

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: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/26/2022 3:15 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 5/26/2022	Time: 3:15 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 WEST HOSPITAL (15-0158) 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	Cara Breidster	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Cara Breidster		2
3	Signatory Title	CFO		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	326,183	6,306	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
200.00 Total	0	326,183	6,306	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0158		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 3:15 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1111 N. RONALD REAGAN PARKWAY		PO Box:						1.00		
2.00	City: AVON		State: IN		Zip Code: 46123-7085		County: HENDRICKS		2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		IU HEALTH WEST HOSPITAL	150158	26900	1	12/01/2004	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 - FOHC										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: 15-0158			Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 3:15 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.	1,284	275	2	28	5,612	25	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	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N					60.00
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

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

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			V 1.00		
			XIX 2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. 1, 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. 1 through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0158		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 3:15 pm	
				V	XIX		
				1.00	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	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N					110.00
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N					111.00
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N					112.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N					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	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	257,134		0			118.01
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N			120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.04			122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0158		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 3:15 pm		
		1.00	2.00					
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00	
133.00	Removed and reserved						133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00	
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	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, INC.	Contractor's Name: WPS		Contractor's Number: 08101				141.00
142.00	Street: 340 WEST 10TH ST	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	Title XIX	
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00	
161.00	CMHC	N	N	N	N	N	161.00	
				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	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	
				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: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 3:15 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		Y	2,072 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 3:15 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	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	02/25/2022	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			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
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: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 3:15 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.	INDIANA UNIVERSITY 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: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 3:15 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.	DI RECTOR - GOVERNMENT 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: 15-0158

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 3:15 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Ti tle V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	131	47,940	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)		131	47,940	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						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	11	4,015	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		156	57,065	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)		156				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0158

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 3:15 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,869	520	35,227			1.00
2.00 HMO and other (see instructions)	12,267	5,089				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			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	11,869	520	35,227			7.00
8.00 INTENSIVE CARE UNIT	1,201	552	4,194			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	122	867			12.00
13.00 NURSERY		918	1,743			13.00
14.00 Total (see instructions)	13,070	2,112	42,031	0.00	908.80	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)			372			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	908.80	27.00
28.00 Observation Bed Days		41	2,332			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	25	502			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: 15-0158

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

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 3:15 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	2,142	171	8,627	1.00
2.00 HMO and other (see instructions)				1,833	1,152		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 NEONATAL INTENSIVE CARE UNIT							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	2,142	171	8,627		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	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0158

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

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 3:15 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	72,398,820	-252,020	72,146,800	1,790,415.76	40.30
2.00	Non-physician anesthesiologist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthesiologist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		26,650	0	26,650	177.67	150.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		111,196	0	111,196	2,080.00	53.46
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		210,028	398,077	608,105	14,901.14	40.81
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		345,335	0	345,335	4,805.20	71.87
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		637,894	0	637,894	3,556.51	179.36
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		17,104,096	0	17,104,096	434,256.47	39.39
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)		18,254,488	0	18,254,488		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		110,863	0	110,863		
20.00	Non-physician anesthesiologist Part A		0	0	0		
21.00	Non-physician anesthesiologist Part B		0	0	0		
22.00	Physician Part A - Administrative		3,090	0	3,090		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		24,330	0	24,330		
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)		5,533,908	0	5,533,908		
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: 15-0158

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

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 3:15 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	0	448,337	448,337	0.00	0.00	26.00
27.00	Administrative & General	5,628,779	-450,666	5,178,113	101,998.42	50.77	27.00
28.00	Administrative & General under contract (see inst.)	611,328	0	611,328	6,519.61	93.77	28.00
29.00	Maintenance & Repairs	965,378	-6,285	959,093	35,117.97	27.31	29.00
30.00	Operation of Plant	790,767	-3,999	786,768	31,146.37	25.26	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,413,012	-35,763	1,377,249	80,314.92	17.15	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,457,807	-611,772	846,035	48,604.57	17.41	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	591,896	591,896	33,850.23	17.49	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	8,444,859	-8,716	8,436,143	76,440.97	110.36	38.00
39.00	Central Services and Supply	433	0	433	10.66	40.62	39.00
40.00	Pharmacy	3,271,051	-45,668	3,225,383	77,574.97	41.58	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	170,867	321	171,188	10,693.86	16.01	43.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 15-0158		Period: From 01/01/2021 To 12/31/2021		Worksheet S-3 Part III Date/Time Prepared: 5/26/2022 3:15 pm	
	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Pai d Hours Rel ated to Sal ari es i n 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)	72,898,952	-252,020	72,646,932	1,794,855.37	40.48		1.00
2.00	Excluded area salaries (see instructions)	210,028	398,077	608,105	14,901.14	40.81		2.00
3.00	Subtotal salaries (line 1 minus line 2)	72,688,924	-650,097	72,038,827	1,779,954.23	40.47		3.00
4.00	Subtotal other wages & related costs (see inst.)	18,087,325	0	18,087,325	442,618.18	40.86		4.00
5.00	Subtotal wage-related costs (see inst.)	23,791,486	0	23,791,486	0.00	33.03		5.00
6.00	Total (sum of lines 3 thru 5)	114,567,735	-650,097	113,917,638	2,222,572.41	51.25		6.00
7.00	Total overhead cost (see instructions)	22,754,281	-122,315	22,631,966	502,272.55	45.06		7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2022 3:15 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,607,560	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)	9,816,518	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	195,781	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)	334,053	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	245,161	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	5,193,698	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)	18,392,771	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: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part V Date/Time Prepared: 5/26/2022 3:15 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/26/2022 3:15 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)			0.173525	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			21,084,810	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			180,509,348	6.00
7.00	Medicaid cost (line 1 times line 6)			31,322,885	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)			10,238,075	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)			90,483	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			288,732	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			50,102	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			10,238,075	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)	21,982,299	2,723,475	24,705,774	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,814,478	2,723,475	6,537,953	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,814,478	2,723,475	6,537,953	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			12,656,022	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			387,304	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			595,852	27.01
28.00	Non-Medicare bad debt expense (see instructions)			12,060,170	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,301,289	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			8,839,242	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			19,077,317	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0158

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

Worksheet A

Date/Time Prepared:
5/26/2022 3:15 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	7,746,586	7,746,586	1.00
1.01	00101	MOB	896,612	896,612	413,703	1,310,315	1.01
1.02	00102	INTEREST	0	0	882	882	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	7,149,423	7,149,423	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	280,927	280,927	12,328,126	4.00
5.01	00540	NONPATIENT TELEPHONES	0	9,844	9,844	9,844	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	30	24,730	24,760	26,987	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	5,628,749	55,363,313	60,992,062	55,899,700	5.04
6.00	00600	MAINTENANCE & REPAIRS	965,378	8,596,111	9,561,489	3,766,249	6.00
7.00	00700	OPERATION OF PLANT	790,767	2,787,336	3,578,103	5,227,764	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	586,890	586,890	586,890	8.00
9.00	00900	HOUSEKEEPING	1,413,012	1,550,178	2,963,190	2,512,940	9.00
10.00	01000	DIETARY	1,457,807	1,732,166	3,189,973	1,559,935	10.00
11.00	01100	CAFETERIA	0	0	1,086,404	1,086,404	11.00
13.00	01300	NURSING ADMINISTRATION	8,444,859	3,426,399	11,871,258	10,553,437	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	433	75,873	76,306	5,596,407	14.00
15.00	01500	PHARMACY	3,271,051	7,567,190	10,838,241	4,571,644	15.00
17.00	01700	SOCIAL SERVICE	0	4,856	4,856	4,856	17.00
18.00	01080	TRANSPORTATION	170,867	101,440	272,307	242,085	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	18,051,724	13,761,150	31,812,874	23,747,500	30.00
31.00	03100	INTENSIVE CARE UNIT	3,521,085	2,961,535	6,482,620	5,590,329	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	1,035,720	290,500	1,326,220	1,124,746	35.00
43.00	04300	NURSERY	0	0	0	421,175	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,608,816	18,589,365	23,198,181	7,878,328	50.00
51.00	05100	RECOVERY ROOM	3,020,524	1,238,531	4,259,055	3,382,315	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,044,943	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,282,385	5,240,196	10,522,581	6,584,120	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,096,464	1,639,778	2,736,242	1,722,142	55.00
59.00	05900	CARDIAC CATHETERIZATION	1,408,685	6,208,437	7,617,122	2,821,336	59.00
60.00	06000	LABORATORY	2,000	8,731,575	8,733,575	8,729,197	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	606,241	606,241	605,408	63.00
65.00	06500	RESPIRATORY THERAPY	2,236,190	1,310,184	3,546,374	2,736,373	65.00
66.00	06600	PHYSICAL THERAPY	1,974,414	705,230	2,679,644	2,156,885	66.00
67.00	06700	OCCUPATIONAL THERAPY	660,628	133,322	793,950	706,779	67.00
68.00	06800	SPEECH PATHOLOGY	266,943	67,259	334,202	291,346	68.00
69.00	06900	ELECTROCARDIOLOGY	870,118	851,018	1,721,136	1,437,297	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	4,671,277	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	8,205,819	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,584,265	73.00
74.00	07400	RENAL DIALYSIS	0	967,024	967,024	952,636	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	240,848	177,562	418,410	269,971	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	497,107	224,546	721,653	549,678	90.01
90.02	09002	SLEEP LAB	9,977	613,777	623,754	610,159	90.02
91.00	09100	EMERGENCY	4,981,626	6,817,779	11,799,405	9,958,090	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	280,585	136,222	416,807	301,168	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	72,188,792	154,275,096	226,463,888	226,263,756	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	104,381	220,777	325,158	251,591	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,312	4,725	10,037	9,947	192.00
192.01	19201	RETAIL PHARMACY	2,065	4,015	6,080	6,018	192.01
192.02	19202	MARKETING	0	339,791	339,791	380,235	192.02
192.03	19203	BACK AND NECK	98,270	291,699	389,969	105,284	192.03
192.04	19204	TIPTON SERVICES	0	0	0	70,850	192.04
192.05	19205	NORTH SERVICES	0	0	0	351,842	192.05
192.06	19206	SAXONY SERVICES	0	0	0	95,400	192.06
200.00		TOTAL (SUM OF LINES 118 through 199)	72,398,820	155,136,103	227,534,923	227,534,923	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0158

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

Worksheet A
Date/Time Prepared:
5/26/2022 3:15 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	39,969	7,786,555	1.00
1.01	00101 MOB	-1,003,409	306,906	1.01
1.02	00102 INTEREST	4,731,906	4,732,788	1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	1,031,803	8,181,226	2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	1,445,824	13,773,950	4.00
5.01	00540 NONPATIENT TELEPHONES	0	9,844	5.01
5.02	00550 DATA PROCESSING	9,983,423	9,983,423	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	746,650	773,637	5.03
5.04	00590 ADMINISTRATIVE AND GENERAL	-26,748,270	29,151,430	5.04
6.00	00600 MAINTENANCE & REPAIRS	-128,902	3,637,347	6.00
7.00	00700 OPERATION OF PLANT	107,619	5,335,383	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	586,890	8.00
9.00	00900 HOUSEKEEPING	0	2,512,940	9.00
10.00	01000 DIETARY	-91	1,559,844	10.00
11.00	01100 CAFETERIA	-145,322	941,082	11.00
13.00	01300 NURSING ADMINISTRATION	495,525	11,048,962	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	5,596,407	14.00
15.00	01500 PHARMACY	-21,379	4,550,265	15.00
17.00	01700 SOCIAL SERVICE	0	4,856	17.00
18.00	01080 TRANSPORTATION	0	242,085	18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-2,003,783	21,743,717	30.00
31.00	03100 INTENSIVE CARE UNIT	-1,247,568	4,342,761	31.00
35.00	02080 NEONATAL INTENSIVE CARE UNIT	0	1,124,746	35.00
43.00	04300 NURSERY	0	421,175	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-870,329	7,007,999	50.00
51.00	05100 RECOVERY ROOM	-1,063	3,381,252	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,044,943	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	166,313	6,750,433	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	-298,691	1,423,451	55.00
59.00	05900 CARDIAC CATHETERIZATION	-1,069,130	1,752,206	59.00
60.00	06000 LABORATORY	0	8,729,197	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	605,408	63.00
65.00	06500 RESPIRATORY THERAPY	0	2,736,373	65.00
66.00	06600 PHYSICAL THERAPY	0	2,156,885	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	706,779	67.00
68.00	06800 SPEECH PATHOLOGY	0	291,346	68.00
69.00	06900 ELECTROCARDIOLOGY	-24,162	1,413,135	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,671,277	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	8,205,819	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	7,584,265	73.00
74.00	07400 RENAL DIALYSIS	-1,724	950,912	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	269,971	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	0	549,678	90.01
90.02	09002 SLEEP LAB	0	610,159	90.02
91.00	09100 EMERGENCY	-3,209,549	6,748,541	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	301,168	92.01
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-18,024,340	208,239,416	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	251,591	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	9,947	192.00
192.01	19201 RETAIL PHARMACY	0	6,018	192.01
192.02	19202 MARKETING	0	380,235	192.02
192.03	19203 BACK AND NECK	0	105,284	192.03
192.04	19204 TIPTON SERVICES	0	70,850	192.04
192.05	19205 NORTH SERVICES	0	351,842	192.05
192.06	19206 SAXONY SERVICES	0	95,400	192.06
200.00	TOTAL (SUM OF LINES 118 through 199)	-18,024,340	209,510,583	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	7,103,492	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	7,067,483	2.00
3.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	161,715	3.00
4.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,929	4.00
5.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	37,170	5.00
6.00	RENAL DIALYSIS	74.00	0	1,054	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
O			0	14,373,843	
B - LEASE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	444,209	1.00
2.00	MOB	1.01	0	702,351	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	79,011	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
O			0	1,225,571	
C - INTEREST					
1.00	INTEREST	1.02	0	882	1.00
O			0	882	
D - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,598,862	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

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 3:15 pm

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
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
0		0	11,598,862			
E - ACCRUED PTO						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	448,337	0		1.00
2.00	NURSING ADMINISTRATION	13.00	30,315	0		2.00
3.00	TRANSPORTATION	18.00	321	0		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	11,168	0		4.00
5.00	SPEECH PATHOLOGY	68.00	4,400	0		5.00
6.00	BACK AND NECK	192.03	2,148	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
TOTALS			496,689	0		
F - LABOR & DELIVERY						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	2,682,942	362,001		1.00
0			2,682,942	362,001		
H - NURSERY						
1.00	NURSERY	43.00	371,103	50,072		1.00
0			371,103	50,072		
I - DIETARY						
1.00	CAFETERIA	11.00	591,896	494,508		1.00
0			591,896	494,508		
K - STD						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	5,021		1.00
2.00	HOUSEKEEPING	9.00	0	1,825		2.00
3.00	DIETARY	10.00	0	3,851		3.00
4.00	NURSING ADMINISTRATION	13.00	0	12,064		4.00
5.00	PHARMACY	15.00	0	14,582		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	81,358		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	13,375		7.00
8.00	OPERATING ROOM	50.00	0	15,188		8.00
9.00	RECOVERY ROOM	51.00	0	15,408		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	27,236		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,631		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	3,295		12.00
13.00	RESPIRATORY THERAPY	65.00	0	16,635		13.00
14.00	PHYSICAL THERAPY	66.00	0	11,153		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	2,374		15.00
16.00	BEHAVIORAL HEALTH	90.01	0	2,958		16.00
17.00	EMERGENCY	91.00	0	23,066		17.00
0			0	252,020		
L - UTILITIES						
1.00	OPERATION OF PLANT	7.00	0	1,832,763		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
0			0	1,832,763		
M - MARKETING						
1.00	MARKETING	192.02	0	40,444		1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	20		2.00
3.00		0.00	0	0		3.00
0			0	40,464		

