,296	0.059735	2,612	156	90.04
91.00	09100 EMERGENCY	1,789,888	205,411,777	0.008714	18,890,459	164,611	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,016,628	24,400,374	0.041664	185,288	7,720	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
200.00	Total (lines 50 through 199)	13,513,383	1,421,044,234		150,739,332	1,406,421	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/26/2022 3:42 pm
---	-----------------------	---	---

Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	46,565	0.00	15,372	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	3,547	0.00	1,000	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	2,962	0.00	0	35.00	
43.00	04300	NURSERY		0	2,465	0.00	0	43.00	
200.00		Total (lines 30 through 199)		0	55,539		16,372	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
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0						33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00
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: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 3:42 pm
--	-----------------------	---	--

Cost Center Description	Title XVIII			Hospital		Allied Health Adjustments	Allied Health Adjustments	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	PPS			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
53.01 05301 ASC ANESTHESIOLOGY	0	0	0	0	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	350,338	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	0	75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	0	75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	76.00
76.01 03951 OUTPATIENT WOUND CARE CENTER	0	0	0	0	0	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	0	0	0	0	0	0	0	90.00
90.01 04950 SLEEP CLINIC	0	0	0	0	0	0	0	90.01
90.02 09001 ANTI COAGULATION CLINIC	0	0	0	0	0	0	0	90.02
90.03 09002 ARNETT CANCER CARE CENTER	0	0	0	0	0	0	0	90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	0	92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	0	0	93.00
200.00 Total (Lines 50 through 199)	0	0	0	0	0	0	350,338	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 3:42 pm
--	-----------------------	---	--

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	162,112,872	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	13,324,314	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	25,458,235	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	9,182,970	0.000000	53.00
53.01 05301 ASC ANESTHESIOLOGY	0	0	0	4,239,290	0.000000	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	109,375,963	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	16,160,868	0.000000	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	66,868,372	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	86,409,016	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,360,488	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	23,332,901	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	3,785,233	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	2,382,117	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,855,309	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	37,190,256	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	634,731	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	62,158,060	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	120,181,006	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	350,338	350,338	254,748,167	0.001375	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	2,524,008	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0	0	133,527,665	0.000000	75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	76.00
76.01 03951 OUTPATIENT WOUND CARE CENTER	0	0	0	12,518,056	0.000000	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 04950 SLEEP CLINIC	0	0	0	5,632,352	0.000000	90.01
90.02 09001 ANTI COAGULATION CLINIC	0	0	0	584,422	0.000000	90.02
90.03 09002 ARNETT CANCER CARE CENTER	0	0	0	30,894,116	0.000000	90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0	0	791,296	0.000000	90.04
91.00 09100 EMERGENCY	0	0	0	205,411,777	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	24,400,374	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0.000000	93.00
200.00 Total (lines 50 through 199)	0	350,338	350,338	1,421,044,234		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 3:42 pm
--	-----------------------	---	--

Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	19,902,456	0	20,341,898	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,468,256	0	1,996,585	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	129,646	0	10,536	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,176,659	0	998,272	0	53.00
53.01	05301 ASC ANESTHESIOLOGY	0.000000	294	0	709,197	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	16,286,471	0	16,301,789	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	884,393	0	4,557,825	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	9,756,328	0	11,410,664	0	59.00
60.00	06000 LABORATORY	0.000000	11,126,034	0	5,997,612	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	1,409,182	0	912,824	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	5,686,679	0	157,864	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,477,759	0	19,036	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	915,207	0	8,083	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	771,333	0	18,646	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	8,364,701	0	4,917,494	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	218,267	0	20,445	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	8,002,613	0	9,600,977	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	18,799,072	0	18,619,818	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001375	23,758,568	32,668	60,274,605	82,878	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,224,220	0	50,086	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.000000	59,876	0	24,147,196	0	75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	76.00
76.01	03951 OUTPATIENT WOUND CARE CENTER	0.000000	112,903	0	2,120,391	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 SLEEP CLINIC	0.000000	0	0	1,105,319	0	90.01
90.02	09001 ANTI COAGULATION CLINIC	0.000000	443	0	256,099	0	90.02
90.03	09002 ARNETT CANCER CARE CENTER	0.000000	129,613	0	10,411,383	0	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0.000000	2,612	0	165,735	0	90.04
91.00	09100 EMERGENCY	0.000000	18,890,459	0	20,905,013	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	185,288	0	4,777,354	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
200.00	Total (lines 50 through 199)		150,739,332	32,668	220,812,746	82,878	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/26/2022 3:42 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	0.114582	20,341,898	0	0	2,330,815	50.00	
51.00 05100 RECOVERY ROOM	0.182950	1,996,585	0	0	365,275	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.299382	10,536	0	0	3,154	52.00	
53.00 05300 ANESTHESIOLOGY	0.917576	998,272	0	0	915,990	53.00	
53.01 05301 ASC ANESTHESIOLOGY	0.015738	709,197	0	0	11,161	53.01	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.101212	16,301,789	0	0	1,649,937	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
56.00 05600 RADIOISOTOPE	0.058637	4,557,825	0	0	267,257	56.00	
59.00 05900 CARDIAC CATHETERIZATION	0.066751	11,410,664	30,752	0	761,673	59.00	
60.00 06000 LABORATORY	0.178022	5,997,612	0	0	1,067,707	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.222569	912,824	0	0	203,166	63.00	
65.00 06500 RESPIRATORY THERAPY	0.191092	157,864	0	0	30,167	65.00	
66.00 06600 PHYSICAL THERAPY	0.271960	19,036	0	0	5,177	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.310543	8,083	0	0	2,510	67.00	
68.00 06800 SPEECH PATHOLOGY	0.285131	18,646	0	0	5,317	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.069021	4,917,494	0	0	339,410	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.204545	20,445	0	0	4,182	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.228475	9,600,977	0	0	2,193,583	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.129566	18,619,818	0	0	2,412,495	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.223562	60,274,605	0	30,669	13,475,111	73.00	
74.00 07400 RENAL DIALYSIS	0.445242	50,086	0	0	22,300	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
75.01 07501 ASC (NON-DISTINCT PART)	0.061870	24,147,196	0	0	1,493,987	75.01	
76.00 03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	76.00	
76.01 03951 OUTPATIENT WOUND CARE CENTER	0.086742	2,120,391	0	0	183,927	76.01	
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01 04950 SLEEP CLINIC	0.156529	1,105,319	0	0	173,014	90.01	
90.02 09001 ANTICOAGULATION CLINIC	0.284153	256,099	0	0	72,771	90.02	
90.03 09002 ARNETT CANCER CARE CENTER	0.095009	10,411,383	0	0	989,175	90.03	
90.04 09003 OUTPATIENT INFUSION CENTER	0.234378	165,735	0	0	38,845	90.04	
91.00 09100 EMERGENCY	0.095165	20,905,013	0	0	1,989,426	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.316724	4,777,354	0	0	1,513,103	92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01	
93.00 04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00	
200.00		Subtotal (see instructions)	220,812,746	30,752	30,669	32,520,635	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00		Net Charges (line 200 - line 201)	220,812,746	30,752	30,669	32,520,635	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/26/2022 3:42 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
53.01 05301 ASC ANESTHESIOLOGY	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
59.00 05900 CARDIAC CATHETERIZATION	2,053	0		59.00
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 PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	6,856		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0		75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0		76.00
76.01 03951 OUTPATIENT WOUND CARE CENTER	0	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 04950 SLEEP CLINIC	0	0		90.01
90.02 09001 ANTICOAGULATION CLINIC	0	0		90.02
90.03 09002 ARNETT CANCER CARE CENTER	0	0		90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0		93.00
200.00 Subtotal (see instructions)	2,053	6,856		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	2,053	6,856		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 5/26/2022 3:42 pm
--	-----------------------	---	---

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	9,862,369	0	9,862,369	46,565	211.80	30.00	
31.00	INTENSIVE CARE UNIT	1,010,317		1,010,317	3,547	284.84	31.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01	
35.00	NEONATAL INTENSIVE CARE UNIT	751,480		751,480	2,962	253.71	35.00	
43.00	NURSERY	348,398		348,398	2,465	141.34	43.00	
200.00	Total (lines 30 through 199)	11,972,564		11,972,564	55,539		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	623	131,951					30.00
31.00	INTENSIVE CARE UNIT	723	205,939					31.00
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
33.01	BURN INTENSIVE CARE UNIT	0	0					33.01
35.00	NEONATAL INTENSIVE CARE UNIT	265	67,233					35.00
43.00	NURSERY	1,338	189,113					43.00
200.00	Total (lines 30 through 199)	2,949	594,236					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/26/2022 3:42 pm
--	--	-----------------------	---	--

Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,789,058	162,112,872	0.017204	528,452	9,091	50.00
51.00	05100 RECOVERY ROOM	384,016	13,324,314	0.028821	52,836	1,523	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,198,093	25,458,235	0.047061	268,068	12,616	52.00
53.00	05300 ANESTHESIOLOGY	140,480	9,182,970	0.015298	31,120	476	53.00
53.01	05301 ASC ANESTHESIOLOGY	6,542	4,239,290	0.001543	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,479,864	109,375,963	0.013530	641,736	8,683	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	170,813	16,160,868	0.010570	14,929	158	56.00
59.00	05900 CARDIAC CATHETERIZATION	583,931	66,868,372	0.008733	206,485	1,803	59.00
60.00	06000 LABORATORY	783,409	86,409,016	0.009066	675,065	6,120	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	54,196	5,360,488	0.010110	41,297	418	63.00
65.00	06500 RESPIRATORY THERAPY	142,129	23,332,901	0.006091	580,377	3,535	65.00
66.00	06600 PHYSICAL THERAPY	52,227	3,785,233	0.013798	42,622	588	66.00
67.00	06700 OCCUPATIONAL THERAPY	38,036	2,382,117	0.015967	31,222	499	67.00
68.00	06800 SPEECH PATHOLOGY	29,282	1,855,309	0.015783	40,483	639	68.00
69.00	06900 ELECTROCARDIOLOGY	215,638	37,190,256	0.005798	292,369	1,695	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,064	634,731	0.001676	22,331	37	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	495,392	62,158,060	0.007970	302,469	2,411	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	546,914	120,181,006	0.004551	62,619	285	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	579,623	254,748,167	0.002275	1,376,574	3,132	73.00
74.00	07400 RENAL DIALYSIS	123,519	2,524,008	0.048938	93,728	4,587	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	549,463	133,527,665	0.004115	0	0	75.01
76.00	03950 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	76.00
76.01	03951 OUTPATIENT WOUND CARE CENTER	6,070	12,518,056	0.000485	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	35,617	0	0.000000	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	04950 SLEEP CLINIC	47,227	5,632,352	0.008385	0	0	90.01
90.02	09001 ANTI COAGULATION CLINIC	16,605	584,422	0.028413	0	0	90.02
90.03	09002 ARNETT CANCER CARE CENTER	190,391	30,894,116	0.006163	5,418	33	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	47,268	791,296	0.059735	0	0	90.04
91.00	09100 EMERGENCY	1,789,888	205,411,777	0.008714	899,194	7,836	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,016,628	24,400,374	0.041664	27,950	1,165	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
200.00	Total (lines 50 through 199)	13,513,383	1,421,044,234		6,237,344	67,330	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/26/2022 3:42 pm
---	-----------------------	---	---

Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
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	46,565	0.00	623 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,547	0.00	723 31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0 33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0 33.01	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	2,962	0.00	265 35.00	
43.00	04300	NURSERY	0	0	2,465	0.00	1,338 43.00	
200.00		Total (lines 30 through 199)	0	0	55,539	0.00	2,949 200.00	
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
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0					33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
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: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 3:42 pm
--	-----------------------	---------------------------------------	---

Cost Center Description	Title XIX			Hospital		PPS
	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
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01 05301 ASC ANESTHESIOLOGY	0	0	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
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 PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	350,338	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.01 03951 OUTPATIENT WOUND CARE CENTER	0	0	0	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 SLEEP CLINIC	0	0	0	0	0	90.01
90.02 09001 ANTI COAGULATION CLINIC	0	0	0	0	0	90.02
90.03 09002 ARNETT CANCER CARE CENTER	0	0	0	0	0	90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0	0	0	0	90.04
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
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
200.00 Total (lines 50 through 199)	0	0	0	0	350,338	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 3:42 pm
--	-----------------------	---	--