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 3:15 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
N - BILLABLE/NON-BILLABLE DRUGS					
1.00	PHARMACY	15.00	0	923,448	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,584,265	2.00
3.00	ADMINISTRATIVE AND GENERAL	5.04	0	508	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
			0	8,508,221	
O - MEDICAL SUPPLIES AND IMPLANTS					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,863,827	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,671,277	2.00
3.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	8,205,819	3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	2,227	4.00
5.00	ADMINISTRATIVE AND GENERAL	5.04	0	86,057	5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	2,102	6.00
7.00	OPERATION OF PLANT	7.00	0	44,579	7.00
8.00	HOUSEKEEPING	9.00	0	382	8.00
9.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	7	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	22,463	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
			0	18,898,740	
P - ROUTINE COSTS					
1.00	ADULTS & PEDIATRICS	30.00	92,565	14,908	1.00
2.00		0.00	0	0	2.00
			92,565	14,908	
Q - TIPTON, NORTH, SAXONY RECLASS					
1.00	TIPTON SERVICES	192.04	54,278	16,572	1.00
2.00	NORTH SERVICES	192.05	269,547	82,295	2.00
3.00	SAXONY SERVICES	192.06	73,086	22,314	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
			396,911	121,181	
500.00	Grand Total: Increases		4,632,106	57,774,036	500.00

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6
Date/Time Prepared:
5/26/2022 3:15 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
A - DEPRECIATION							
1.00 MOB	1.01	0	268,847	9		1.00	
2.00 ADMINISTRATIVE AND GENERAL	5.04	0	3,116,391	9		2.00	
3.00 MAINTENANCE & REPAIRS	6.00	0	3,795,141	12		3.00	
4.00 OPERATION OF PLANT	7.00	0	12,679	12		4.00	
5.00 HOUSEKEEPING	9.00	0	2,422	13		5.00	
6.00 DIETARY	10.00	0	42,126	0		6.00	
7.00 NURSING ADMINISTRATION	13.00	0	778,687	0		7.00	
8.00 PHARMACY	15.00	0	118,408	0		8.00	
9.00 ADULTS & PEDIATRICS	30.00	0	397,064	0		9.00	
10.00 INTENSIVE CARE UNIT	31.00	0	21,532	0		10.00	
11.00 OPERATING ROOM	50.00	0	2,029,403	0		11.00	
12.00 RECOVERY ROOM	51.00	0	13,442	0		12.00	
13.00 RADIOLOGY-DIAGNOSTIC	54.00	0	2,082,039	0		13.00	
14.00 RADIOLOGY-THERAPEUTIC	55.00	0	503,544	0		14.00	
15.00 CARDIAC CATHETERIZATION	59.00	0	609,292	0		15.00	
16.00 RESPIRATORY THERAPY	65.00	0	82,037	0		16.00	
17.00 PHYSICAL THERAPY	66.00	0	17,312	0		17.00	
18.00 ELECTROCARDIOLOGY	69.00	0	96,196	0		18.00	
19.00 CARDIAC REHABILITATION	76.97	0	29,328	0		19.00	
20.00 SLEEP LAB	90.02	0	465	0		20.00	
21.00 EMERGENCY	91.00	0	349,726	0		21.00	
22.00 BACK AND NECK	192.03	0	7,762	0		22.00	
O		0	14,373,843				
B - LEASE							
1.00 ADMINISTRATIVE AND GENERAL	5.04	0	719,861	10		1.00	
2.00 CENTRAL SERVICES & SUPPLY	14.00	0	245	10		2.00	
3.00 ADULTS & PEDIATRICS	30.00	0	32,841	10		3.00	
4.00 INTENSIVE CARE UNIT	31.00	0	24,020	0		4.00	
5.00 OPERATING ROOM	50.00	0	11,761	0		5.00	
6.00 RADIOLOGY-DIAGNOSTIC	54.00	0	1,457	0		6.00	
7.00 PHYSICAL THERAPY	66.00	0	39,978	0		7.00	
8.00 CARDIAC REHABILITATION	76.97	0	39,978	0		8.00	
9.00 BEHAVIORAL HEALTH	90.01	0	69,740	0		9.00	
10.00 EMERGENCY	91.00	0	8,688	0		10.00	
11.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	31,453	0		11.00	
12.00 BACK AND NECK	192.03	0	245,549	0		12.00	
O		0	1,225,571				
C - INTEREST							
1.00 OPERATION OF PLANT	7.00	0	882	11		1.00	
O		0	882				
D - BENEFITS							
1.00 ADMINISTRATIVE AND GENERAL	5.04	0	747,123	0		1.00	
2.00 MAINTENANCE & REPAIRS	6.00	0	183,246	0		2.00	
3.00 OPERATION OF PLANT	7.00	0	210,121	0		3.00	
4.00 HOUSEKEEPING	9.00	0	414,272	0		4.00	
5.00 DIETARY	10.00	0	484,318	0		5.00	
6.00 NURSING ADMINISTRATION	13.00	0	494,212	0		6.00	
7.00 CENTRAL SERVICES & SUPPLY	14.00	0	364,140	0		7.00	
8.00 PHARMACY	15.00	0	473,043	0		8.00	
9.00 TRANSPORTATION	18.00	0	30,543	0		9.00	
10.00 ADULTS & PEDIATRICS	30.00	0	2,810,660	0		10.00	
11.00 INTENSIVE CARE UNIT	31.00	0	509,061	0		11.00	
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	0	159,906	0		12.00	
13.00 OPERATING ROOM	50.00	0	904,799	0		13.00	
14.00 RECOVERY ROOM	51.00	0	581,181	0		14.00	
15.00 RADIOLOGY-DIAGNOSTIC	54.00	0	866,216	0		15.00	
16.00 RADIOLOGY-THERAPEUTIC	55.00	0	234,588	0		16.00	
17.00 CARDIAC CATHETERIZATION	59.00	0	154,915	0		17.00	
18.00 LABORATORY	60.00	0	195	0		18.00	
19.00 RESPIRATORY THERAPY	65.00	0	285,570	0		19.00	
20.00 PHYSICAL THERAPY	66.00	0	334,460	0		20.00	
21.00 OCCUPATIONAL THERAPY	67.00	0	82,378	0		21.00	
22.00 SPEECH PATHOLOGY	68.00	0	46,851	0		22.00	
23.00 ELECTROCARDIOLOGY	69.00	0	158,958	0		23.00	
24.00 CARDIAC REHABILITATION	76.97	0	76,295	0		24.00	
25.00 BEHAVIORAL HEALTH	90.01	0	95,664	0		25.00	
26.00 SLEEP LAB	90.02	0	538	0		26.00	
27.00 EMERGENCY	91.00	0	779,623	0		27.00	
28.00 OBSERVATION BEDS (DISTINCT PART)	92.01	0	41,156	0		28.00	
29.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	41,159	0		29.00	

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6
Date/Time Prepared:
5/26/2022 3:15 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
30.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	87	0		30.00
31.00	RETAIL PHARMACY	192.01	0	62	0		31.00
32.00	BACK AND NECK	192.03	0	33,522	0		32.00
	0		0	11,598,862			
E - ACCRUED PTO							
1.00	ADMINISTRATIVE AND GENERAL	5.04	75,701	0	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	6,285	0	0		2.00
3.00	OPERATION OF PLANT	7.00	3,999	0	0		3.00
4.00	HOUSEKEEPING	9.00	33,938	0	0		4.00
5.00	DIETARY	10.00	16,025	0	0		5.00
6.00	PHARMACY	15.00	31,086	0	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	83,793	0	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	18,266	0	0		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	10,669	0	0		9.00
10.00	OPERATING ROOM	50.00	68,397	0	0		10.00
11.00	RECOVERY ROOM	51.00	28,110	0	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	25,378	0	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	7,001	0	0		13.00
14.00	RESPIRATORY THERAPY	65.00	19,782	0	0		14.00
15.00	PHYSICAL THERAPY	66.00	5,678	0	0		15.00
16.00	OCCUPATIONAL THERAPY	67.00	4,529	0	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	9,479	0	0		17.00
18.00	CARDIAC REHABILITATION	76.97	2,019	0	0		18.00
19.00	BEHAVIORAL HEALTH	90.01	5,311	0	0		19.00
20.00	EMERGENCY	91.00	40,261	0	0		20.00
21.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	982	0	0		21.00
	TOTALS		496,689	0			
F - LABOR & DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	2,682,942	362,001	0		1.00
	0		2,682,942	362,001			
H - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	371,103	50,072	0		1.00
	0		371,103	50,072			
I - DIETARY							
1.00	DIETARY	10.00	591,896	494,508	0		1.00
	0		591,896	494,508			
K - STD							
1.00	ADMINISTRATIVE AND GENERAL	5.04	5,021	0	0		1.00
2.00	HOUSEKEEPING	9.00	1,825	0	0		2.00
3.00	DIETARY	10.00	3,851	0	0		3.00
4.00	NURSING ADMINISTRATION	13.00	12,064	0	0		4.00
5.00	PHARMACY	15.00	14,582	0	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	81,358	0	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	13,375	0	0		7.00
8.00	OPERATING ROOM	50.00	15,188	0	0		8.00
9.00	RECOVERY ROOM	51.00	15,408	0	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	27,236	0	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	2,631	0	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	3,295	0	0		12.00
13.00	RESPIRATORY THERAPY	65.00	16,635	0	0		13.00
14.00	PHYSICAL THERAPY	66.00	11,153	0	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	2,374	0	0		15.00
16.00	BEHAVIORAL HEALTH	90.01	2,958	0	0		16.00
17.00	EMERGENCY	91.00	23,066	0	0		17.00
	0		252,020	0			
L - UTILITIES							
1.00	MOB	1.01	0	19,801	10		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	222	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	1,812,340	0		3.00
4.00	SLEEP LAB	90.02	0	400	0		4.00
	0		0	1,832,763			
M - MARKETING							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	40,000	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	314	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	150	0		3.00
	0		0	40,464			
N - BILLABLE/NON-BILLABLE DRUGS							
1.00	PHARMACY	15.00	0	6,535,604	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	16	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	12	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,654	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	254,594	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	89,445	0		6.00

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6
Date/Time Prepared:
5/26/2022 3:15 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	3,364	0		7.00
8.00	OPERATING ROOM	50.00	0	128,106	0		8.00
9.00	RECOVERY ROOM	51.00	0	132,722	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	738,283	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	186,312	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	108,911	0		12.00
13.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	75	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	20,403	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	1,154	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	13,482	0		16.00
17.00	RENAL DIALYSIS	74.00	0	4,124	0		17.00
18.00	CARDIAC REHABILITATION	76.97	0	331	0		18.00
19.00	SLEEP LAB	90.02	0	2	0		19.00
20.00	EMERGENCY	91.00	0	283,503	0		20.00
21.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	6,124	0		21.00
			0	8,508,221			
O - MEDICAL SUPPLIES AND IMPLANTS							
1.00	DIETARY	10.00	0	1,165	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	36,762	0		2.00
3.00	OPERATING ROOM	50.00	0	12,177,387	0		3.00
4.00	PHARMACY	15.00	0	31,904	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	1,127,777	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	229,967	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	27,535	0		7.00
8.00	RECOVERY ROOM	51.00	0	75,249	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	225,088	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	100,824	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	3,915,667	0		11.00
12.00	LABORATORY	60.00	0	4,183	0		12.00
13.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	758	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	402,209	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	124,177	0		15.00
16.00	OCCUPATIONAL THERAPY	67.00	0	264	0		16.00
17.00	SPEECH PATHOLOGY	68.00	0	405	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	5,724	0		18.00
19.00	RENAL DIALYSIS	74.00	0	11,318	0		19.00
20.00	CARDIAC REHABILITATION	76.97	0	488	0		20.00
21.00	BEHAVIORAL HEALTH	90.01	0	1,260	0		21.00
22.00	SLEEP LAB	90.02	0	12,190	0		22.00
23.00	EMERGENCY	91.00	0	379,514	0		23.00
24.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	6,922	0		24.00
25.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3	0		25.00
			0	18,898,740			
P - ROUTINE COSTS							
1.00	RECOVERY ROOM	51.00	40,075	5,961	0		1.00
2.00	OBSERVATION BEDS (DISTINCT PART)	92.01	52,490	8,947	0		2.00
			92,565	14,908			
O - TIPTON, NORTH, SAXONY RECLASS							
1.00	ADMINISTRATIVE AND GENERAL	5.04	50,591	15,000	0		1.00
2.00	NURSING ADMINISTRATION	13.00	3,688	1,572	0		2.00
3.00	ADMINISTRATIVE AND GENERAL	5.04	251,233	74,488	0		3.00
4.00	NURSING ADMINISTRATION	13.00	18,313	7,807	0		4.00
5.00	ADMINISTRATIVE AND GENERAL	5.04	68,120	20,197	0		5.00
6.00	NURSING ADMINISTRATION	13.00	4,966	2,117	0		6.00
			396,911	121,181			
500.00	Grand Total: Decreases		4,884,126	57,522,016			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0158

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

Worksheet A-7
Part I
Date/Time Prepared:
5/26/2022 3:15 pm

		Acquisitions			Disposals and Retirements		
		Beginning Balances	Purchases	Donation			Total
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0	0	0	1.00	
2.00	Land Improvements	6,800,703	0	0	0	2.00	
3.00	Buildings and Fixtures	76,957,802	0	0	0	3.00	
4.00	Building Improvements	32,014,351	71,458,421	0	71,458,421	4.00	
5.00	Fixed Equipment	0	0	0	0	5.00	
6.00	Movable Equipment	77,260,628	17,288,236	0	17,288,236	6.00	
7.00	HIT designated Assets	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	193,033,484	88,746,657	0	88,746,657	8.00	
9.00	Reconciling Items	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	193,033,484	88,746,657	0	88,746,657	10.00	
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0			1.00	
2.00	Land Improvements	6,800,703	1,595,468			2.00	
3.00	Buildings and Fixtures	76,957,802	0			3.00	
4.00	Building Improvements	103,472,772	1,686,405			4.00	
5.00	Fixed Equipment	0	0			5.00	
6.00	Movable Equipment	93,406,076	37,733,200			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	280,637,353	41,015,073			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	280,637,353	41,015,073			10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0158

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

Worksheet A-7
Part II
Date/Time Prepared:
5/26/2022 3:15 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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	MOB	268,847	356,106	0	0	0	1.01
1.02	INTEREST	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	268,847	356,106	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	MOB	271,659	896,612				1.01
1.02	INTEREST	0	0				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	271,659	896,612				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0158

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

Worksheet A-7
Part III
Date/Time Prepared:
5/26/2022 3:15 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	NEW CAP REL COSTS-BLDG & FIXT	187,231,276	0	187,231,276	0.667164	0	1.00
1.01	MOB	0	0	0	0.000000	0	1.01
1.02	INTEREST	0	0	0	0.000000	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	93,406,076	0	93,406,076	0.332836	0	2.00
3.00	Total (sum of lines 1-2)	280,637,352	0	280,637,352	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	7,143,461	444,209	1.00
1.01	MOB	0	0	0	-1,003,409	1,038,656	1.01
1.02	INTEREST	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	8,099,286	79,011	2.00
3.00	Total (sum of lines 1-2)	0	0	0	14,239,338	1,561,876	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. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	161,715	37,170	0	7,786,555	1.00
1.01	MOB	0	0	0	271,659	306,906	1.01
1.02	INTEREST	4,732,788	0	0	0	4,732,788	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	2,929	0	0	8,181,226	2.00
3.00	Total (sum of lines 1-2)	4,732,788	164,644	37,170	271,659	21,007,475	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0158

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

Worksheet A-8

Date/Time Prepared:
5/26/2022 3:15 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
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-363,502	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	1.00
1.01 Investment income - MOB (chapter 2)	A	-1,003,409	MOB	1.01	9	1.01
1.02 Investment income - INTEREST (chapter 2)	B	290,429	INTEREST	1.02	11	1.02
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	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	-15,809,110			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	24,673,033			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-145,322	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01 Depreciation - MOB		0	MOB	1.01	0	26.01
26.02 Depreciation - INTEREST		0	INTEREST	1.02	0	26.02
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
			Cost Center	Line #			
			1.00	2.00	3.00		
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		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)		0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISCELLANEOUS INCOME	-417,121		ADMINISTRATIVE AND GENERAL	5.04	0	33.00
33.01	MISCELLANEOUS INCOME	30,319		MAINTENANCE & REPAIRS	6.00	0	33.01
33.02	MISCELLANEOUS INCOME	-177		NURSING ADMINISTRATION	13.00	0	33.02
33.03	MISCELLANEOUS INCOME	-21,357		PHARMACY	15.00	0	33.03
33.04	MISCELLANEOUS INCOME	-24,162		ELECTROCARDIOLOGY	69.00	0	33.04
33.05	CONTRIBUTION EXPENSE	-31,650		ADMINISTRATIVE AND GENERAL	5.04	0	33.05
33.06	CONTRIBUTION EXPENSE	-4,354		NURSING ADMINISTRATION	13.00	0	33.06
33.07	CONTRIBUTION EXPENSE	-3,290		ADULTS & PEDIATRICS	30.00	0	33.07
33.08	HAF FEES	-13,562,983		ADMINISTRATIVE AND GENERAL	5.04	0	33.08
33.09	EMPLOYEE BENEFITS	-11,598,862		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.09
33.10	TELEPHONE EQUIPMENT	-91		DIETARY	10.00	0	33.10
33.11	TELEPHONE EQUIPMENT	-1,443		NURSING ADMINISTRATION	13.00	0	33.11
33.12	TELEPHONE EQUIPMENT	-22		PHARMACY	15.00	0	33.12
33.13	TELEPHONE EQUIPMENT	-7,975		ADULTS & PEDIATRICS	30.00	0	33.13
33.14	TELEPHONE EQUIPMENT	-6,761		OPERATING ROOM	50.00	0	33.14
33.15	TELEPHONE EQUIPMENT	-1,063		RECOVERY ROOM	51.00	0	33.15
33.16	TELEPHONE EQUIPMENT	-504		RADIOLOGY-DIAGNOSTIC	54.00	0	33.16
33.17	TELEPHONE EQUIPMENT	-1,724		RENAL DIALYSIS	74.00	0	33.17
33.18	TELEPHONE EQUIPMENT	-16		EMERGENCY	91.00	0	33.18
33.19	WEST EXPANSION	-565,830		ADMINISTRATIVE AND GENERAL	5.04	0	33.19
33.20	WEST EXPANSION START-UP COST	556,264		ADMINISTRATIVE AND GENERAL	5.04	0	33.20
33.21	UNWONTED SITUATIONS	-42		ADMINISTRATIVE AND GENERAL	5.04	0	33.21
33.22	UNWONTED SITUATIONS	-2,845		ADULTS & PEDIATRICS	30.00	0	33.22
33.23	UNWONTED SITUATIONS	-770		EMERGENCY	91.00	0	33.23
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	-18,024,340					50.00

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

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

Provider CCN: 15-0158

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

Worksheet A-8-1

Date/Time Prepared: 5/26/2022 3:15 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	NEW CAP REL COSTS-BLDG & FIX	HO CR ALLOCATIONS	847,680	444,209	1.00
2.00	1.02	INTEREST	HO CR ALLOCATIONS	4,441,477	0	2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HO CR ALLOCATIONS	1,031,803	0	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO CR ALLOCATIONS	13,044,686	0	4.00
4.01	5.02	DATA PROCESSING	HO CR ALLOCATIONS	9,983,423	0	4.01
4.02	5.03	PURCHASING RECEIVING AND STO	HO CR ALLOCATIONS	746,650	0	4.02
4.03	5.04	ADMINISTRATIVE AND GENERAL	HO CR ALLOCATIONS	22,541,081	28,424,034	4.03
4.04	6.00	MAINTENANCE & REPAIRS	HO CR ALLOCATIONS	0	159,221	4.04
4.05	13.00	NURSING ADMINISTRATION	HO CR ALLOCATIONS	527,759	0	4.05
4.06	1.01	MOB	INTERCOMPANY	300,000	300,000	4.06
4.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	INTERCOMPANY	13,980	13,980	4.07
4.08	5.04	ADMINISTRATIVE AND GENERAL	INTERCOMPANY	6,589,910	6,589,910	4.08
4.09	13.00	NURSING ADMINISTRATION	INTERCOMPANY	494,687	494,687	4.09
4.10	30.00	ADULTS & PEDIATRICS	INTERCOMPANY	2,380,335	2,380,335	4.10
4.11	31.00	INTENSIVE CARE UNIT	INTERCOMPANY	1,260,068	1,260,068	4.11
4.12	50.00	OPERATING ROOM	INTERCOMPANY	744,509	744,509	4.12
4.13	51.00	RECOVERY ROOM	INTERCOMPANY	58,508	58,508	4.13
4.14	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY	216,180	216,180	4.14
4.15	55.00	RADIOLOGY-THERAPEUTIC	INTERCOMPANY	367,057	367,057	4.15
4.16	59.00	CARDIAC CATHETERIZATION	INTERCOMPANY	1,130,462	1,130,462	4.16
4.17	60.00	LABORATORY	INTERCOMPANY	8,727,001	8,727,001	4.17
4.18	63.00	BLOOD STORING, PROCESSING, &	INTERCOMPANY	55,723	55,723	4.18
4.19	65.00	RESPIRATORY THERAPY	INTERCOMPANY	7,466	7,466	4.19
4.20	69.00	ELECTROCARDIOLOGY	INTERCOMPANY	376,110	376,110	4.20
4.21	74.00	RENAL DIALYSIS	INTERCOMPANY	9,702	9,702	4.21
4.22	76.97	CARDIAC REHABILITATION	INTERCOMPANY	3,790	3,790	4.22
4.23	90.01	BEHAVIORAL HEALTH	INTERCOMPANY	12,500	12,500	4.23
4.24	90.02	SLEEP LAB	INTERCOMPANY	575,199	575,199	4.24
4.25	91.00	EMERGENCY	INTERCOMPANY	3,378,417	3,378,417	4.25
4.26	92.01	OBSERVATION BEDS (DISTINCT P	INTERCOMPANY	9,858	9,858	4.26
4.28	192.02	MARKETING	INTERCOMPANY	25,134	25,134	4.28
4.29	192.03	BACK AND NECK	INTERCOMPANY	-9,260	-9,260	4.29
4.30	5.04	ADMINISTRATIVE AND GENERAL	NORTH ALLOCATION	258,197	0	4.30
4.31	7.00	OPERATION OF PLANT	NORTH ALLOCATION	107,619	0	4.31
4.32	54.00	RADIOLOGY-DIAGNOSTIC	NORTH ALLOCATION	170,122	0	4.32
5.00	0	0	0	80,427,833	55,754,800	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-HO	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	FINANCIAL				100.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet A-8-1 Date/Time Prepared: 5/26/2022 3:15 pm
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Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

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

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

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

Provider CCN: 15-0158

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2022 3:15 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	403,471	9	1.00
2.00	4,441,477	11	2.00
3.00	1,031,803	9	3.00
4.00	13,044,686	0	4.00
4.01	9,983,423	0	4.01
4.02	746,650	0	4.02
4.03	-5,882,953	0	4.03
4.04	-159,221	0	4.04
4.05	527,759	0	4.05
4.06	0	10	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
4.17	0	0	4.17
4.18	0	0	4.18
4.19	0	0	4.19
4.20	0	0	4.20
4.21	0	0	4.21
4.22	0	0	4.22
4.23	0	0	4.23
4.24	0	0	4.24
4.25	0	0	4.25
4.26	0	0	4.26
4.28	0	0	4.28
4.29	0	0	4.29
4.30	258,197	0	4.30
4.31	107,619	0	4.31
4.32	170,122	0	4.32
5.00	24,673,033		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

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

Provider CCN: 15-0158

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2022 3:15 pm

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0158

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

Worksheet A-8-2

Date/Time Prepared:
5/26/2022 3:15 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.04	ADMINISTRATIVE AND GENERAL	7,102,152	7,102,152	0	197,500	0	1.00
2.00	13.00	NURSING ADMINISTRATION	26,260	26,260	0	197,500	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	1,989,673	1,989,673	0	237,100	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	1,247,568	1,247,568	0	197,500	0	4.00
5.00	50.00	OPERATING ROOM	863,568	863,568	0	239,400	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	3,305	3,305	0	271,900	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	298,691	298,691	0	271,900	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	1,069,130	1,069,130	0	197,500	0	8.00
9.00	91.00	EMERGENCY	3,208,763	3,208,763	0	197,500	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			15,809,110	15,809,110	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.04	ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.04	ADMINISTRATIVE AND GENERAL	0	0	0	7,102,152		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	26,260		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,989,673		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,247,568		4.00
5.00	50.00	OPERATING ROOM	0	0	0	863,568		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	3,305		6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	298,691		7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	1,069,130		8.00
9.00	91.00	EMERGENCY	0	0	0	3,208,763		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	15,809,110		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 3:15 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUIP		
		0	1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	7,786,555	7,786,555				1.00
1.01	00101	MOB	306,906	302,291	609,197			1.01
1.02	00102	INTEREST	4,732,788	0	0	4,732,788		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	8,181,226				8,181,226	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,773,950	34,930	0	22,088	0	4.00
5.01	00540	NONPATIENT TELEPHONES	9,844	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	9,983,423	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	773,637	0	0	0	0	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	29,151,430	492,885	82,786	311,683	268,426	5.04
6.00	00600	MAINTENANCE & REPAIRS	3,637,347	1,187,643	0	751,024	953,110	6.00
7.00	00700	OPERATION OF PLANT	5,335,383	181,149	0	114,552	12,676	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	586,890	25,725	0	16,268	0	8.00
9.00	00900	HOUSEKEEPING	2,512,940	109,123	9,508	69,005	0	9.00
10.00	01000	DIETARY	1,559,844	242,525	4,658	153,365	29,337	10.00
11.00	01100	CAFETERIA	941,082	168,907	0	106,811	20,431	11.00
13.00	01300	NURSING ADMINISTRATION	11,048,962	27,762	0	17,556	987,147	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,596,407	113,660	0	71,875	0	14.00
15.00	01500	PHARMACY	4,550,265	129,791	0	82,076	126,659	15.00
17.00	01700	SOCIAL SERVICE	4,856	0	0	0	0	17.00
18.00	01080	TRANSPORTATION	242,085	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,743,717	1,767,573	0	1,117,750	290,482	30.00
31.00	03100	INTENSIVE CARE UNIT	4,342,761	244,674	0	154,723	2,795	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	1,124,746	56,339	0	35,627	0	35.00
43.00	04300	NURSERY	421,175	41,023	0	25,941	11,183	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,007,999	703,111	0	444,623	1,777,826	50.00
51.00	05100	RECOVERY ROOM	3,381,252	337,535	0	213,446	14,501	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,044,943	296,512	0	187,504	80,850	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,750,433	331,905	0	209,885	1,965,891	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,423,451	177,870	0	112,479	503,350	55.00
59.00	05900	CARDIAC CATHETERIZATION	1,752,206	90,843	0	57,446	633,734	59.00
60.00	06000	LABORATORY	8,729,197	70,044	0	44,294	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	605,408	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,736,373	49,598	0	31,364	43,777	65.00
66.00	06600	PHYSICAL THERAPY	2,156,885	3,130	30,053	1,979	5,960	66.00
67.00	06700	OCCUPATIONAL THERAPY	706,779	3,130	30,053	1,979	0	67.00
68.00	06800	SPEECH PATHOLOGY	291,346	3,130	30,053	1,979	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,413,135	0	0	0	95,738	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,671,277	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,205,819	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,584,265	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	950,912	41,171	0	26,035	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	269,971	0	18,317	0	29,103	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	549,678	0	22,634	0	0	90.01
90.02	09002	SLEEP LAB	610,159	2,741	67,783	1,733	0	90.02
91.00	09100	EMERGENCY	6,748,541	416,358	0	263,291	320,490	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	301,168	83,453	0	52,773	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	208,239,416	7,736,531	295,845	4,701,154	8,173,466	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	251,591	0	64,248	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,947	0	124,327	0	0	192.00
192.01	19201	RETAIL PHARMACY	6,018	0	42,792	0	0	192.01
192.02	19202	MARKETING	380,235	0	7,327	0	0	192.02
192.03	19203	BACK AND NECK	105,284	0	74,658	0	7,760	192.03
192.04	19204	TIPTON SERVICES	70,850	6,834	0	4,322	0	192.04
192.05	19205	NORTH SERVICES	351,842	33,985	0	21,491	0	192.05
192.06	19206	SAXONY SERVICES	95,400	9,205	0	5,821	0	192.06
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)	209,510,583	7,786,555	609,197	4,732,788	8,181,226	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 3:15 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	Subtotal	
		4.00	5.01	5.02	5.03	5A.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,830,968				4.00
5.01	00540	NONPATIENT TELEPHONES	0	9,844			5.01
5.02	00550	DATA PROCESSING	0	0	9,983,423		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	6	0	0	773,643	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	998,878	533	540,306	199	31,847,126
6.00	00600	MAINTENANCE & REPAIRS	185,014	183	185,978	0	6,900,299
7.00	00700	OPERATION OF PLANT	151,771	163	164,934	101	5,960,729
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	628,883
9.00	00900	HOUSEKEEPING	265,678	419	425,391	1	3,392,065
10.00	01000	DIETARY	163,204	254	257,482	32	2,410,701
11.00	01100	CAFETERIA	114,180	177	179,257	22	1,530,867
13.00	01300	NURSING ADMINISTRATION	1,627,374	399	404,899	1,457	14,115,556
14.00	01400	CENTRAL SERVICES & SUPPLY	84	0	110	1,864	5,784,000
15.00	01500	PHARMACY	622,193	405	410,958	1,515	5,923,862
17.00	01700	SOCIAL SERVICE	0	0	0	0	4,856
18.00	01080	TRANSPORTATION	33,023	56	56,631	0	331,795
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,879,101	2,202	2,235,370	31,007	30,067,202
31.00	03100	INTENSIVE CARE UNIT	673,131	458	464,174	7,500	5,890,216
35.00	02080	NEONATAL INTENSIVE CARE UNIT	197,737	114	115,906	1,105	1,531,574
43.00	04300	NURSERY	71,588	44	44,401	671	616,026
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	872,940	740	750,082	130,809	11,688,130
51.00	05100	RECOVERY ROOM	566,549	430	435,858	2,895	4,952,466
52.00	05200	DELIVERY ROOM & LABOR ROOM	517,553	317	321,164	4,852	4,453,695
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,008,849	698	707,553	11,534	10,986,748
55.00	05500	RADIOLOGY-THERAPEUTIC	213,160	139	141,026	3,177	2,574,652
59.00	05900	CARDIAC CATHETERIZATION	269,756	163	165,155	33,489	3,002,792
60.00	06000	LABORATORY	386	261	265,085	164	9,109,431
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	30	605,438
65.00	06500	RESPIRATORY THERAPY	424,347	266	269,382	15,985	3,571,092
66.00	06600	PHYSICAL THERAPY	377,628	252	255,720	1,678	2,833,285
67.00	06700	OCCUPATIONAL THERAPY	126,565	81	82,302	13	950,902
68.00	06800	SPEECH PATHOLOGY	52,343	30	30,519	16	409,416
69.00	06900	ELECTROCARDIOLOGY	165,564	115	116,346	246	1,791,144
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	184,543	4,855,820
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	324,182	8,530,001
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	7,584,265
74.00	07400	RENAL DIALYSIS	0	0	0	269	1,018,387
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	46,071	45	46,054	36	409,597
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	BEHAVIORAL HEALTH	94,299	81	81,751	65	748,508
90.02	09002	SLEEP LAB	1,925	2	1,542	453	686,338
91.00	09100	EMERGENCY	948,764	735	745,454	13,503	9,457,136
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	44,001	33	33,053	209	514,690
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,713,662	9,795	9,933,843	773,622	207,669,690
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,946	27	27,434	0	363,246
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,025	0	110	0	135,409
192.01	19201	RETAIL PHARMACY	398	0	0	0	49,208
192.02	19202	MARKETING	0	0	0	0	387,562
192.03	19203	BACK AND NECK	19,371	0	0	21	207,094
192.04	19204	TIPTON SERVICES	10,470	3	2,975	0	95,454
192.05	19205	NORTH SERVICES	51,997	15	14,984	0	474,314
192.06	19206	SAXONY SERVICES	14,099	4	4,077	0	128,606
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	13,830,968	9,844	9,983,423	773,643	209,510,583