Cost Center Description	Title XIX			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	162,112,872	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	13,324,314	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	25,458,235	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	9,182,970	0.000000	53.00
53.01 05301 ASC ANESTHESIOLOGY	0	0	0	4,239,290	0.000000	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	109,375,963	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	16,160,868	0.000000	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	66,868,372	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	86,409,016	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,360,488	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	23,332,901	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	3,785,233	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	2,382,117	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,855,309	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	37,190,256	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	634,731	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	62,158,060	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	120,181,006	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	350,338	350,338	254,748,167	0.001375	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	2,524,008	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01 07501 ASC (NON-DISTINCT PART)	0	0	0	133,527,665	0.000000	75.01
76.00 03950 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	76.00
76.01 03951 OUTPATIENT WOUND CARE CENTER	0	0	0	12,518,056	0.000000	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 04950 SLEEP CLINIC	0	0	0	5,632,352	0.000000	90.01
90.02 09001 ANTI COAGULATION CLINIC	0	0	0	584,422	0.000000	90.02
90.03 09002 ARNETT CANCER CARE CENTER	0	0	0	30,894,116	0.000000	90.03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0	0	791,296	0.000000	90.04
91.00 09100 EMERGENCY	0	0	0	205,411,777	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	24,400,374	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0.000000	93.00
200.00 Total (lines 50 through 199)	0	350,338	350,338	1,421,044,234		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 3:42 pm
--	-----------------------	---	--

Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	528,452	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	52,836	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	268,068	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	31,120	0	0	0	53.00
53.01	05301 ASC ANESTHESIOLOGY	0.000000	0	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	641,736	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	14,929	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	206,485	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	675,065	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	41,297	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	580,377	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	42,622	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	31,222	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	40,483	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	292,369	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	22,331	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	302,469	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	62,619	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001375	1,376,574	1,893	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	93,728	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.01
76.00	03950 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	76.00
76.01	03951 OUTPATIENT WOUND CARE CENTER	0.000000	0	0	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 SLEEP CLINIC	0.000000	0	0	0	0	90.01
90.02	09001 ANTI COAGULATION CLINIC	0.000000	0	0	0	0	90.02
90.03	09002 ARNETT CANCER CARE CENTER	0.000000	5,418	0	0	0	90.03
90.04	09003 OUTPATIENT INFUSION CENTER	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	899,194	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	27,950	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
200.00	Total (lines 50 through 199)		6,237,344	1,893	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/26/2022 3:42 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		46,565	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		46,565	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)		41,765	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		15,372	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)		74,971,686	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)		74,971,686	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)		74,971,686	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)		1,610.04	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		24,749,535	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)		24,749,535	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	11,155,668	3,547	3,145.10	1,000	3,145,100	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	6,543,612	2,962	2,209.19	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					22,962,142	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					50,856,777	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,540,630	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,439,089	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,979,719	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					45,877,058	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,800	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,610.04	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,728,192	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/26/2022 3:42 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,862,369	74,971,686	0.131548	7,728,192	1,016,628	90.00
91.00	Nursing Program cost	0	74,971,686	0.000000	7,728,192	0	91.00
92.00	Allied health cost	0	74,971,686	0.000000	7,728,192	0	92.00
93.00	All other Medical Education	0	74,971,686	0.000000	7,728,192	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/26/2022 3:42 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		46,565	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		46,565	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)		41,765	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)		623	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)		2,465	15.00
16.00	Nursery days (title V or XIX only)		1,338	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)		74,971,686	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)		74,971,686	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)		74,971,686	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)		1,610.04	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,003,055	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,003,055	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1	
		Title XIX		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2,112,504	2,465	857.00	1,338	1,146,666	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	11,155,668	3,547	3,145.10	723	2,273,907	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	6,543,612	2,962	2,209.19	265	585,435	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,079,574	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,088,637	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)					594,236	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					69,223	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					663,459	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					5,425,178	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,800	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,610.04	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,728,192	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0173		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/26/2022 3:42 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,862,369	74,971,686	0.131548	7,728,192	1,016,628	90.00
91.00	Nursing Program cost	0	74,971,686	0.000000	7,728,192	0	91.00
92.00	Allied health cost	0	74,971,686	0.000000	7,728,192	0	92.00
93.00	All other Medical Education	0	74,971,686	0.000000	7,728,192	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/26/2022 3:42 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	
Title XVIII Hospital PPS					
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		54,478,775	30.00
31.00	03100	INTENSIVE CARE UNIT		6,681,984	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.114582	19,902,456	50.00
51.00	05100	RECOVERY ROOM	0.182950	1,468,256	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.299382	129,646	52.00
53.00	05300	ANESTHESIOLOGY	0.917576	1,176,659	53.00
53.01	05301	ASC ANESTHESIOLOGY	0.015738	294	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.101212	16,286,471	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.058637	884,393	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.066751	9,756,328	59.00
60.00	06000	LABORATORY	0.178022	11,126,034	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.222569	1,409,182	63.00
65.00	06500	RESPIRATORY THERAPY	0.191092	5,686,679	65.00
66.00	06600	PHYSICAL THERAPY	0.271960	1,477,759	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.310543	915,207	67.00
68.00	06800	SPEECH PATHOLOGY	0.285131	771,333	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069021	8,364,701	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.204545	218,267	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.228475	8,002,613	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.129566	18,799,072	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223562	23,758,568	73.00
74.00	07400	RENAL DIALYSIS	0.445242	1,224,220	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.061870	59,876	75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0.086742	112,903	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	SLEEP CLINIC	0.156529	0	90.01
90.02	09001	ANTICOAGULATION CLINIC	0.284153	443	90.02
90.03	09002	ARNETT CANCER CARE CENTER	0.095009	129,613	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.234378	2,612	90.04
91.00	09100	EMERGENCY	0.096775	18,890,459	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.316724	185,288	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		150,739,332	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)		150,739,332	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/26/2022 3:42 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		2,790,363	30.00
31.00	03100	INTENSIVE CARE UNIT		413,631	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0	33.01
35.00	02060	NEONATAL INTENSIVE CARE UNIT		1,586,372	35.00
43.00	04300	NURSERY		214,600	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.114582	528,452	50.00
51.00	05100	RECOVERY ROOM	0.182950	52,836	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.299382	268,068	52.00
53.00	05300	ANESTHESIOLOGY	0.917576	31,120	53.00
53.01	05301	ASC ANESTHESIOLOGY	0.015738	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.101212	641,736	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.058637	14,929	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.066751	206,485	59.00
60.00	06000	LABORATORY	0.178022	675,065	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.222569	41,297	63.00
65.00	06500	RESPIRATORY THERAPY	0.191092	580,377	65.00
66.00	06600	PHYSICAL THERAPY	0.271960	42,622	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.310543	31,222	67.00
68.00	06800	SPEECH PATHOLOGY	0.285131	40,483	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069021	292,369	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.204545	22,331	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.228475	302,469	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.129566	62,619	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223562	1,376,574	73.00
74.00	07400	RENAL DIALYSIS	0.445242	93,728	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.061870	0	75.01
76.00	03950	CARDIAC CATHETERIZATION	0.000000	0	76.00
76.01	03951	OUTPATIENT WOUND CARE CENTER	0.086742	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	SLEEP CLINIC	0.156529	0	90.01
90.02	09001	ANTICOAGULATION CLINIC	0.284153	0	90.02
90.03	09002	ARNETT CANCER CARE CENTER	0.095009	5,418	90.03
90.04	09003	OUTPATIENT INFUSION CENTER	0.234378	0	90.04
91.00	09100	EMERGENCY	0.096775	899,194	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.316724	27,950	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		6,237,344	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)		6,237,344	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 3:42 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)		23,553,584	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,953,205	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)		1,100,484	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		409,797	2.04
3.00	Managed Care Simulated Payments		19,441,853	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		178.13	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		14.31	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		14.31	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.080335	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.066741	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.066741	21.00
22.00	IME payment adjustment (see instructions)		1,163,450	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		695,843	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,163,450	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		695,843	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.66	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.11	31.00
32.00	Sum of lines 30 and 31		27.77	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.13	33.00
34.00	Disproportionate share adjustment (see instructions)		985,769	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 3:42 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)	0.000326093	0.000291381	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,703,313	2,095,615	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,021,929	528,210	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,550,139		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)	38,716,428		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)		39,412,271	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,022,337	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).		528,407	52.00
53.00	Nursing and Allied Health Managed Care payment		21,008	53.00
54.00	Special add-on payments for new technologies		697,911	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)		32,668	58.00
59.00	Total (sum of amounts on lines 49 through 58)		43,714,602	59.00
60.00	Primary payer payments		17,010	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		43,697,592	61.00
62.00	Deductibles billed to program beneficiaries		3,361,608	62.00
63.00	Coinurance billed to program beneficiaries		90,524	63.00
64.00	Allowable bad debts (see instructions)		376,905	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		244,988	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		38,990	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		40,490,448	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)		-41,351	70.93
70.94	HRR adjustment amount (see instructions)		-96,821	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 3:42 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			40,352,276	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			38,735,725	72.00
72.01	Interim payments-PARHM				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			1,616,551	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			875,327	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)				90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0173