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 3:15 pm

Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.04	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	31,847,126				5.04
6.00	00600	MAINTENANCE & REPAIRS	1,236,913	8,137,212			6.00
7.00	00700	OPERATION OF PLANT	1,068,490	255,520	7,284,739		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	112,730	36,286	33,538	811,437	8.00
9.00	00900	HOUSEKEEPING	608,045	153,923	142,265	0	4,296,298
10.00	01000	DIETARY	432,130	342,095	316,185	0	191,087
11.00	01100	CAFETERIA	274,416	238,252	220,207	0	133,082
13.00	01300	NURSING ADMINISTRATION	2,530,284	39,160	36,194	0	21,874
14.00	01400	CENTRAL SERVICES & SUPPLY	1,036,811	160,324	148,181	0	89,553
15.00	01500	PHARMACY	1,061,882	183,078	169,212	0	102,263
17.00	01700	SOCIAL SERVICE	870	0	0	0	0
18.00	01080	TRANSPORTATION	59,476	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,389,758	2,493,256	2,304,418	481,196	1,392,681
31.00	03100	INTENSIVE CARE UNIT	1,055,851	345,125	318,986	0	192,780
35.00	02080	NEONATAL INTENSIVE CARE UNIT	274,542	79,470	73,451	804	44,390
43.00	04300	NURSERY	110,426	57,865	53,482	0	32,322
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,095,156	991,775	916,659	55,749	553,984
51.00	05100	RECOVERY ROOM	887,754	476,112	440,051	0	265,946
52.00	05200	DELIVERY ROOM & LABOR ROOM	798,347	418,247	386,569	0	233,624
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,969,430	468,170	432,711	150,874	261,510
55.00	05500	RADIOLOGY-THERAPEUTIC	461,519	250,896	231,893	10,093	140,145
59.00	05900	CARDIAC CATHETERIZATION	538,265	128,139	118,434	0	71,576
60.00	06000	LABORATORY	1,632,911	98,801	91,318	0	55,188
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	108,528	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	640,136	69,960	64,662	0	39,078
66.00	06600	PHYSICAL THERAPY	507,881	4,415	4,081	0	2,466
67.00	06700	OCCUPATIONAL THERAPY	170,454	4,415	4,081	0	2,466
68.00	06800	SPEECH PATHOLOGY	73,390	4,415	4,081	0	2,466
69.00	06900	ELECTROCARDIOLOGY	321,072	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	870,430	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,529,045	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,359,517	0	0	0	0
74.00	07400	RENAL DIALYSIS	182,551	58,074	53,675	0	32,439
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	73,422	0	0	12	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	BEHAVIORAL HEALTH	134,174	0	0	0	0
90.02	09002	SLEEP LAB	123,030	3,866	3,574	4,375	2,160
91.00	09100	EMERGENCY	1,695,239	587,296	542,814	108,334	328,051
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	92,261	117,715	108,800	0	65,753
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,517,136	8,066,650	7,219,522	811,437	4,256,884
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	65,114	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	24,273	0	0	0	0
192.01	19201	RETAIL PHARMACY	8,821	0	0	0	0
192.02	19202	MARKETING	69,472	0	0	0	0
192.03	19203	BACK AND NECK	37,123	0	0	0	0
192.04	19204	TIPTON SERVICES	17,111	9,640	8,910	0	5,385
192.05	19205	NORTH SERVICES	85,023	47,938	44,307	0	26,777
192.06	19206	SAXONY SERVICES	23,053	12,984	12,000	0	7,252
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	31,847,126	8,137,212	7,284,739	811,437	4,296,298

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0158		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part I Date/Time Prepared: 5/26/2022 3:15 pm		
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	MOB					1.01	
1.02	00102	INTEREST					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00590	ADMINISTRATIVE AND GENERAL					5.04	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY	3,692,198				10.00	
11.00	01100	CAFETERIA	0	2,396,824			11.00	
13.00	01300	NURSING ADMINISTRATION	0	117,918	16,860,986		13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	32	0	7,218,901	14.00	
15.00	01500	PHARMACY	0	119,682	93,672	14,207	15.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
18.00	01080	TRANSPORTATION	0	16,492	0	0	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,094,504	651,001	7,446,938	290,710	157,765	30.00
31.00	03100	INTENSIVE CARE UNIT	368,420	135,180	1,592,426	70,320	66,081	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	76,161	33,755	468,361	10,360	2,694	35.00
43.00	04300	NURSERY	153,113	12,931	140,508	6,293	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	218,444	1,592,426	1,226,413	19,311	50.00
51.00	05100	RECOVERY ROOM	0	126,934	1,545,590	27,145	102,907	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	93,532	936,721	45,494	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	206,059	187,344	108,142	36,877	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	41,071	281,016	29,788	160,933	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	48,098	327,853	313,978	57,371	59.00
60.00	06000	LABORATORY	0	77,200	0	1,538	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	281	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	78,451	0	149,871	664	65.00
66.00	06600	PHYSICAL THERAPY	0	74,473	0	15,731	44	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	23,969	0	124	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,888	0	150	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	33,883	93,672	2,306	7,346	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,730,204	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	3,039,373	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	6,836,225	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,520	357	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	13,412	46,836	340	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0	23,808	46,836	607	0	90.01
90.02	09002	SLEEP LAB	0	449	0	4,249	0	90.02
91.00	09100	EMERGENCY	0	217,097	1,967,115	126,599	216,065	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	9,626	93,672	1,962	3,218	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,692,198	2,382,385	16,860,986	7,218,705	7,667,858	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,990	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	32	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	0	0	0	0	192.01
192.02	19202	MARKETING	0	0	0	0	0	192.02
192.03	19203	BACK AND NECK	0	0	0	196	0	192.03
192.04	19204	TIPTON SERVICES	0	866	0	0	0	192.04
192.05	19205	NORTH SERVICES	0	4,364	0	0	0	192.05
192.06	19206	SAXONY SERVICES	0	1,187	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,692,198	2,396,824	16,860,986	7,218,901	7,667,858	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B
Part I
Date/Time Prepared:
5/26/2022 3:15 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		TRANSPORTATION				
	17.00	18.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	MOB					1.01
1.02 00102	INTEREST					1.02
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING RECEIVING AND STORES					5.03
5.04 00590	ADMINISTRATIVE AND GENERAL					5.04
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
17.00 01700	SOCIAL SERVICE	5,726				17.00
18.00 01080	TRANSPORTATION	0	407,763			18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	4,800	45,376	53,819,605	0	53,819,605
31.00 03100	INTENSIVE CARE UNIT	571	10,299	10,046,255	0	10,046,255
35.00 02080	NEONATAL INTENSIVE CARE UNIT	118	1,357	2,597,037	0	2,597,037
43.00 04300	NURSERY	237	989	1,184,192	0	1,184,192
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	54,067	19,412,114	0	19,412,114
51.00 05100	RECOVERY ROOM	0	11,353	8,836,258	0	8,836,258
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	7,872	7,374,101	0	7,374,101
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	42,737	14,850,602	0	14,850,602
55.00 05500	RADIOLOGY-THERAPEUTIC	0	18,171	4,200,177	0	4,200,177
59.00 05900	CARDIAC CATHETERIZATION	0	23,210	4,629,716	0	4,629,716
60.00 06000	LABORATORY	0	21,879	11,088,266	0	11,088,266
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,178	715,425	0	715,425
65.00 06500	RESPIRATORY THERAPY	0	7,058	4,620,972	0	4,620,972
66.00 06600	PHYSICAL THERAPY	0	3,465	3,445,841	0	3,445,841
67.00 06700	OCCUPATIONAL THERAPY	0	1,164	1,157,575	0	1,157,575
68.00 06800	SPEECH PATHOLOGY	0	522	503,328	0	503,328
69.00 06900	ELECTROCARDIOLOGY	0	14,571	2,263,994	0	2,263,994
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,202	7,468,656	0	7,468,656
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	29,274	13,127,693	0	13,127,693
73.00 07300	DRUGS CHARGED TO PATIENTS	0	31,768	15,811,775	0	15,811,775
74.00 07400	RENAL DIALYSIS	0	867	1,348,870	0	1,348,870
76.00 03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	1,272	544,891	0	544,891
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	BEHAVIORAL HEALTH	0	496	954,429	0	954,429
90.02 09002	SLEEP LAB	0	2,475	830,516	0	830,516
91.00 09100	EMERGENCY	0	63,093	15,308,839	0	15,308,839
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	1,048	1,008,745	0	1,008,745
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	5,726	407,763	207,149,872	0	207,149,872
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	436,350	0	436,350
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	159,714	0	159,714
192.01 19201	RETAIL PHARMACY	0	0	58,029	0	58,029
192.02 19202	MARKETING	0	0	457,034	0	457,034
192.03 19203	BACK AND NECK	0	0	244,413	0	244,413
192.04 19204	TIPTON SERVICES	0	0	137,366	0	137,366
192.05 19205	NORTH SERVICES	0	0	682,723	0	682,723
192.06 19206	SAXONY SERVICES	0	0	185,082	0	185,082
200.00	Cross Foot Adjustments			0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	5,726	407,763	209,510,583	0	209,510,583

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/26/2022 3:15 pm
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUIP		
			0	1.00	1.01	1.02		2.00
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	MOB					1.01	
1.02	00102	INTEREST					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	34,930	0	22,088	0	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	0	492,885	82,786	311,683	268,426	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	1,187,643	0	751,024	953,110	6.00
7.00	00700	OPERATION OF PLANT	0	181,149	0	114,552	12,676	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	25,725	0	16,268	0	8.00
9.00	00900	HOUSEKEEPING	0	109,123	9,508	69,005	0	9.00
10.00	01000	DIETARY	0	242,525	4,658	153,365	29,337	10.00
11.00	01100	CAFETERIA	0	168,907	0	106,811	20,431	11.00
13.00	01300	NURSING ADMINISTRATION	0	27,762	0	17,556	987,147	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	113,660	0	71,875	0	14.00
15.00	01500	PHARMACY	0	129,791	0	82,076	126,659	15.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01080	TRANSPORTATION	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,767,573	0	1,117,750	290,482	30.00
31.00	03100	INTENSIVE CARE UNIT	0	244,674	0	154,723	2,795	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0	56,339	0	35,627	0	35.00
43.00	04300	NURSERY	0	41,023	0	25,941	11,183	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	703,111	0	444,623	1,777,826	50.00
51.00	05100	RECOVERY ROOM	0	337,535	0	213,446	14,501	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	296,512	0	187,504	80,850	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	331,905	0	209,885	1,965,891	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	177,870	0	112,479	503,350	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	90,843	0	57,446	633,734	59.00
60.00	06000	LABORATORY	0	70,044	0	44,294	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	49,598	0	31,364	43,777	65.00
66.00	06600	PHYSICAL THERAPY	0	3,130	30,053	1,979	5,960	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,130	30,053	1,979	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,130	30,053	1,979	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	95,738	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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	41,171	0	26,035	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	18,317	0	29,103	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0	0	22,634	0	0	90.01
90.02	09002	SLEEP LAB	0	2,741	67,783	1,733	0	90.02
91.00	09100	EMERGENCY	0	416,358	0	263,291	320,490	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	83,453	0	52,773	0	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	7,434,240	295,845	4,701,154	8,173,466	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	64,248	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	124,327	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	0	42,792	0	0	192.01
192.02	19202	MARKETING	0	0	7,327	0	0	192.02
192.03	19203	BACK AND NECK	0	0	74,658	0	7,760	192.03
192.04	19204	TIPTON SERVICES	0	6,834	0	4,322	0	192.04
192.05	19205	NORTH SERVICES	0	33,985	0	21,491	0	192.05
192.06	19206	SAXONY SERVICES	0	9,205	0	5,821	0	192.06
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	7,484,264	609,197	4,732,788	8,181,226	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/26/2022 3:15 pm		
Cost Center	Description	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES
		2A	4.00	5.01	5.02	5.03
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	MOB				1.01
1.02	00102	INTEREST				1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	57,018	57,018		4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	1,155,780	4,117	0	5.04
6.00	00600	MAINTENANCE & REPAIRS	2,891,777	762	0	6.00
7.00	00700	OPERATION OF PLANT	308,377	625	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	41,993	0	0	8.00
9.00	00900	HOUSEKEEPING	187,636	1,095	0	9.00
10.00	01000	DIETARY	429,885	673	0	10.00
11.00	01100	CAFETERIA	296,149	471	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,032,465	6,707	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	185,535	0	0	14.00
15.00	01500	PHARMACY	338,526	2,564	0	15.00
17.00	01700	SOCIAL SERVICE	0	0	0	17.00
18.00	01080	TRANSPORTATION	0	136	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,175,805	11,882	0	30.00
31.00	03100	INTENSIVE CARE UNIT	402,192	2,774	0	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	91,966	815	0	35.00
43.00	04300	NURSERY	78,147	295	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,925,560	3,598	0	50.00
51.00	05100	RECOVERY ROOM	565,482	2,335	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	564,866	2,133	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,507,681	4,158	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	793,699	878	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	782,023	1,112	0	59.00
60.00	06000	LABORATORY	114,338	2	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	124,739	1,749	0	65.00
66.00	06600	PHYSICAL THERAPY	41,122	1,556	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	35,162	522	0	67.00
68.00	06800	SPEECH PATHOLOGY	35,162	216	0	68.00
69.00	06900	ELECTROCARDIOLOGY	95,738	682	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	67,206	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	47,420	190	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	22,634	389	0	90.01
90.02	09002	SLEEP LAB	72,257	8	0	90.02
91.00	09100	EMERGENCY	1,000,139	3,910	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	136,226	181	0	92.01
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	20,604,705	56,535	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	64,248	82	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	124,327	4	0	192.00
192.01	19201	RETAIL PHARMACY	42,792	2	0	192.01
192.02	19202	MARKETING	7,327	0	0	192.02
192.03	19203	BACK AND NECK	82,418	80	0	192.03
192.04	19204	TIPTON SERVICES	11,156	43	0	192.04
192.05	19205	NORTH SERVICES	55,476	214	0	192.05
192.06	19206	SAXONY SERVICES	15,026	58	0	192.06
200.00		Cross Foot Adjustments	0			200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	21,007,475	57,018	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/26/2022 3:15 pm				
Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.04	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
1.01	00101	MOB				1.01		
1.02	00102	INTEREST				1.02		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.01	00540	NONPATIENT TELEPHONES				5.01		
5.02	00550	DATA PROCESSING				5.02		
5.03	00560	PURCHASING RECEIVING AND STORES				5.03		
5.04	00590	ADMINISTRATIVE AND GENERAL	1,159,897			5.04		
6.00	00600	MAINTENANCE & REPAIRS	45,052	2,937,591		6.00		
7.00	00700	OPERATION OF PLANT	38,918	92,244	440,164	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	4,106	13,100	2,026	61,225	8.00	
9.00	00900	HOUSEKEEPING	22,147	55,567	8,596	0	275,041	9.00
10.00	01000	DIETARY	15,739	123,499	19,105	0	12,233	10.00
11.00	01100	CAFETERIA	9,995	86,011	13,305	0	8,520	11.00
13.00	01300	NURSING ADMINISTRATION	92,160	14,137	2,187	0	1,400	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	37,764	57,878	8,953	0	5,733	14.00
15.00	01500	PHARMACY	38,677	66,092	10,224	0	6,547	15.00
17.00	01700	SOCIAL SERVICE	32	0	0	0	0	17.00
18.00	01080	TRANSPORTATION	2,166	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	196,242	900,082	139,239	36,307	89,158	30.00
31.00	03100	INTENSIVE CARE UNIT	38,457	124,593	19,274	0	12,341	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	10,000	28,689	4,438	61	2,842	35.00
43.00	04300	NURSERY	4,022	20,890	3,232	0	2,069	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	76,312	358,038	55,387	4,206	35,465	50.00
51.00	05100	RECOVERY ROOM	32,335	171,880	26,589	0	17,025	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,078	150,990	23,358	0	14,956	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	71,732	169,013	26,146	11,384	16,741	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,810	90,575	14,012	762	8,972	55.00
59.00	05900	CARDIAC CATHETERIZATION	19,605	46,259	7,156	0	4,582	59.00
60.00	06000	LABORATORY	59,475	35,668	5,518	0	3,533	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,953	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	23,316	25,256	3,907	0	2,502	65.00
66.00	06600	PHYSICAL THERAPY	18,499	1,594	247	0	158	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,208	1,594	247	0	158	67.00
68.00	06800	SPEECH PATHOLOGY	2,673	1,594	247	0	158	68.00
69.00	06900	ELECTROCARDIOLOGY	11,694	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	31,704	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	55,692	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,518	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	6,649	20,965	3,243	0	2,077	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,674	0	0	1	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	4,887	0	0	0	0	90.01
90.02	09002	SLEEP LAB	4,481	1,396	216	330	138	90.02
91.00	09100	EMERGENCY	61,746	212,018	32,798	8,174	21,001	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,360	42,496	6,574	0	4,209	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,147,878	2,912,118	436,224	61,225	272,518	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,372	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	884	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	321	0	0	0	0	192.01
192.02	19202	MARKETING	2,530	0	0	0	0	192.02
192.03	19203	BACK AND NECK	1,352	0	0	0	0	192.03
192.04	19204	TIPTON SERVICES	623	3,480	538	0	345	192.04
192.05	19205	NORTH SERVICES	3,097	17,306	2,677	0	1,714	192.05
192.06	19206	SAXONY SERVICES	840	4,687	725	0	464	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,159,897	2,937,591	440,164	61,225	275,041	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0158		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/26/2022 3:15 pm	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00590	ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY	601,134				10.00
11.00	01100	CAFETERIA	0	414,451			11.00
13.00	01300	NURSING ADMINISTRATION	0	20,390	1,169,446		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6	0	295,869	14.00
15.00	01500	PHARMACY	0	20,695	6,497	582	15.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01080	TRANSPORTATION	0	2,852	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	503,822	112,565	516,506	11,915	10,090
31.00	03100	INTENSIVE CARE UNIT	59,983	23,375	110,448	2,882	4,226
35.00	02080	NEONATAL INTENSIVE CARE UNIT	12,400	5,837	32,485	425	172
43.00	04300	NURSERY	24,929	2,236	9,745	258	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	37,773	110,448	50,266	1,235
51.00	05100	RECOVERY ROOM	0	21,949	107,199	1,113	6,582
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,173	64,969	1,865	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	35,631	12,994	4,432	2,358
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,102	19,491	1,221	10,293
59.00	05900	CARDIAC CATHETERIZATION	0	8,317	22,739	12,869	3,669
60.00	06000	LABORATORY	0	13,349	0	63	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	12	0
65.00	06500	RESPIRATORY THERAPY	0	13,566	0	6,143	42
66.00	06600	PHYSICAL THERAPY	0	12,878	0	645	3
67.00	06700	OCCUPATIONAL THERAPY	0	4,145	0	5	0
68.00	06800	SPEECH PATHOLOGY	0	1,537	0	6	0
69.00	06900	ELECTROCARDIOLOGY	0	5,859	6,497	95	470
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	70,915	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	124,564	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	437,216
74.00	07400	RENAL DIALYSIS	0	0	0	103	23
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	2,319	3,248	14	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	BEHAVIORAL HEALTH	0	4,117	3,248	25	0
90.02	09002	SLEEP LAB	0	78	0	174	0
91.00	09100	EMERGENCY	0	37,540	136,435	5,189	13,819
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,664	6,497	80	206
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	601,134	411,953	1,169,446	295,861	490,404
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,382	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6	0	0	0
192.01	19201	RETAIL PHARMACY	0	0	0	0	0
192.02	19202	MARKETING	0	0	0	0	0
192.03	19203	BACK AND NECK	0	0	0	8	0
192.04	19204	TIPTON SERVICES	0	150	0	0	0
192.05	19205	NORTH SERVICES	0	755	0	0	0
192.06	19206	SAXONY SERVICES	0	205	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)	601,134	414,451	1,169,446	295,869	490,404

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0158

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

Worksheet B
Part II
Date/Time Prepared:
5/26/2022 3:15 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		TRANSPORTATION				
	17.00	18.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	MOB					1.01
1.02 00102	INTEREST					1.02
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING RECEIVING AND STORES					5.03
5.04 00590	ADMINISTRATIVE AND GENERAL					5.04
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
17.00 01700	SOCIAL SERVICE	32				17.00
18.00 01080	TRANSPORTATION	0	5,154			18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	27	531	5,704,171	0	5,704,171
31.00 03100	INTENSIVE CARE UNIT	3	120	800,668	0	800,668
35.00 02080	NEONATAL INTENSIVE CARE UNIT	1	16	190,147	0	190,147
43.00 04300	NURSERY	1	12	145,836	0	145,836
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	632	3,658,920	0	3,658,920
51.00 05100	RECOVERY ROOM	0	133	952,622	0	952,622
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	92	868,480	0	868,480
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	500	2,862,770	0	2,862,770
55.00 05500	RADIOLOGY-THERAPEUTIC	0	213	964,028	0	964,028
59.00 05900	CARDIAC CATHETERIZATION	0	271	908,602	0	908,602
60.00 06000	LABORATORY	0	256	232,202	0	232,202
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	14	3,979	0	3,979
65.00 06500	RESPIRATORY THERAPY	0	83	201,303	0	201,303
66.00 06600	PHYSICAL THERAPY	0	41	76,743	0	76,743
67.00 06700	OCCUPATIONAL THERAPY	0	14	48,055	0	48,055
68.00 06800	SPEECH PATHOLOGY	0	6	41,599	0	41,599
69.00 06900	ELECTROCARDIOLOGY	0	170	121,205	0	121,205
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	143	102,762	0	102,762
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	342	180,598	0	180,598
73.00 07300	DRUGS CHARGED TO PATIENTS	0	372	487,106	0	487,106
74.00 07400	RENAL DIALYSIS	0	10	100,276	0	100,276
76.00 03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	15	55,881	0	55,881
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	BEHAVIORAL HEALTH	0	6	35,306	0	35,306
90.02 09002	SLEEP LAB	0	29	79,107	0	79,107
91.00 09100	EMERGENCY	0	1,121	1,533,890	0	1,533,890
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			0	
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	12	201,505	0	201,505
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	32	5,154	20,557,761	0	20,557,761
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	68,084	0	68,084
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	125,221	0	125,221
192.01 19201	RETAIL PHARMACY	0	0	43,115	0	43,115
192.02 19202	MARKETING	0	0	9,857	0	9,857
192.03 19203	BACK AND NECK	0	0	83,858	0	83,858
192.04 19204	TIPTON SERVICES	0	0	16,335	0	16,335
192.05 19205	NORTH SERVICES	0	0	81,239	0	81,239
192.06 19206	SAXONY SERVICES	0	0	22,005	0	22,005
200.00	Cross Foot Adjustments			0	0	0
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118 through 201)	32	5,154	21,007,475	0	21,007,475

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 3:15 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)		
		NEW BLDG & FIXT (SQUARE FEET)	MOB (MOB SQUARE FEET)	INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	1.02	2.00			4.00
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	420,430					1.00
1.01	00101	MOB	16,322	66,184				1.01
1.02	00102	INTEREST	0	0	404,108			1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				8,182,925		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,886	0	1,886	0	71,698,463	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	30	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	26,613	8,994	26,613	268,482	5,178,083	5.04
6.00	00600	MAINTENANCE & REPAIRS	64,126	0	64,126	953,308	959,093	6.00
7.00	00700	OPERATION OF PLANT	9,781	0	9,781	12,679	786,768	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,389	0	1,389	0	0	8.00
9.00	00900	HOUSEKEEPING	5,892	1,033	5,892	0	1,377,249	9.00
10.00	01000	DIETARY	13,095	506	13,095	29,343	846,035	10.00
11.00	01100	CAFETERIA	9,120	0	9,120	20,435	591,896	11.00
13.00	01300	NURSING ADMINISTRATION	1,499	0	1,499	987,352	8,436,143	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,137	0	6,137	0	433	14.00
15.00	01500	PHARMACY	7,008	0	7,008	126,685	3,225,383	15.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01080	TRANSPORTATION	0	0	0	0	171,188	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	95,439	0	95,439	290,542	14,925,093	30.00
31.00	03100	INTENSIVE CARE UNIT	13,211	0	13,211	2,796	3,489,444	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	3,042	0	3,042	0	1,025,051	35.00
43.00	04300	NURSERY	2,215	0	2,215	11,185	371,103	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,964	0	37,964	1,778,196	4,525,231	50.00
51.00	05100	RECOVERY ROOM	18,225	0	18,225	14,504	2,936,931	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,010	0	16,010	80,867	2,682,942	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,921	0	17,921	1,966,297	5,229,771	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,604	0	9,604	503,455	1,105,001	55.00
59.00	05900	CARDIAC CATHETERIZATION	4,905	0	4,905	633,866	1,398,389	59.00
60.00	06000	LABORATORY	3,782	0	3,782	0	2,000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,678	0	2,678	43,786	2,199,773	65.00
66.00	06600	PHYSICAL THERAPY	169	3,265	169	5,961	1,957,583	66.00
67.00	06700	OCCUPATIONAL THERAPY	169	3,265	169	0	656,099	67.00
68.00	06800	SPEECH PATHOLOGY	169	3,265	169	0	271,343	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	95,758	858,265	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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	2,223	0	2,223	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,990	0	29,109	238,829	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0	2,459	0	0	488,838	90.01
90.02	09002	SLEEP LAB	148	7,364	148	0	9,977	90.02
91.00	09100	EMERGENCY	22,481	0	22,481	320,557	4,918,299	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,506	0	4,506	0	228,095	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	417,729	32,141	401,407	8,175,163	71,090,358	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,980	0	0	103,399	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,507	0	0	5,312	192.00
192.01	19201	RETAIL PHARMACY	0	4,649	0	0	2,065	192.01
192.02	19202	MARKETING	0	796	0	0	0	192.02
192.03	19203	BACK AND NECK	0	8,111	0	7,762	100,418	192.03
192.04	19204	TIPTON SERVICES	369	0	369	0	54,278	192.04
192.05	19205	NORTH SERVICES	1,835	0	1,835	0	269,547	192.05
192.06	19206	SAXONY SERVICES	497	0	497	0	73,086	192.06
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)	7,786,555	609,197	4,732,788	8,181,226	13,830,968	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 3:15 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	MOB (MOB SQUARE FEET)	INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00		
203.00	Unit cost multiplier (Wkst. B, Part I)	18.520455	9.204596	11.711691	0.999792	0.192905	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)					57,018	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)					0.000795	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: 15-0158

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 3:15 pm

Cost Center Description		NONPATIENT TELEPHONES (FTES)	DATA PROCESSING (FTES)	PURCHASING RECEIVING AND STORES (PURCHASED REQ)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.01	5.02	5.03	5A.04	5.04	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540	90,613					5.01
5.02	00550	0	90,613				5.02
5.03	00560	0	0	19,582,965			5.03
5.04	00590	4,904	4,904	5,031	-31,847,126	177,663,457	5.04
6.00	00600	1,688	1,688	0	0	6,900,299	6.00
7.00	00700	1,497	1,497	2,562	0	5,960,729	7.00
8.00	00800	0	0	0	0	628,883	8.00
9.00	00900	3,861	3,861	35	0	3,392,065	9.00
10.00	01000	2,337	2,337	816	0	2,410,701	10.00
11.00	01100	1,627	1,627	568	0	1,530,867	11.00
13.00	01300	3,675	3,675	36,893	0	14,115,556	13.00
14.00	01400	1	1	47,174	0	5,784,000	14.00
15.00	01500	3,730	3,730	38,358	0	5,923,862	15.00
17.00	01700	0	0	0	0	4,856	17.00
18.00	01080	514	514	0	0	331,795	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	20,289	20,289	784,871	0	30,067,202	30.00
31.00	03100	4,213	4,213	189,852	0	5,890,216	31.00
35.00	02080	1,052	1,052	27,970	0	1,531,574	35.00
43.00	04300	403	403	16,989	0	616,026	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,808	6,808	3,311,123	0	11,688,130	50.00
51.00	05100	3,956	3,956	73,286	0	4,952,466	51.00
52.00	05200	2,915	2,915	122,827	0	4,453,695	52.00
54.00	05400	6,422	6,422	291,966	0	10,986,748	54.00
55.00	05500	1,280	1,280	80,424	0	2,574,652	55.00
59.00	05900	1,499	1,499	847,692	0	3,002,792	59.00
60.00	06000	2,406	2,406	4,153	0	9,109,431	60.00
63.00	06300	0	0	758	0	605,438	63.00
65.00	06500	2,445	2,445	404,629	0	3,571,092	65.00
66.00	06600	2,321	2,321	42,470	0	2,833,285	66.00
67.00	06700	747	747	336	0	950,902	67.00
68.00	06800	277	277	405	0	409,416	68.00
69.00	06900	1,056	1,056	6,227	0	1,791,144	69.00
71.00	07100	0	0	4,671,277	0	4,855,820	71.00
72.00	07200	0	0	8,205,819	0	8,530,001	72.00
73.00	07300	0	0	0	0	7,584,265	73.00
74.00	07400	0	0	6,804	0	1,018,387	74.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	418	418	917	0	409,597	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	742	742	1,638	0	748,508	90.01
90.02	09002	14	14	11,472	0	686,338	90.02
91.00	09100	6,766	6,766	341,797	0	9,457,136	91.00
92.00	09200						92.00
92.01	09201	300	300	5,298	0	514,690	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		90,163	90,163	19,582,437	-31,847,126	175,822,564	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	249	249	0	0	363,246	190.00
192.00	19200	1	1	0	0	135,409	192.00
192.01	19201	0	0	0	0	49,208	192.01
192.02	19202	0	0	0	0	387,562	192.02
192.03	19203	0	0	528	0	207,094	192.03
192.04	19204	27	27	0	0	95,454	192.04
192.05	19205	136	136	0	0	474,314	192.05
192.06	19206	37	37	0	0	128,606	192.06
200.00							200.00
201.00							201.00
202.00		9,844	9,983,423	773,643		31,847,126	202.00
203.00		0.108638	110.176498	0.039506		0.179255	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 3:15 pm