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2022 3:42 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	23,553,584	0	23,553,584		23,553,584	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,953,205	0		8,953,205	8,953,205	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,100,484	0	1,100,484		1,100,484	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	409,797	0		409,797	409,797	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	19,441,853	0	13,852,115	5,589,738	19,441,853	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.066741	0.066741	0.066741	0.066741		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,163,450	0	843,006	320,444	1,163,450	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	695,843	0	495,781	200,062	695,843	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,163,450	0	843,006	320,444	1,163,450	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	695,843	0	495,781	200,062	695,843	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1213	0.1213	0.1213	0.1213		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	985,769	0	714,263	271,506	985,769	11.00
11.01	Uncompensated care payments	36.00	2,550,139	0	2,021,929	528,210	2,550,139	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	38,716,428	0	28,233,266	10,483,162	38,716,428	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	39,412,271	0	28,729,047	10,683,224	39,412,271	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. 1, if applicable)	50.00	3,022,337	0	2,201,161	821,176	3,022,337	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0173

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2022 3:42 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	697,911	0	541,341	156,570	697,911	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	31,471,549	11,660,970	43,132,519	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,479,860	0	1,806,737	673,123	2,479,860	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	323,753	0	235,070	88,683	323,753	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0304	0.0304	0.0304	0.0304		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	75,388	0	54,925	20,463	75,388	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0578	0.0578	0.0578	0.0578		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	143,336	0	104,429	38,907	143,336	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,022,337	0	2,201,161	821,176	3,022,337	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5			Provider CCN: 15-0173		Period: From 01/01/2021 To 12/31/2021		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2022 3:42 pm	
			Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00						1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	23,553,584	23,553,584			23,553,584	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,953,205		8,953,205		8,953,205	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	1,100,484	1,100,484			1,100,484	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	409,797		409,797		409,797	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0		0	3.00
4.00	Managed care simulated payments	3.00	19,441,853	13,852,115	5,589,738		19,441,853	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.066741	0.066741	0.066741			5.00
6.00	IME payment adjustment (see instructions)	22.00	1,163,450	843,006	320,444		1,163,450	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	695,843	495,781	200,062		695,843	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	1,163,450	843,006	320,444		1,163,450	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	695,843	495,781	200,062		695,843	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1213	0.1213	0.1213			10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	985,769	714,263	271,506		985,769	11.00
11.01	Uncompensated care payments	36.00	2,550,139	2,021,929	528,210		2,550,139	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	38,716,428	28,233,266	10,483,162		38,716,428	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	39,412,271	28,729,047	10,683,224		39,412,271	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,022,337	2,201,161	821,176		3,022,337	16.00
17.00	Special add-on payments for new technologies	54.00	697,911	541,341	156,570		697,911	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			31,471,549	11,660,970		43,132,519	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0173

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/26/2022 3:42 pm

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	2,479,860	1,806,737	673,123	2,479,860	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	323,753	235,070	88,683	323,753	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	0.0304	0.0304	0.0304		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	75,388	54,925	20,463	75,388	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0578	0.0578	0.0578		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	143,336	104,429	38,907	143,336	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	3,022,337	2,201,161	821,176	3,022,337	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	-41,351	-41,351	0	-41,351	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	-96,821	-79,513	-17,308	-96,821	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/26/2022 3:42 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,909	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		32,437,757	2.00
3.00	OPPS payments		30,935,763	3.00
4.00	Outlier payment (see instructions)		441,692	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		82,878	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,909	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		61,421	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)		61,421	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)		61,421	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		52,512	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)		8,909	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)		31,460,333	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		6,150	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,308,879	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)		26,154,213	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		338,035	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)		26,492,248	30.00
31.00	Primary payer payments		6,001	31.00
32.00	Subtotal (line 30 minus line 31)		26,486,247	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)		580,503	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		377,327	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		329,532	36.00
37.00	Subtotal (see instructions)		26,863,574	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-9	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)		26,863,583	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		26,731,088	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		132,495	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		18,773	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: 15-0173

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

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2022 3:42 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		38,536,625		26,731,088	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	11/10/2021	199,100		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)		199,100		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)		38,735,725		26,731,088	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		1,616,551		132,495	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		40,352,276		26,863,583	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: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/26/2022 3:42 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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/26/2022 3:42 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.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00