Cost Center Description		NONPATIENT TELEPHONES (FTES)	DATA PROCESSING (FTES)	PURCHASING RECEIVING AND STORES (PURCHASED REQ)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.01	5.02	5.03	5A.04	5.04	
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0		1,159,897	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000		0.006529	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: 15-0158

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 3:15 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00590						5.04
6.00	00600	311,483					6.00
7.00	00700	9,781	301,702				7.00
8.00	00800	1,389	1,389	662,852			8.00
9.00	00900	5,892	5,892	0	294,421		9.00
10.00	01000	13,095	13,095	0	13,095	42,031	10.00
11.00	01100	9,120	9,120	0	9,120	0	11.00
13.00	01300	1,499	1,499	0	1,499	0	13.00
14.00	01400	6,137	6,137	0	6,137	0	14.00
15.00	01500	7,008	7,008	0	7,008	0	15.00
17.00	01700	0	0	0	0	0	17.00
18.00	01080	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	95,439	95,439	393,081	95,439	35,227	30.00
31.00	03100	13,211	13,211	0	13,211	4,194	31.00
35.00	02080	3,042	3,042	657	3,042	867	35.00
43.00	04300	2,215	2,215	0	2,215	1,743	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	37,964	37,964	45,541	37,964	0	50.00
51.00	05100	18,225	18,225	0	18,225	0	51.00
52.00	05200	16,010	16,010	0	16,010	0	52.00
54.00	05400	17,921	17,921	123,247	17,921	0	54.00
55.00	05500	9,604	9,604	8,245	9,604	0	55.00
59.00	05900	4,905	4,905	0	4,905	0	59.00
60.00	06000	3,782	3,782	0	3,782	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	2,678	2,678	0	2,678	0	65.00
66.00	06600	169	169	0	169	0	66.00
67.00	06700	169	169	0	169	0	67.00
68.00	06800	169	169	0	169	0	68.00
69.00	06900	0	0	0	0	0	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	2,223	2,223	0	2,223	0	74.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	0	10	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	148	148	3,574	148	0	90.02
91.00	09100	22,481	22,481	88,497	22,481	0	91.00
92.00	09200						92.00
92.01	09201	4,506	4,506	0	4,506	0	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		308,782	299,001	662,852	291,720	42,031	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	369	369	0	369	0	192.04
192.05	19205	1,835	1,835	0	1,835	0	192.05
192.06	19206	497	497	0	497	0	192.06
200.00							200.00
201.00							201.00
202.00		8,137,212	7,284,739	811,437	4,296,298	3,692,198	202.00
203.00		26.124097	24.145478	1.224160	14.592363	87.844638	203.00
204.00		2,937,591	440,164	61,225	275,041	601,134	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 3:15 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	9.430983	1.458936	0.092366	0.934176	14.302158	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: 15-0158

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 3:15 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS FTES)	CENTRAL SERVICES & SUPPLY (PURCHASED REQ)	PHARMACY (COSTED REQUIS.)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		11.00	13.00	14.00	15.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00590						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	74,699					11.00
13.00	01300	3,675	360				13.00
14.00	01400	1	0	19,489,886			14.00
15.00	01500	3,730	2	38,358	8,506,900		15.00
17.00	01700	0	0	0	0	42,031	17.00
18.00	01080	514	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	20,289	159	784,871	175,028	35,227	30.00
31.00	03100	4,213	34	189,852	73,312	4,194	31.00
35.00	02080	1,052	10	27,970	2,989	867	35.00
43.00	04300	403	3	16,989	0	1,743	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,808	34	3,311,123	21,424	0	50.00
51.00	05100	3,956	33	73,286	114,168	0	51.00
52.00	05200	2,915	20	122,827	0	0	52.00
54.00	05400	6,422	4	291,966	40,912	0	54.00
55.00	05500	1,280	6	80,424	178,543	0	55.00
59.00	05900	1,499	7	847,692	63,649	0	59.00
60.00	06000	2,406	0	4,153	0	0	60.00
63.00	06300	0	0	758	0	0	63.00
65.00	06500	2,445	0	404,629	737	0	65.00
66.00	06600	2,321	0	42,470	49	0	66.00
67.00	06700	747	0	336	0	0	67.00
68.00	06800	277	0	405	0	0	68.00
69.00	06900	1,056	2	6,227	8,150	0	69.00
71.00	07100	0	0	4,671,277	0	0	71.00
72.00	07200	0	0	8,205,819	0	0	72.00
73.00	07300	0	0	0	7,584,265	0	73.00
74.00	07400	0	0	6,804	396	0	74.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	418	1	917	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	742	1	1,638	0	0	90.01
90.02	09002	14	0	11,472	0	0	90.02
91.00	09100	6,766	42	341,797	239,708	0	91.00
92.00	09200						92.00
92.01	09201	300	2	5,298	3,570	0	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		74,249	360	19,489,358	8,506,900	42,031	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	249	0	0	0	0	190.00
192.00	19200	1	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	528	0	0	192.03
192.04	19204	27	0	0	0	0	192.04
192.05	19205	136	0	0	0	0	192.05
192.06	19206	37	0	0	0	0	192.06
200.00							200.00
201.00							201.00
202.00		2,396,824	16,860,986	7,218,901	7,667,858	5,726	202.00
203.00		32.086427	46,836.072222	0.370392	0.901369	0.136233	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 3:15 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS FTES)	CENTRAL SERVICES & SUPPLY (PURCHASED REQ)	PHARMACY (COSTED REQUIS.)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		11.00	13.00	14.00	15.00	17.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	414,451	1,169,446	295,869	490,404	32	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.548280	3,248.461111	0.015181	0.057648	0.000761	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: 15-0158

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

Worksheet B-1
Date/Time Prepared:
5/26/2022 3:15 pm

Cost Center Description		OTHER GENERAL SERVICE TRANSPORTATION (GROSS CHARGES)	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 MOB		1.01
1.02	00102 INTEREST		1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00590 ADMINISTRATIVE AND GENERAL		5.04
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
17.00	01700 SOCIAL SERVICE		17.00
18.00	01080 TRANSPORTATION	1,193,775,576	18.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	132,676,929	30.00
31.00	03100 INTENSIVE CARE UNIT	30,115,236	31.00
35.00	02080 NEONATAL INTENSIVE CARE UNIT	3,967,617	35.00
43.00	04300 NURSERY	2,892,099	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	158,089,594	50.00
51.00	05100 RECOVERY ROOM	33,195,248	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	23,018,977	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	124,962,658	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	53,130,927	55.00
59.00	05900 CARDIAC CATHETERIZATION	67,864,185	59.00
60.00	06000 LABORATORY	63,974,530	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	3,444,913	63.00
65.00	06500 RESPIRATORY THERAPY	20,636,776	65.00
66.00	06600 PHYSICAL THERAPY	10,131,284	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,403,832	67.00
68.00	06800 SPEECH PATHOLOGY	1,527,218	68.00
69.00	06900 ELECTROCARDIOLOGY	42,604,490	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	35,676,903	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	85,596,954	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	92,888,633	73.00
74.00	07400 RENAL DIALYSIS	2,535,899	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0	76.00
76.97	07697 CARDIAC REHABILITATION	3,718,624	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	09001 BEHAVIORAL HEALTH	1,451,655	90.01
90.02	09002 SLEEP LAB	7,235,767	90.02
91.00	09100 EMERGENCY	185,969,329	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	3,065,299	92.01
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,193,775,576	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 RETAIL PHARMACY	0	192.01
192.02	19202 MARKETING	0	192.02
192.03	19203 BACK AND NECK	0	192.03
192.04	19204 TIPTON SERVICES	0	192.04
192.05	19205 NORTH SERVICES	0	192.05
192.06	19206 SAXONY SERVICES	0	192.06
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)	407,763	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000342	203.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet B-1 Date/Time Prepared: 5/26/2022 3:15 pm
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Cost Center Description		OTHER GENERAL SERVICE		
		TRANSPORTATION (GROSS CHARGES)		
		18.00		
204.00	Cost to be allocated (per Wkst. B, Part II)	5,154		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000004		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)			206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)			207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0158

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2022 3:15 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	53,819,605		53,819,605	0	53,819,605	30.00
31.00	03100	INTENSIVE CARE UNIT	10,046,255		10,046,255	0	10,046,255	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	2,597,037		2,597,037	0	2,597,037	35.00
43.00	04300	NURSERY	1,184,192		1,184,192	0	1,184,192	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,412,114		19,412,114	0	19,412,114	50.00
51.00	05100	RECOVERY ROOM	8,836,258		8,836,258	0	8,836,258	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,374,101		7,374,101	0	7,374,101	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,850,602		14,850,602	0	14,850,602	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,200,177		4,200,177	0	4,200,177	55.00
59.00	05900	CARDIAC CATHETERIZATION	4,629,716		4,629,716	0	4,629,716	59.00
60.00	06000	LABORATORY	11,088,266		11,088,266	0	11,088,266	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	715,425		715,425	0	715,425	63.00
65.00	06500	RESPIRATORY THERAPY	4,620,972	0	4,620,972	0	4,620,972	65.00
66.00	06600	PHYSICAL THERAPY	3,445,841	0	3,445,841	0	3,445,841	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,157,575	0	1,157,575	0	1,157,575	67.00
68.00	06800	SPEECH PATHOLOGY	503,328	0	503,328	0	503,328	68.00
69.00	06900	ELECTROCARDIOLOGY	2,263,994		2,263,994	0	2,263,994	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,468,656		7,468,656	0	7,468,656	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,127,693		13,127,693	0	13,127,693	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,811,775		15,811,775	0	15,811,775	73.00
74.00	07400	RENAL DIALYSIS	1,348,870		1,348,870	0	1,348,870	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	544,891		544,891	0	544,891	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	954,429		954,429	0	954,429	90.01
90.02	09002	SLEEP LAB	830,516		830,516	0	830,516	90.02
91.00	09100	EMERGENCY	15,308,839		15,308,839	0	15,308,839	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,341,593		3,341,593	0	3,341,593	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,008,745		1,008,745	0	1,008,745	92.01
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	210,491,465	0	210,491,465	0	210,491,465	200.00
201.00		Less Observation Beds	3,341,593		3,341,593		3,341,593	201.00
202.00		Total (see instructions)	207,149,872	0	207,149,872	0	207,149,872	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0158

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2022 3:15 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	120,198,312		120,198,312				30.00
31.00	03100	INTENSIVE CARE UNIT	30,115,236		30,115,236				31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	3,967,617		3,967,617				35.00
43.00	04300	NURSERY	2,892,099		2,892,099				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	40,805,324	117,284,270	158,089,594	0.122792	0.000000		50.00
51.00	05100	RECOVERY ROOM	5,531,228	27,664,020	33,195,248	0.266190	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,130,422	5,888,555	23,018,977	0.320349	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,909,222	100,053,436	124,962,658	0.118840	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,588,747	48,542,180	53,130,927	0.079053	0.000000		55.00
59.00	05900	CARDIAC CATHETERIZATION	32,631,241	35,232,944	67,864,185	0.068220	0.000000		59.00
60.00	06000	LABORATORY	34,465,172	29,509,358	63,974,530	0.173323	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,702,847	742,066	3,444,913	0.207676	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	13,754,148	6,882,628	20,636,776	0.223919	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	4,588,268	5,543,016	10,131,284	0.340119	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,366,209	1,037,623	3,403,832	0.340080	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,135,689	391,529	1,527,218	0.329572	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	20,170,194	22,434,296	42,604,490	0.053140	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,381,009	23,295,894	35,676,903	0.209341	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	34,375,617	51,221,337	85,596,954	0.153366	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	65,237,668	27,650,965	92,888,633	0.170223	0.000000		73.00
74.00	07400	RENAL DIALYSIS	2,350,137	185,762	2,535,899	0.531910	0.000000		74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	65,168	3,653,456	3,718,624	0.146530	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	BEHAVIORAL HEALTH	0	1,451,655	1,451,655	0.657476	0.000000		90.01
90.02	09002	SLEEP LAB	0	7,235,767	7,235,767	0.114779	0.000000		90.02
91.00	09100	EMERGENCY	43,666,051	142,303,278	185,969,329	0.082319	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	293,470	12,185,147	12,478,617	0.267786	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	63,269	3,002,030	3,065,299	0.329085	0.000000		92.01
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	520,384,364	673,391,212	1,193,775,576				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	520,384,364	673,391,212	1,193,775,576				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/26/2022 3:15 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02080 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.122792		50.00
51.00	05100 RECOVERY ROOM	0.266190		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.320349		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.118840		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.079053		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.068220		59.00
60.00	06000 LABORATORY	0.173323		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.207676		63.00
65.00	06500 RESPIRATORY THERAPY	0.223919		65.00
66.00	06600 PHYSICAL THERAPY	0.340119		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.340080		67.00
68.00	06800 SPEECH PATHOLOGY	0.329572		68.00
69.00	06900 ELECTROCARDIOLOGY	0.053140		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.209341		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.153366		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.170223		73.00
74.00	07400 RENAL DIALYSIS	0.531910		74.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.146530		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 BEHAVIORAL HEALTH	0.657476		90.01
90.02	09002 SLEEP LAB	0.114779		90.02
91.00	09100 EMERGENCY	0.082319		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.267786		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.329085		92.01
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0158

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2022 3:15 pm

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		53,819,605	0	53,819,605	30.00
31.00	03100	INTENSIVE CARE UNIT		10,046,255	0	10,046,255	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT		2,597,037	0	2,597,037	35.00
43.00	04300	NURSERY		1,184,192	0	1,184,192	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		19,412,114	0	19,412,114	50.00
51.00	05100	RECOVERY ROOM		8,836,258	0	8,836,258	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		7,374,101	0	7,374,101	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		14,850,602	0	14,850,602	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		4,200,177	0	4,200,177	55.00
59.00	05900	CARDIAC CATHETERIZATION		4,629,716	0	4,629,716	59.00
60.00	06000	LABORATORY		11,088,266	0	11,088,266	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.		715,425	0	715,425	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,620,972	0	4,620,972	65.00
66.00	06600	PHYSICAL THERAPY	0	3,445,841	0	3,445,841	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,157,575	0	1,157,575	67.00
68.00	06800	SPEECH PATHOLOGY	0	503,328	0	503,328	68.00
69.00	06900	ELECTROCARDIOLOGY		2,263,994	0	2,263,994	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		7,468,656	0	7,468,656	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		13,127,693	0	13,127,693	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		15,811,775	0	15,811,775	73.00
74.00	07400	RENAL DIALYSIS		1,348,870	0	1,348,870	74.00
76.00	03950	OTHER ANCILLARY SERVICES		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		544,891	0	544,891	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH		954,429	0	954,429	90.01
90.02	09002	SLEEP LAB		830,516	0	830,516	90.02
91.00	09100	EMERGENCY		15,308,839	0	15,308,839	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		3,341,593	0	3,341,593	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		1,008,745	0	1,008,745	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	0	210,491,465	0	210,491,465	200.00
201.00		Less Observation Beds		3,341,593		3,341,593	201.00
202.00		Total (see instructions)	0	207,149,872	0	207,149,872	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0158

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

Worksheet C
Part I
Date/Time Prepared:
5/26/2022 3:15 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	120,198,312		120,198,312		30.00
31.00	03100	INTENSIVE CARE UNIT	30,115,236		30,115,236		31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT	3,967,617		3,967,617		35.00
43.00	04300	NURSERY	2,892,099		2,892,099		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,805,324	117,284,270	158,089,594	0.122792	50.00
51.00	05100	RECOVERY ROOM	5,531,228	27,664,020	33,195,248	0.266190	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,130,422	5,888,555	23,018,977	0.320349	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,909,222	100,053,436	124,962,658	0.118840	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,588,747	48,542,180	53,130,927	0.079053	55.00
59.00	05900	CARDIAC CATHETERIZATION	32,631,241	35,232,944	67,864,185	0.068220	59.00
60.00	06000	LABORATORY	34,465,172	29,509,358	63,974,530	0.173323	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,702,847	742,066	3,444,913	0.207676	63.00
65.00	06500	RESPIRATORY THERAPY	13,754,148	6,882,628	20,636,776	0.223919	65.00
66.00	06600	PHYSICAL THERAPY	4,588,268	5,543,016	10,131,284	0.340119	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,366,209	1,037,623	3,403,832	0.340080	67.00
68.00	06800	SPEECH PATHOLOGY	1,135,689	391,529	1,527,218	0.329572	68.00
69.00	06900	ELECTROCARDIOLOGY	20,170,194	22,434,296	42,604,490	0.053140	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,381,009	23,295,894	35,676,903	0.209341	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	34,375,617	51,221,337	85,596,954	0.153366	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	65,237,668	27,650,965	92,888,633	0.170223	73.00
74.00	07400	RENAL DIALYSIS	2,350,137	185,762	2,535,899	0.531910	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	65,168	3,653,456	3,718,624	0.146530	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	BEHAVIORAL HEALTH	0	1,451,655	1,451,655	0.657476	90.01
90.02	09002	SLEEP LAB	0	7,235,767	7,235,767	0.114779	90.02
91.00	09100	EMERGENCY	43,666,051	142,303,278	185,969,329	0.082319	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	293,470	12,185,147	12,478,617	0.267786	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	63,269	3,002,030	3,065,299	0.329085	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	520,384,364	673,391,212	1,193,775,576		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	520,384,364	673,391,212	1,193,775,576		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/26/2022 3:15 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02080 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.122792		50.00
51.00	05100 RECOVERY ROOM	0.266190		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.320349		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.118840		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.079053		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.068220		59.00
60.00	06000 LABORATORY	0.173323		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.207676		63.00
65.00	06500 RESPIRATORY THERAPY	0.223919		65.00
66.00	06600 PHYSICAL THERAPY	0.340119		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.340080		67.00
68.00	06800 SPEECH PATHOLOGY	0.329572		68.00
69.00	06900 ELECTROCARDIOLOGY	0.053140		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.209341		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.153366		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.170223		73.00
74.00	07400 RENAL DIALYSIS	0.531910		74.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.146530		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 BEHAVIORAL HEALTH	0.657476		90.01
90.02	09002 SLEEP LAB	0.114779		90.02
91.00	09100 EMERGENCY	0.082319		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.267786		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.329085		92.01
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 15-0158

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

Worksheet C
Part II
Date/Time Prepared:
5/26/2022 3:15 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	19,412,114	3,658,920	15,753,194	0	0	50.00
51.00	05100 RECOVERY ROOM	8,836,258	952,622	7,883,636	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,374,101	868,480	6,505,621	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,850,602	2,862,770	11,987,832	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	4,200,177	964,028	3,236,149	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	4,629,716	908,602	3,721,114	0	0	59.00
60.00	06000 LABORATORY	11,088,266	232,202	10,856,064	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	715,425	3,979	711,446	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	4,620,972	201,303	4,419,669	0	0	65.00
66.00	06600 PHYSICAL THERAPY	3,445,841	76,743	3,369,098	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,157,575	48,055	1,109,520	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	503,328	41,599	461,729	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,263,994	121,205	2,142,789	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,468,656	102,762	7,365,894	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	13,127,693	180,598	12,947,095	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	15,811,775	487,106	15,324,669	0	0	73.00
74.00	07400 RENAL DIALYSIS	1,348,870	100,276	1,248,594	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	544,891	55,881	489,010	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	954,429	35,306	919,123	0	0	90.01
90.02	09002 SLEEP LAB	830,516	79,107	751,409	0	0	90.02
91.00	09100 EMERGENCY	15,308,839	1,533,890	13,774,949	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,341,593	354,165	2,987,428	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1,008,745	201,505	807,240	0	0	92.01
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (sum of lines 50 thru 199)	142,844,376	14,071,104	128,773,272	0	0	200.00
201.00	Less Observation Beds	3,341,593	354,165	2,987,428	0	0	201.00
202.00	Total (line 200 minus line 201)	139,502,783	13,716,939	125,785,844	0	0	202.00

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

Provider CCN: 15-0158

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

Worksheet C
Part II
Date/Time Prepared:
5/26/2022 3:15 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	19,412,114	158,089,594	0.122792		50.00
51.00	05100 RECOVERY ROOM	8,836,258	33,195,248	0.266190		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,374,101	23,018,977	0.320349		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,850,602	124,962,658	0.118840		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	4,200,177	53,130,927	0.079053		55.00
59.00	05900 CARDIAC CATHETERIZATION	4,629,716	67,864,185	0.068220		59.00
60.00	06000 LABORATORY	11,088,266	63,974,530	0.173323		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	715,425	3,444,913	0.207676		63.00
65.00	06500 RESPIRATORY THERAPY	4,620,972	20,636,776	0.223919		65.00
66.00	06600 PHYSICAL THERAPY	3,445,841	10,131,284	0.340119		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,157,575	3,403,832	0.340080		67.00
68.00	06800 SPEECH PATHOLOGY	503,328	1,527,218	0.329572		68.00
69.00	06900 ELECTROCARDIOLOGY	2,263,994	42,604,490	0.053140		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,468,656	35,676,903	0.209341		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	13,127,693	85,596,954	0.153366		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	15,811,775	92,888,633	0.170223		73.00
74.00	07400 RENAL DIALYSIS	1,348,870	2,535,899	0.531910		74.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	544,891	3,718,624	0.146530		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	09001 BEHAVIORAL HEALTH	954,429	1,451,655	0.657476		90.01
90.02	09002 SLEEP LAB	830,516	7,235,767	0.114779		90.02
91.00	09100 EMERGENCY	15,308,839	185,969,329	0.082319		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,341,593	12,478,617	0.267786		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1,008,745	3,065,299	0.329085		92.01
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	142,844,376	1,036,602,312			200.00
201.00	Less Observation Beds	3,341,593	0			201.00
202.00	Total (line 200 minus line 201)	139,502,783	1,036,602,312			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0158		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part I Date/Time Prepared: 5/26/2022 3:15 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	5,704,171	0	5,704,171	37,559	151.87	30.00
31.00	INTENSIVE CARE UNIT	800,668		800,668	4,194	190.91	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	190,147		190,147	867	219.32	35.00
43.00	NURSERY	145,836		145,836	1,743	83.67	43.00
200.00	Total (lines 30 through 199)	6,840,822		6,840,822	44,363		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	11,869	1,802,545				
31.00	INTENSIVE CARE UNIT	1,201	229,283				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	13,070	2,031,828				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/26/2022 3:15 pm
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Cost Center Description		Capital Related Cost (from Wkst. C, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,658,920	158,089,594	0.023145	13,761,870	318,518	50.00
51.00	05100	RECOVERY ROOM	952,622	33,195,248	0.028698	1,718,720	49,324	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	868,480	23,018,977	0.037729	107,821	4,068	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,862,770	124,962,658	0.022909	8,484,207	194,365	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	964,028	53,130,927	0.018144	1,625,121	29,486	55.00
59.00	05900	CARDIAC CATHETERIZATION	908,602	67,864,185	0.013389	9,104,670	121,902	59.00
60.00	06000	LABORATORY	232,202	63,974,530	0.003630	10,458,441	37,964	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,979	3,444,913	0.001155	918,024	1,060	63.00
65.00	06500	RESPIRATORY THERAPY	201,303	20,636,776	0.009755	4,030,352	39,316	65.00
66.00	06600	PHYSICAL THERAPY	76,743	10,131,284	0.007575	1,778,599	13,473	66.00
67.00	06700	OCCUPATIONAL THERAPY	48,055	3,403,832	0.014118	923,205	13,034	67.00
68.00	06800	SPEECH PATHOLOGY	41,599	1,527,218	0.027238	489,950	13,345	68.00
69.00	06900	ELECTROCARDIOLOGY	121,205	42,604,490	0.002845	7,283,643	20,722	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	102,762	35,676,903	0.002880	3,531,234	10,170	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	180,598	85,596,954	0.002110	12,671,009	26,736	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	487,106	92,888,633	0.005244	18,642,800	97,763	73.00
74.00	07400	RENAL DIALYSIS	100,276	2,535,899	0.039543	894,828	35,384	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	55,881	3,718,624	0.015027	14,428	217	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	35,306	1,451,655	0.024321	0	0	90.01
90.02	09002	SLEEP LAB	79,107	7,235,767	0.010933	0	0	90.02
91.00	09100	EMERGENCY	1,533,890	185,969,329	0.008248	14,385,618	118,653	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	354,165	12,478,617	0.028382	65,091	1,847	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	201,505	3,065,299	0.065737	19,437	1,278	92.01
200.00		Total (lines 50 through 199)	14,071,104	1,036,602,312		110,909,068	1,148,625	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/26/2022 3:15 pm
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
35.00	02080	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 col.s. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	37,559	0.00	11,869	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	4,194	0.00	1,201	31.00	
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0	0	867	0.00	0	35.00	
43.00	04300	NURSERY	0	0	1,743	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	44,363		13,070	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS			9.00						
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
35.00	02080	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: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 3:15 pm
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Cost Center Description			Title XVIII				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	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
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	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	BEHAVIORAL HEALTH	0	0	0	0	0	90.01	
90.02	09002	SLEEP LAB	0	0	0	0	0	90.02	
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	
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 3:15 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	158,089,594	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	33,195,248	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	23,018,977	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	124,962,658	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	53,130,927	0.000000	55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	67,864,185	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	63,974,530	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	3,444,913	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	20,636,776	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	10,131,284	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	3,403,832	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,527,218	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	42,604,490	0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	35,676,903	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	85,596,954	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	92,888,633	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	2,535,899	0.000000	74.00
76.00 03950 OTHER ANCILLARY SERVICES	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	3,718,624	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 BEHAVIORAL HEALTH	0	0	0	1,451,655	0.000000	90.01
90.02 09002 SLEEP LAB	0	0	0	7,235,767	0.000000	90.02
91.00 09100 EMERGENCY	0	0	0	185,969,329	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	12,478,617	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	3,065,299	0.000000	92.01
200.00 Total (lines 50 through 199)	0	0	0	1,036,602,312		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 3:15 pm
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	13,761,870	0	18,245,000	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	1,718,720	0	5,586,468	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	107,821	0	26,504	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	8,484,207	0	18,281,997	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	1,625,121	0	13,622,011	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	9,104,670	0	7,865,503	0	59.00
60.00	06000 LABORATORY	0.000000	10,458,441	0	2,386,023	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	918,024	0	142,447	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	4,030,352	0	1,564,110	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,778,599	0	245,300	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	923,205	0	5,981	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	489,950	0	4,085	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	7,283,643	0	8,438,900	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	3,531,234	0	5,866,719	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	12,671,009	0	11,468,116	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	18,642,800	0	5,614,419	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	894,828	0	7,272	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	14,428	0	898,261	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	0.000000	0	0	39,635	0	90.01
90.02	09002 SLEEP LAB	0.000000	0	0	1,343,290	0	90.02
91.00	09100 EMERGENCY	0.000000	14,385,618	0	16,771,456	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	65,091	0	1,064,482	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	19,437	0	470,543	0	92.01
200.00	Total (lines 50 through 199)		110,909,068	0	119,958,522	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/26/2022 3:15 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	0.122792	18,245,000	0	0	2,240,340	50.00
51.00	05100	RECOVERY ROOM	0.266190	5,586,468	0	0	1,487,062	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.320349	26,504	0	0	8,491	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.118840	18,281,997	175	0	2,172,633	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.079053	13,622,011	0	0	1,076,861	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.068220	7,865,503	0	0	536,585	59.00
60.00	06000	LABORATORY	0.173323	2,386,023	0	0	413,553	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.207676	142,447	0	0	29,583	63.00
65.00	06500	RESPIRATORY THERAPY	0.223919	1,564,110	0	0	350,234	65.00
66.00	06600	PHYSICAL THERAPY	0.340119	245,300	0	0	83,431	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.340080	5,981	0	0	2,034	67.00
68.00	06800	SPEECH PATHOLOGY	0.329572	4,085	0	0	1,346	68.00
69.00	06900	ELECTROCARDIOLOGY	0.053140	8,438,900	0	0	448,443	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.209341	5,866,719	0	0	1,228,145	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.153366	11,468,116	0	0	1,758,819	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.170223	5,614,419	0	22,929	955,703	73.00
74.00	07400	RENAL DIALYSIS	0.531910	7,272	0	0	3,868	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.146530	898,261	0	0	131,622	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0.657476	39,635	0	0	26,059	90.01
90.02	09002	SLEEP LAB	0.114779	1,343,290	0	0	154,181	90.02
91.00	09100	EMERGENCY	0.082319	16,771,456	0	0	1,380,609	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.267786	1,064,482	0	0	285,053	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.329085	470,543	0	0	154,849	92.01
200.00		Subtotal (see instructions)		119,958,522	175	22,929	14,929,504	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		119,958,522	175	22,929	14,929,504	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/26/2022 3:15 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
54.00	05400 RADIOLOGY-DIAGNOSTIC	21	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3,903	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	0	0	90.01
90.02	09002 SLEEP LAB	0	0	90.02
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
200.00	Subtotal (see instructions)	21	3,903	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	21	3,903	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0158		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part I Date/Time Prepared: 5/26/2022 3:15 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
Title XIX		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,704,171	0	5,704,171	37,559	151.87	30.00
31.00	INTENSIVE CARE UNIT	800,668		800,668	4,194	190.91	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	190,147		190,147	867	219.32	35.00
43.00	NURSERY	145,836		145,836	1,743	83.67	43.00
200.00	Total (lines 30 through 199)	6,840,822		6,840,822	44,363		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	520	78,972				
31.00	INTENSIVE CARE UNIT	552	105,382				
35.00	NEONATAL INTENSIVE CARE UNIT	122	26,757				
43.00	NURSERY	918	76,809				
200.00	Total (lines 30 through 199)	2,112	287,920				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/26/2022 3:15 pm
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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	3,658,920	158,089,594	0.023145	465,386	10,771	50.00
51.00	05100	RECOVERY ROOM	952,622	33,195,248	0.028698	75,756	2,174	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	868,480	23,018,977	0.037729	312,537	11,792	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,862,770	124,962,658	0.022909	382,091	8,753	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	964,028	53,130,927	0.018144	66,339	1,204	55.00
59.00	05900	CARDIAC CATHETERIZATION	908,602	67,864,185	0.013389	275,603	3,690	59.00
60.00	06000	LABORATORY	232,202	63,974,530	0.003630	567,677	2,061	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,979	3,444,913	0.001155	35,181	41	63.00
65.00	06500	RESPIRATORY THERAPY	201,303	20,636,776	0.009755	339,457	3,311	65.00
66.00	06600	PHYSICAL THERAPY	76,743	10,131,284	0.007575	51,404	389	66.00
67.00	06700	OCCUPATIONAL THERAPY	48,055	3,403,832	0.014118	31,251	441	67.00
68.00	06800	SPEECH PATHOLOGY	41,599	1,527,218	0.027238	18,766	511	68.00
69.00	06900	ELECTROCARDIOLOGY	121,205	42,604,490	0.002845	224,427	638	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	102,762	35,676,903	0.002880	117,024	337	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	180,598	85,596,954	0.002110	292,964	618	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	487,106	92,888,633	0.005244	865,304	4,538	73.00
74.00	07400	RENAL DIALYSIS	100,276	2,535,899	0.039543	37,089	1,467	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	55,881	3,718,624	0.015027	688	10	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	35,306	1,451,655	0.024321	0	0	90.01
90.02	09002	SLEEP LAB	79,107	7,235,767	0.010933	0	0	90.02
91.00	09100	EMERGENCY	1,533,890	185,969,329	0.008248	632,860	5,220	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	354,165	12,478,617	0.028382	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	201,505	3,065,299	0.065737	0	0	92.01
200.00		Total (lines 50 through 199)	14,071,104	1,036,602,312		4,791,804	57,966	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/26/2022 3:15 pm
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
35.00	02080	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 col.s. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	37,559	0.00	520	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	4,194	0.00	552	31.00	
35.00	02080	NEONATAL INTENSIVE CARE UNIT	0	0	867	0.00	122	35.00	
43.00	04300	NURSERY	0	0	1,743	0.00	918	43.00	
200.00		Total (lines 30 through 199)	0	0	44,363		2,112	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS			9.00						
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
35.00	02080	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: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 3:15 pm
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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	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0	0	0	0	90.01
90.02	09002	SLEEP LAB	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	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
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/26/2022 3:15 pm
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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	158,089,594	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	33,195,248	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	23,018,977	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	124,962,658	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	53,130,927	0.000000	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	67,864,185	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	63,974,530	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	3,444,913	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	20,636,776	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,131,284	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,403,832	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,527,218	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	42,604,490	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	35,676,903	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	85,596,954	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	92,888,633	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,535,899	0.000000	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,718,624	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	BEHAVIORAL HEALTH	0	0	0	1,451,655	0.000000	90.01
90.02	09002	SLEEP LAB	0	0	0	7,235,767	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	185,969,329	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	12,478,617	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	3,065,299	0.000000	92.01
200.00		Total (lines 50 through 199)	0	0	0	1,036,602,312		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0158