		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	14.31	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	14.31	0.00		17.00
18.00	Per resident amount	112,603.66	0.00		18.00
19.00	Approved amount for resident costs	1,611,358	0	1,611,358	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)			1,611,358	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)	16,383	10,517		26.00
27.00	Total Inpatient Days (see instructions)	49,231	49,231		27.00
28.00	Ratio of inpatient days to total inpatient days	0.332778	0.213626		28.00
29.00	Program direct GME amount	536,224	344,228	880,452	29.00
29.01	Percent reduction for MA DGME		4.07		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		14,010	14,010	30.00
31.00	Net Program direct GME amount			866,442	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/26/2022 3:42 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)		2,524,008	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)		50,856,777	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)		17,010	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		50,839,767	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		32,529,544	42.00
43.00	Primary payer payments (see instructions)		6,001	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		32,523,543	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		83,363,310	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.609858	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.390142	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		866,442	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		528,407	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		338,035	50.00

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

Provider CCN: 15-0173

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

Worksheet G

Date/Time Prepared:
5/26/2022 3:42 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	143,300,610	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	52,693,236	0	0	0	4.00
5.00	Other receivable	5,423,332	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	10,886,608	0	0	0	7.00
8.00	Prepaid expenses	1,470,785	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	213,774,571	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,221,221	0	0	0	12.00
13.00	Land improvements	590,336	0	0	0	13.00
14.00	Accumulated depreciation	-46,791	0	0	0	14.00
15.00	Buildings	183,560,470	0	0	0	15.00
16.00	Accumulated depreciation	-62,087,601	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	138,715	0	0	0	21.00
22.00	Accumulated depreciation	-120,708	0	0	0	22.00
23.00	Major movable equipment	80,286,622	0	0	0	23.00
24.00	Accumulated depreciation	-58,335,664	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	146,206,600	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	4,377,499	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	697,324	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	5,074,823	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	365,055,994	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	42,860,898	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,173,484	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	2,873,510	0	0	0	43.00
44.00	Other current liabilities	39,429	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	49,947,321	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	996,183	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	996,183	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	50,943,504	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	314,112,490				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	314,112,490	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	365,055,994	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0173

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

Worksheet G-1

Date/Time Prepared:
5/26/2022 3:42 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		235,746,691		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		131,033,955			2.00
3.00	Total (sum of line 1 and line 2)		366,780,646		0	3.00
4.00	ROUNDING	5		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)		5		0	10.00
11.00	Subtotal (line 3 plus line 10)		366,780,651		0	11.00
12.00	INTERCOMPANY TRANSACTIONS	52,668,163		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)		52,668,163		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		314,112,488		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	ROUNDING		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	INTERCOMPANY TRANSACTIONS		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: 15-0173

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2022 3:42 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	152,385,644		152,385,644	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	152,385,644		152,385,644	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	26,230,561		26,230,561	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	BURN INTENSIVE CARE UNIT	0		0	13.01
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	15,141,188		15,141,188	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	41,371,749		41,371,749	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	193,757,393		193,757,393	17.00
18.00	Ancillary services	414,192,362	739,137,535	1,153,329,897	18.00
19.00	Outpatient services	51,078,789	216,635,548	267,714,337	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	OTHER (PHYSICIAN/NON-REIMB.)	380	101,071	101,451	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	659,028,924	955,874,154	1,614,903,078	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		298,201,038		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)		298,201,038		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0173

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

Worksheet G-3

Date/Time Prepared:
5/26/2022 3:42 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,614,903,078	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,216,791,198	2.00
3.00	Net patient revenues (line 1 minus line 2)	398,111,880	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	298,201,038	4.00
5.00	Net income from service to patients (line 3 minus line 4)	99,910,842	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	4,120,280	24.00
24.50	COVID-19 PHE Funding	27,002,833	24.50
25.00	Total other income (sum of lines 6-24)	31,123,113	25.00
26.00	Total (line 5 plus line 25)	131,033,955	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)	131,033,955	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0173	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/26/2022 3:42 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,479,860	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		323,753	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)		134.88	3.00
4.00	Number of interns & residents (see instructions)		14.31	4.00
5.00	Indirect medical education percentage (see instructions)		3.04	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)		75,388	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.66	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.11	8.00
9.00	Sum of lines 7 and 8		27.77	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.78	10.00
11.00	Disproportionate share adjustment (see instructions)		143,336	11.00
12.00	Total prospective capital payments (see instructions)		3,022,337	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