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

Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 3:15 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	465,386	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	75,756	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	312,537	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	382,091	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	66,339	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	275,603	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	567,677	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	35,181	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	339,457	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	51,404	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	31,251	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	18,766	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	224,427	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	117,024	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	292,964	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	865,304	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	37,089	0	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	688	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 BEHAVIORAL HEALTH	0.000000	0	0	0	0	90.01
90.02	09002 SLEEP LAB	0.000000	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.000000	632,860	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00	Total (lines 50 through 199)		4,791,804	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/26/2022 3:15 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)		37,559	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,559	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		35,227	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		11,869	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)		53,819,605	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)		53,819,605	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)		53,819,605	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)		1,432.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,007,446	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)		17,007,446	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 3:15 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	10,046,255	4,194	2,395.39	1,201	2,876,863	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	2,597,037	867	2,995.43	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					15,855,072	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					35,739,381	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)					2,031,828	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,148,625	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,180,453	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					32,558,928	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)					2,332	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,432.93	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,341,593	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/26/2022 3:15 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	5,704,171	53,819,605	0.105987	3,341,593	354,165	90.00
91.00	Nursing Program cost	0	53,819,605	0.000000	3,341,593	0	91.00
92.00	Allied health cost	0	53,819,605	0.000000	3,341,593	0	92.00
93.00	All other Medical Education	0	53,819,605	0.000000	3,341,593	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/26/2022 3:15 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)		37,559	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,559	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		35,227	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)		520	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,743	15.00
16.00	Nursery days (title V or XIX only)		918	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)		53,819,605	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)		53,819,605	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)		53,819,605	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)		1,432.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		745,124	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)		745,124	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 3:15 pm	
			Title XIX	Hospital	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	1,184,192	1,743	679.40	918	623,689	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	10,046,255	4,194	2,395.39	552	1,322,255	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 NEONATAL INTENSIVE CARE UNIT	2,597,037	867	2,995.43	122	365,442	47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					763,465	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,819,975	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)					287,920	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					57,966	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					345,886	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,474,089	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)					2,332	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,432.93	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,341,593	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/26/2022 3:15 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,704,171	53,819,605	0.105987	3,341,593	354,165	90.00
91.00	Nursing Program cost	0	53,819,605	0.000000	3,341,593	0	91.00
92.00	Allied health cost	0	53,819,605	0.000000	3,341,593	0	92.00
93.00	All other Medical Education	0	53,819,605	0.000000	3,341,593	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3	
		Title XVIII		Hospital	
				PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT		39,142,608	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT		8,388,802	35.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.122792	13,761,870	50.00
51.00	05100	RECOVERY ROOM	0.266190	1,718,720	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.320349	107,821	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.118840	8,484,207	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.079053	1,625,121	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.068220	9,104,670	59.00
60.00	06000	LABORATORY	0.173323	10,458,441	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.207676	918,024	63.00
65.00	06500	RESPIRATORY THERAPY	0.223919	4,030,352	65.00
66.00	06600	PHYSICAL THERAPY	0.340119	1,778,599	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.340080	923,205	67.00
68.00	06800	SPEECH PATHOLOGY	0.329572	489,950	68.00
69.00	06900	ELECTROCARDIOLOGY	0.053140	7,283,643	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.209341	3,531,234	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.153366	12,671,009	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.170223	18,642,800	73.00
74.00	07400	RENAL DIALYSIS	0.531910	894,828	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.146530	14,428	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0.657476	0	90.01
90.02	09002	SLEEP LAB	0.114779	0	90.02
91.00	09100	EMERGENCY	0.082319	14,385,618	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.267786	65,091	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.329085	19,437	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		110,909,068	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)		110,909,068	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/26/2022 3:15 pm
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT		1,721,783	31.00
35.00	02080	NEONATAL INTENSIVE CARE UNIT		658,521	35.00
43.00	04300	NURSERY		491,017	43.00
				130,879	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.122792	465,386	50.00
51.00	05100	RECOVERY ROOM	0.266190	75,756	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.320349	312,537	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.118840	382,091	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.079053	66,339	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.068220	275,603	59.00
60.00	06000	LABORATORY	0.173323	567,677	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.207676	35,181	63.00
65.00	06500	RESPIRATORY THERAPY	0.223919	339,457	65.00
66.00	06600	PHYSICAL THERAPY	0.340119	51,404	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.340080	31,251	67.00
68.00	06800	SPEECH PATHOLOGY	0.329572	18,766	68.00
69.00	06900	ELECTROCARDIOLOGY	0.053140	224,427	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.209341	117,024	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.153366	292,964	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.170223	865,304	73.00
74.00	07400	RENAL DIALYSIS	0.531910	37,089	74.00
76.00	03950	OTHER ANCILLARY SERVICES	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.146530	688	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	BEHAVIORAL HEALTH	0.657476	0	90.01
90.02	09002	SLEEP LAB	0.114779	0	90.02
91.00	09100	EMERGENCY	0.082319	632,860	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.267786	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.329085	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,791,804	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)		4,791,804	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 3:15 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)		16,564,734	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		6,399,392	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)		542,455	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		138,868	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		148.93	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.66	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.99	31.00
32.00	Sum of lines 30 and 31		19.65	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.52	33.00
34.00	Disproportionate share adjustment (see instructions)		316,905	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 3:15 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)	0.000225560	0.000209130	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,869,893	1,504,066	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,398,577	379,107	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,777,684		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)	25,740,038		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)		25,740,038	49.00
50.00	Payment for inpatient program capital (From Wkst. L, Pt. I and Pt. II, as applicable)		2,020,644	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		381,350	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		28,142,032	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		28,142,032	61.00
62.00	Deductibles billed to program beneficiaries		2,349,024	62.00
63.00	Coinurance billed to program beneficiaries		139,506	63.00
64.00	Allowable bad debts (see instructions)		221,464	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		143,952	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		23,779	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		25,797,454	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)		119,746	70.93
70.94	HRR adjustment amount (see instructions)		-67,077	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 3:15 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
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	1.00	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)			25,850,123	71.00
71.01	Sequestration adjustment (see instructions)			0	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs				71.03
72.00	Interim payments			25,523,940	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)			326,183	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			413,612	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	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: 15-0158

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2022 3:15 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	16,564,734	0	16,564,734		16,564,734	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	6,399,392	0		6,399,392	6,399,392	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	542,455	0	542,455		542,455	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	138,868	0		138,868	138,868	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0552	0.0552	0.0552	0.0552		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	316,905	0	228,593	88,312	316,905	11.00
11.01	Uncompensated care payments	36.00	1,777,684	0	1,398,577	379,107	1,777,684	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	25,740,038	0	18,734,359	7,005,679	25,740,038	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	25,740,038	0	18,734,359	7,005,679	25,740,038	15.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0158

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2022 3:15 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	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,020,644	0	1,490,583	530,061	2,020,644	16.00
17.00	Special add-on payments for new technologies	54.00	381,350	0	288,898	92,452	381,350	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	20,513,840	7,628,192	28,142,032	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	1,741,402	0	1,263,614	477,788	1,741,402	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	208,541	0	175,666	32,875	208,541	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0406	0.0406	0.0406	0.0406		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	70,701	0	51,303	19,398	70,701	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,020,644	0	1,490,583	530,061	2,020,644	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: 15-0158		Period: From 01/01/2021 To 12/31/2021		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2022 3:15 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 (cols. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	16,564,734	16,564,734		16,564,734	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	6,399,392		6,399,392	6,399,392	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	542,455	542,455		542,455	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	138,868		138,868	138,868	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0552	0.0552	0.0552		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	316,905	228,593	88,312	316,905	11.00
11.01	Uncompensated care payments	36.00	1,777,684	1,398,577	379,107	1,777,684	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	25,740,038	18,734,359	7,005,679	25,740,038	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	25,740,038	18,734,359	7,005,679	25,740,038	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,020,644	1,490,583	530,061	2,020,644	16.00
17.00	Special add-on payments for new technologies	54.00	381,350	288,898	92,452	381,350	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			20,513,840	7,628,192	28,142,032	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0158		Period: From 01/01/2021 To 12/31/2021		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2022 3:15 pm	
		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,741,402	1,263,614	477,788	1,741,402	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	208,541	175,666	32,875	208,541	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0406	0.0406	0.0406		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	70,701	51,303	19,398	70,701	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,020,644	1,490,583	530,061	2,020,644	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	119,746	119,746	0	119,746	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	-67,077	-32,021	-35,056	-67,077	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: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/26/2022 3:15 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,924	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		14,929,504	2.00
3.00	OPPS payments		14,340,487	3.00
4.00	Outlier payment (see instructions)		47,035	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,924	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		23,104	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)		23,104	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)		23,104	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		19,180	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)		3,924	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)		14,387,522	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,592,283	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)		11,799,163	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		11,799,163	30.00
31.00	Primary payer payments		5,793	31.00
32.00	Subtotal (line 30 minus line 31)		11,793,370	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)		374,388	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		243,352	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		161,037	36.00
37.00	Subtotal (see instructions)		12,036,722	37.00
38.00	MSP-LCC reconciliation amount from PS&R		208	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		12,036,514	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		12,030,208	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		6,306	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,846	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: 15-0158

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

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2022 3:15 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		25,523,940		12,030,208	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		25,523,940		12,030,208	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		326,183		6,306	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		25,850,123		12,036,514	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: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/26/2022 3:15 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

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

Provider CCN: 15-0158

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

Worksheet G
Date/Time Prepared:
5/26/2022 3:15 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	408,947,194	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	35,195,658	0	0	0	4.00
5.00	Other receivable	2,585,635	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	4,161,727	0	0	0	7.00
8.00	Prepaid expenses	652,883	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)	451,543,097	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	6,800,703	0	0	0	13.00
14.00	Accumulated depreciation	-5,842,403	0	0	0	14.00
15.00	Buildings	179,168,805	0	0	0	15.00
16.00	Accumulated depreciation	-51,564,766	0	0	0	16.00
17.00	Leasehold improvements	1,261,768	0	0	0	17.00
18.00	Accumulated depreciation	-1,129,034	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	101,218	0	0	0	21.00
22.00	Accumulated depreciation	-91,812	0	0	0	22.00
23.00	Major movable equipment	93,304,858	0	0	0	23.00
24.00	Accumulated depreciation	-66,055,839	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)	155,953,498	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	7,273,255	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	7,273,255	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	614,769,850	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	26,222,629	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,372,898	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	2,295,018	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	32,890,545	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	1,237,729	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,237,729	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	34,128,274	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	580,641,576				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)	580,641,576	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	614,769,850	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0158

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

Worksheet G-1

Date/Time Prepared:
5/26/2022 3:15 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		517,186,474		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		63,455,104				2.00
3.00	Total (sum of line 1 and line 2)		580,641,578		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		580,641,578		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00	ROUNDING	2		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		2		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		580,641,576		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00	ROUNDING		0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0158

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2022 3:15 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	123,090,411		123,090,411	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)	123,090,411		123,090,411	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	30,115,236		30,115,236	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	3,967,617		3,967,617	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	34,082,853		34,082,853	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	157,173,264		157,173,264	17.00
18.00	Ancillary services	319,188,310	507,213,335	826,401,645	18.00
19.00	Outpatient services	44,022,790	166,177,877	210,200,667	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 (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	520,384,364	673,391,212	1,193,775,576	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		227,534,923		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)		227,534,923		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0158

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

Worksheet G-3

Date/Time Prepared:
5/26/2022 3:15 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,193,775,576	1.00
2.00	Less contractual allowances and discounts on patients' accounts	910,418,258	2.00
3.00	Net patient revenues (line 1 minus line 2)	283,357,318	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	227,534,923	4.00
5.00	Net income from service to patients (line 3 minus line 4)	55,822,395	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	2,337,894	24.00
24.50	COVID-19 PHE Funding	5,294,815	24.50
25.00	Total other income (sum of lines 6-24)	7,632,709	25.00
26.00	Total (line 5 plus line 25)	63,455,104	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)	63,455,104	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0158	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/26/2022 3:15 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,741,402	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		208,541	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)		111.75	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.66	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.99	8.00
9.00	Sum of lines 7 and 8		19.65	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.06	10.00
11.00	Disproportionate share adjustment (see instructions)		70,701	11.00
12.00	Total prospective capital payments (see instructions)		2,020,644	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